

Request for Proposal

THIRD PARTY NAME:

THIRD PARTY ADDRESS:

THIRD PARTY CONTACT PERSON:

THIRD PARTY CONTACT EMAIL:

Estimated Period of Performance: November 2026 – June 2026

Proposal Response Date: October 9, 2026

Project Overview:

The Health Research & Educational Trust (HRET), the 501(c)(3) affiliate of the American Hospital Association (AHA), will launch a project funded by the Centers for Disease Control and Prevention (CDC) to support hospital and health system efforts to strengthen linkage to and retention in care for people with opioid use disorder (OUD) and/or stimulant use disorder (StUD). To achieve this, HRET will host a six-month learning collaborative aimed at improving care transitions from inpatient acute care settings to primary care settings and/or hospital-based or community-based pharmacies that fill prescriptions for medications for OUD (MOUD) in rural areas. Inpatient teams from all types of service lines at **rural and critical access hospitals** are encouraged to apply.

This project aims to expand the use of the evidence-based and evidence-informed interventions found in the toolkit developed in Year 1 of this initiative, [*Bridge to Care: Advancing Linkage to and Retention in Care Across Health Care Settings for Patients with Opioid and/or Stimulant Use Disorder*](#). Specifically, the project seeks to support hospital-based inpatient care teams at rural and critical access hospitals in implementing the practices identified in the toolkit to improve cross-continuum collaboration and ultimately improve health outcomes for patients with OUD and/or StUD.

*Note: The activities supported under this award are **non-research** in nature and are designed to advance public health practice, capacity building, and implementation efforts in alignment with CDC priorities. Selected partners will collaborate with HRET in carrying out these activities as part of the overall CDC-funded initiative.*

Project Goals:

1. Host an online learning collaborative for up to nine inpatient care teams at rural and critical access hospitals to increase uptake of practices described in *Bridge to Care: Advancing Linkage to Retention in Care Across Health Care Settings for Patients with Opioid and/or Stimulant Use Disorder*.
2. Collect and share case examples from collaborative participants of effective evidence-based and evidence-informed practices for improving care transitions for patients with OUD and/or StUD in rural communities. The case examples will be published on AHA/HRET's website and any other partner websites deemed to be appropriate by the CDC.
3. Develop one evidence-based and -informed toolkit as an addendum to the *Bridge to Care* toolkit, detailing practices for linkage and retention to OUD and StUD care in rural and critical access hospitals. Finalize the toolkit addendum based on feedback from the implementers and subject matter experts; the final toolkit addendum will be publicly available on AHA/HRET's website and any other partner websites deemed to be appropriate by the CDC.
4. Promote the use of the *Bridge to Care* toolkit across inpatient, primary care, and pharmacy settings to increase uptake of the evidence-based and evidence-informed practices included in the toolkit.

Scope of Work and Deliverable Schedule:

October – November 2026

- Selected teams will complete all necessary contracting activities required to begin project work in November 2026. As HRET will serve as the Prime Contractor to the Centers for Disease Control and Prevention (CDC) for this initiative, certain federal and contractual provisions will apply to all partner organizations. These standard flow-down requirements ensure compliance with CDC and federal regulations. To support a smooth process, HRET may facilitate conversations with your organization's business office, help expedite reviews and signatures, and coordinate necessary documentation.
- In October, inpatient teams will complete an organizational assessment that provides an overview of their current linkage and retention practices, the barriers they face in facilitating successful transitions of care for patients with OUD and/or StUD, and ideas for improving collaboration between inpatient teams, primary care teams, and pharmacy teams.
- Individual inpatient team members will complete a short pre-assessment survey in October.

- Hospital-based inpatient teams will attend a virtual kickoff in early November to become oriented to the project, review the toolkit, and understand the scope of work (60 minutes). If the inpatient team cannot attend the virtual kickoff, a recording will be provided.

December 2026

- Virtual Collaborative Meeting #1: Improving Access to OUD/StUD Care in Inpatient Settings in Rural Communities (90 minutes)
- By the end of December, each team will submit an action plan that identifies an evidence-based or evidence-informed intervention that they would like to test and implement at their own organizations for the duration of the collaborative. The intervention should be aligned with the *Bridge to Care* toolkit and should address a need identified in the team's baseline survey.

January 2027

- Virtual Collaborative Meeting #2: Gaining Sustainable Leadership Buy-In and Commitment for Programs and Resources that Support Linkage to and Retention in Care (90 minutes)
- Submit a short progress report on the action plan developed in December that details progress made on achieving the plan, barriers, and any support needed from subject matter experts and/or the AHA/HRET team.
- Schedule and complete a virtual interview with a project writer contracted by HRET who will prepare a case study about your organization's work to improve linkage and retention for patients with OUD and/or StUD. The interview will take place in January, February, or March.

February 2027

- Virtual Collaborative Meeting #3: Enhancing Education, Communication and Connection Between Inpatient Clinical Teams and Key Partners (90 minutes)
- Submit a short progress report on the action plan developed in December that details progress made on achieving the plan, barriers, and any support needed from subject matter experts and/or the AHA/HRET team.
- Collaborate with AHA/HRET team to review and provide feedback on the draft of the rural addendum to the *Bridge to Care* toolkit.

