

2020-2021

Preventing Overdose and Increasing Access to Harm Reduction Services during the COVID-19 Pandemic

Request for Funding Applications

The National Council for Behavioral Health (National Council), with support from the Centers for Disease Control and Prevention (CDC), invites organizations to apply for rapid response grant funding to support innovative harm reduction strategies and services during the COVID-19 pandemic. Through a competitive Request for Applications (RFA) process, up to 15 implementation sites will be selected to employ and enhance novel and innovative strategies and adaptations to current practices to address the needs of people who use drugs (PWUD), including preventing opioid overdose. In addition to funding, selected organizations will receive and participate in training and technical assistance (TTA) opportunities. **Awards will be made in fixed price amounts up to \$33,000 beginning in November 2020 for a six-month project period.**

Application information and instructions follow. **Applications must be submitted online at <https://nationalcouncil.secure-platform.com/a/solicitations/1142/home> by Monday, October 19 at 11:59 p.m. ET.** Late submissions will not be accepted. Please contact Margaret Jaco Manecke at MargaretM@TheNationalCouncil.org with any questions.

A. Background

The ongoing COVID-19 pandemic significantly increases and exacerbates the risks faced by PWUD and people with substance use disorders (PWSUD), necessitating a rapid public health response that identifies and supports evidence-based, best practice and novel harm reduction strategies and services. Recent state and local data demonstrate an increase in opioid overdose and opioid-related overdose deaths since the onset of the COVID-19 pandemic.^{1,2} During the pandemic, the delivery of harm reduction services has been disrupted, while the need for such services remains high.³ To meet the needs of PWUD and PWSUD while mitigating the risks of the pandemic, harm reduction providers are initiating innovative strategies to:

- Ensure people connect and stay connected to services during social distancing policies.
- Adapt outreach strategies to identify individuals who would benefit from services.
- Tailor messaging to reduce risk of overdose during periods of social isolation.
- Safely distribute equipment and supplies to mitigate risks of COVID-19 transmission.

Examples of innovative and novel strategies that have been implemented by harm reduction organizations during the pandemic include, but are not limited to:

- Implementing and expanding mail-based harm reduction supply distribution programs.
- Increasing phone check-ins and telephonic support for people who use alone.

¹ Alter, A., & Yeager, C. (2020, June). COVID-19 Impact on US National Overdose Crisis. Overdose Detection Mapping Application Program. <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>

² American Medical Association. (2020, August 14). Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic. <https://www.ama-assn.org/system/files/2020-08/issue-brief-increases-in-opioid-related-overdose.pdf>

³ Glick, S. N., Prohaska, S. M., LaKosky, P. A., Juarez, A. M., & Corcoran, M. A. (2020). The Impact of COVID-19 on Syringe Services Programs in the United States. *AIDS and Behavior*, 1-3, Advance online publication. <https://doi.org/10.1007/s10461-020-02886-2>

- Establishing satellite syringe services programs within navigation centers, transitional housing and other residential settings.
- Co-locating medications for opioid use disorder (MOUD) treatment initiation, such as buprenorphine, within harm reduction provider organizations and SUD treatment providers.
- Utilizing a window service model to maintain social distancing protections.
- Implementing no contact delivery strategies.
- Increasing distribution of naloxone to residences where there were prior overdoses.
- Deploying mobile syringe exchange services.
- Implementing portable handwashing stations in communities where drugs are used.
- Integrating COVID-19 messaging within existing outreach and educational tools and materials.
- Implementing COVID-19 testing and distribution of personal protective equipment (PPE).
- Implementing virtual peer support systems and services.

This funding opportunity will support organizations that are implementing novel and innovative strategies to meet the needs of PWUD and PWSUD during the pandemic. Applicants are **not** limited to the list of innovative strategies listed here.

B. Goals

The goals of this rapid response funding opportunity are to:

- Support the implementation and enhancement of novel and innovative strategies to increase access to harm reduction services and supports during the COVID-19 pandemic.
- Reduce and prevent drug overdose and drug overdose death.
- Reduce and prevent COVID-19 among PWUD and PWSUD.
- Increase linkages to and connections with primary and mental health and addictions care, evidence-based treatment for opioid use disorder (OUD) and other SUDs, housing, employment and other social supports.

C. Applicant Eligibility

Eligible applicants include nonprofit organizations in the U.S. who provide harm reduction services to people who are at risk of drug overdose during the COVID-19 pandemic. Applicants should have the experience and infrastructure necessary to quickly apply grant funds to support the implementation and/or enhancement of innovative and novel harm reduction strategies to better meet individuals' needs during the COVID-19 pandemic. Examples of eligible applicants include nonprofit organizations that provide substance use related harm reduction services to PWUD and PWSUD, including syringe services programs, naloxone distribution, mail-based syringe and naloxone distribution programs, overdose prevention outreach and education, overdose response, MOUD and linkages to SUD treatment.