March 2027

- Virtual Collaborative Meeting #4: Transitions Between Inpatient Care to Primary Care (90 minutes)
 - Each organization will invite primary care colleague(s) to attend this meeting alongside the inpatient team, with the goal of identifying opportunities for collaboration that will improve linkage and retention for patients with OUD/StUD.
- Collaborate with AHA/HRET team to review and provide feedback on the draft of the rural addendum to the *Bridge to Care* toolkit.
- Submit a short progress report on the action plan developed in December that details progress made on achieving the plan, barriers, and any support needed from subject matter experts and/or the AHA/HRET team.

April 2027

- Virtual Collaborative Meeting #5: Medication Management, Treatment Continuity, and Leveraging Pharmacies (90 minutes)
 - Each organization will invite either hospital-based or community-based pharmacy colleague(s) to attend this meeting alongside the inpatient team, with the goal of identifying opportunities for collaboration that will improve linkage and retention for patients with OUD/StUD.
- Collaborate with AHA/HRET team to review and provide feedback on the draft of the rural addendum to the *Bridge to Care* toolkit.
- Submit a short progress report on the action plan developed in December that details progress made on achieving the plan, barriers, and any support needed from subject matter experts and/or the AHA/HRET team.

May 2027

- Virtual Collaborative Meeting #6: Final Wrap-Up (90 minutes)
 - Using a provided template, prepare a 10-minute presentation for the learning collaborative cohort showcasing the work completed as part of the action plan.
- Submit a short progress report on the action plan developed in December that details progress made on achieving the plan, barriers, and any support needed from subject matter experts and/or the AHA/HRET team.
- Collaborate with project writer and AHA/HRET team to finalize case study for publication on AHA's website and communications channels.
- Complete a program evaluation survey.

June 2027

- As needed, collaborate with project writer and AHA/HRET team to finalize case study for publication on AHA's website and communications channels.
- As needed, provide final review and feedback on the rural addendum to the *Bridge to Care* toolkit before the resource is published.

To apply, please complete the following by October 2 and submit via email to Jordan Steiger (jsteiger@aha.org):

1. A cover letter (not to exceed 1,000 words) describing:
 - a. How this project will improve linkages and retention for patients with OUD and StUD. Please provide a short description of the current state of your linkage and retention interventions and highlight 2-3 specific goals you hope to achieve through your participation in the learning collaborative.
 - b. Summarize the team's experiences with linkage and retention for patients with OUD and StUD, and
 - c. 2-3 key barriers this work will help address for patients, families, and the health care workforce.
 - d. The name, credentials, contact information and short bio (250 words or less) for the primary point of contact. The primary point of contact should:
 - i. Have experience developing and implementing programs for people with substance use disorders, preferably OUD and StUD.
 - ii. Have demonstrated leadership working in systems-based cross-organizational initiatives for people with substance use disorders, preferably OUD and StUD.
 - iii. Have case management experience or experience with care coordination and non-clinical approaches to improving outcomes for patients with substance use disorders. For example, this person could be a case manager, social worker, clinical lead, patient navigator, or nurse. This person should have experience with addressing barriers to treatment retention, including lack of adequate insurance coverage, low health literacy, unreliable transportation, unstable housing, and other health-related social needs that affect clinical outcomes.
 - e. The names, credentials, contact information and short bios (250 words or less) of up to four additional team members, if applicable, and their roles on the project.

- f. A budget estimate for the costs associated with participation in the collaborative (details below).
- g. A letter of support from a senior executive to participate in this initiative. This is not required but recommended.

2. Background

- a. Insert relevant information about the organization. What makes the organization the best selection for this particular scope of services? Describe the organization's knowledge, education, training, skills, technical expertise, experience, capabilities and resources required to perform under the contract. Does a close working relationship exist between your organization and AHA or HRET? If so, explain the relationship and/or affiliation.

3. Budget

- a. Include the full budget estimate justifying the full amount requested, including any applicable indirect costs. Budgets should only include costs for staff time (to attend meetings, work on this project, submit progress reports, case example information, and evaluations, etc.) and any applicable indirect costs. Please submit with your application materials by October 2.
- b. *Note: Due to governmental funding limits, budget proposals which exceed \$20,000 in total costs will not be reviewed. Budget guidance available upon request.*

4. Provide the following attestations with a yes/no response. Responses to the attestations will not automatically qualify or disqualify the respondent:

- a. Is the budget provided current, complete, and accurate?
- b. Can the company qualify as a small business, small disadvantaged business, woman-owned small business, veteran-owned small business or HUBZone?
- c. Can the company provide Office of Federal Contract Compliance Programs Equal Employment Opportunity pre-award clearance, if required?
- d. Does the company have the policies and procedures in place to act "responsibly," which includes sound ethics, financial and administrative systems in place to enable compliance with Federal Government requirements?
- e. Can the company comply with Cost Accounting Standards if required?
- f. Does the proposed work present any personal or organizational conflicts of interest on behalf of the company or its employees?

Please reach out to Jordan Steiger (jsteiger@aha.org), Director, Behavioral Health and Violence Prevention, American Hospital Association, with any questions.