Additional eligibility requirements include:

- **Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no

charge. If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

D. Funding Priorities

The following strategic priorities will guide the allocation of awards to implementation sites:

- Commitment to serve populations highly impacted by drug overdose, including PWUD and PWSUD that are:
 - Experiencing homelessness and housing instability.
 - Black, Indigenous and People of Color (BIPOC).
 - From rural, frontier and tribal communities.
 - Transitioning from correctional settings to the community.
 - From jurisdictions with a lack of MOUD treatment providers.
 - From jurisdictions that are highly impacted by the COVID-19 pandemic.
- Commitment to person-centered service delivery and low barriers/low threshold access to services.
- Commitment to provide a continuum of services and care directly or through established partnerships.
- Ability to quickly implement the proposed project plan.
- Commitment to participate in technical assistance activities.

E. Funding Restrictions

In compliance with funding requirements, grant funds **cannot** be used for the following activities:

- Prohibited purchases generally include naloxone (Narcan), syringes, fentanyl test strips, harm reduction kits, furniture and equipment. Please note that vehicles may be allowable expenses for linkage to care activities.
 - Harm reduction and linkage to care activities **are acceptable** as long as they are not prohibited purchases.
- HIV/HCV or other STD/STI testing.
- Drug disposal, including implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- Provision of medical/clinical care.
- Research.
- Direct funding or expanding the provision of SUD treatment.
- The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
 - However, activities related to ACEs **are allowable** if they pertain to establishing linkage to care, or to providing training to public safety and first responders on trauma-informed care.
- Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.
- Medication assisted treatment (MAT) provider waiver fees.
 - Funds **can** be used to support training and education related to MAT waivers, but cannot be used to cover the waiver fee itself.
- Neonatal abstinence syndrome (NAS) surveillance data collection.
 - Please note that certain activities that cover NAS are allowable, while others are not. In particular certain NAS-related surveillance and prevention activities may be allowable;

however, funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable include:

- Surveillance of linkage to care during or after pregnancy for mothers who use opioids during pregnancy.
- Tracking drug use patterns, overdose history and linkage to treatment and risk reduction services for pregnant women.
- Linking data sources on pregnant women available at the state and local level.
- Prevention strategies and activities for pregnant women, infants born with NAS and for health care provider/clinician support and education.

Grant funds **can** be used to support a range of project activities, in compliance with the above funding restrictions, including, but not limited to:

- Salaries and wages for existing staff
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Contractual costs
- Indirect costs
- Other costs

F. Program Expectations and Requirements

Organizations awarded funding are expected to:

- Rapidly apply grant funds to support novel and innovative harm reduction services to support PWUD and PWSUD during the COVID-19 pandemic over a six-month project period.
- Participate in at least five technical assistance and peer-based educational opportunities, that may include participating in webinars and coaching calls, sharing resources and tools and sharing lessons learned, among others (approximately 10 hours total time).
- Participate in project evaluation efforts, including responding to a brief evaluation assessment three times (baseline, mid-point and end of project) during the project period (approximately three hours total time).
- Provide a brief report to the National Council detailing how grant funds were used to support project activities at the conclusion of the project.

G. Key Dates

- Applications must be submitted by Monday, October 19 at 11:59 p.m. ET.
- Awards are expected to be selected by Friday, November 6.
- Project period will begin on Monday, November 16.

H. Application Submissions

All applications are due by **Monday, October 19 at 11:59 p.m. ET** and must be submitted online through the following link: <https://nationalcouncil.secure-platform.com/a/solicitations/1142/home>

I. Selection Process

Each application will be reviewed and rated by a panel of National Council staff and project partners. Applications will be chosen for awards based on the following criteria:

- Overall impact of the proposed project activities on PWUD and PWSUD during the COVID-19 pandemic (10 points).
- Impact the COVID-19 pandemic has had on the organization and clients (5 points).
- Organization's plan to measure success for the project (5 points).
- Ability to rapidly implement project plan (5 points).

Additionally, reviewers will take the following factors into consideration in determining awards:

- Reasonableness and feasibility of project scope and success.
- Commitment and ability to serve highly impacted populations.
- Appropriateness of the budget request.
- Geographic diversity among selected awardees.

J. Award Process

The National Council will administer grant funds with awarded implementation sites through a fixed price contract. When funding decisions have been made, National Council project staff will contact each applicant to notify them of their application status. Successful applicants will be asked to sign a commitment agreement detailing the roles and responsibilities, project activities and payment schedule. Funds will be provided through a one-time payment following execution of the contract.

Funding decisions are expected to be made by Friday, November 6.

Questions about the application or this initiative? Contact Margaret Jaco Manecke at MargaretM@TheNationalCouncil.org.

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**Preventing Overdose and Increasing Access to Harm Reduction Services
 During the COVID-19 Pandemic**

Application for Funding

Application Instructions

Please complete the application in its entirety. Final application packages should be submitted [online](#) by **Monday, October 19 at 11:59 p.m. ET**. Selected applicants are expected to be notified by Friday, November 6. Applications questions are required unless otherwise specified. Word limits are designated for each response. Submit questions on the application to Margaret Jaco Manecke at MargaretM@TheNationalCouncil.org.

Part I. Contact Information

Field	Response options
1. Contact First & Last Name	
2. Contact Job Title	
3. Contact Email Address	
4. Contact Phone Number	
5. Organization/Program Name	
6. Physical Address (City, State, Zip Code)	
7. Federal Employer Identification Number (EIN)	
8. Is the organization a nonprofit?	<ul style="list-style-type: none"> • Yes • No
9. Website (if applicable)	

Part II. Organizational Overview

Field (maximum word count)	Response options
1. Brief description of organization/program, including high-level overview of services provided, mission and populations served (300 words)	
2. Number of individuals served annually	<ul style="list-style-type: none"> • 1-100 • 101-500 • 501-1,000 • 1,001-5,000 • 5,001-10,000 • 10,001-15,000 • More than 15,000
3. Types of populations served	<ul style="list-style-type: none"> • People experiencing homelessness and housing instability • Black, Indigenous and People of Color (BIPOC) communities • Rural, tribal and frontier communities

	<ul style="list-style-type: none"> • People transitioning from correctional settings to the community • LGBTQ+ communities • People transitioning from hospitals/emergency departments back to the community • Jurisdictions with a lack of MOUD treatment providers • PWUD over the age of 55 • People with co-occurring disorders • Pregnant women • Young adults • Communities highly impacted by the COVID-19 pandemic • Other
<p>4. Number of staff employed by organization or program</p>	<ul style="list-style-type: none"> • 1-10 • 11-20 • 21-50 • 51-100 • More than 100
<p>5. Types of services provided directly</p>	<ul style="list-style-type: none"> • Syringe services • Naloxone distribution • Overdose prevention and reversal training • Medications for opioid use disorder (MOUD) (e.g., buprenorphine, methadone, naltrexone) • Linkage to substance use disorder (SUD) treatment • Education and outreach • Fentanyl testing strips distribution • HIV/HCV testing • Wound care • Mobile services • Technology-assisted services (e.g., mobile apps, telehealth, texting) • Overdose response • Peer recovery support services • Case management • Housing assistance • Employment assistance • Food assistance • Legal assistance • Medical care • Dental care • Mail services • Other
<p>6. Types of services provided through partnerships or referral agreements</p>	<ul style="list-style-type: none"> • Syringe services • Naloxone distribution • Overdose prevention and reversal training • Medications for opioid use disorder (MOUD) (e.g., buprenorphine, methadone, naltrexone)

	<ul style="list-style-type: none"> • Linkage to SUD treatment • Education and outreach • Fentanyl testing strips distribution • HIV/HCV testing • Wound care • Mobile services • Technology-assisted services (e.g., mobile apps, telehealth, texting) • Overdose response • Peer recovery support services • Case management • Housing assistance • Employment assistance • Food assistance • Legal assistance • Medical care • Dental care • Mail services • Other
7. Has your organization reduced or suspended services due to the COVID-19 pandemic?	<ul style="list-style-type: none"> • Yes • No
8. (If yes) Which services were reduced or suspended due to the COVID-19 pandemic? (300 words)	
9. Has your organization introduced new services or new ways to deliver services due to the COVID-19 pandemic?	<ul style="list-style-type: none"> • Yes • No
10. (If yes) Which new services or new ways to deliver services were introduced due to the COVID-19 pandemic? (300 words)	

Part III. Project Proposal

Field (maximum word count)	Response options
1. Briefly describe how the COVID-19 pandemic affected your organization's harm reduction services and PWUD's access to services (300 words)	
2. Briefly describe the proposed project goals and activities (500 words)	
3. Provide a high-level project timeline, including key milestones and dates (300 words)	
4. Briefly describe how success will be measured for the project (300 words)	
5. Name and title of project director	

6. Project director email address	
7. Project director phone number	

Part IV. Budget Proposal

Field (maximum word count)	Response options
1. Total amount requested	\$
2. Budget. Upload a proposed budget with line items identifying the allocation of funds for project expenses including, but not limited to, salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, contractual costs, indirect costs and other expenses.	File submission
3. Budget narrative (300 words). Briefly describe how the funds will be applied to meet the goals of the project. Please see Section E of the RFA announcement for a list of unallowable expenses.	

Part V. Additional Supporting Attachment(s).

Please include the following additional supporting documents:

- Updated brief biography or resume for the proposed project director (required).
- Letters of support or commitment (optional).
- Other materials demonstrating commitment, experience, organizational impact, or current harm reduction work (e.g., brochures, client testimonials, reports) (optional).

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