

Pilot Projects to Advance Harm Reduction and Public Safety Partnerships to Prevent Overdose

Request for Funding Applications

The National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), invites organizations to apply for grant funding to support one-year pilot projects integrating harm reduction strategies and public safety initiatives. Through a competitive Request for Funding Applications (RFA) process, National Council staff and project partners will select up to eight implementation sites to implement evidence-based or promising strategies through collaborative partnerships with public safety agencies to reduce risk of overdose and other drug-related harms for people who use drugs (PWUD) and people with substance use disorders (PWSUD) who are or may become justice-involved. In addition to funding support, selected implementation sites will receive and participate in training and technical assistance (TTA) opportunities. Awards will be made in amounts of up to \$81,250 beginning in January 2023.

Application information and instructions follow. **Applications must be submitted online at** https://nationalcouncil.awardsplatform.com/ by Friday, Dec. 23, 2022, at 11:59pm ET. Late submissions will not be accepted. Please contact Rachel Cretcher at RachelC@thenationalcouncil.org with any questions.

A. Background

The overdose crisis, coupled with the COVID-19 pandemic, has led to unprecedented rates of overdose death, with more than 103,000 overdose deaths occurring in the 12-month period ending in May 2022.¹ PWUD and PWSUD are also at greater risk for involvement with the criminal justice system, which can further increase their risk for overdose. Approximately 85% of the U.S. prison population has a substance use disorder (SUD) or was incarcerated for a drug-related crime,² and individuals released from incarceration are at significantly greater risk for overdose in the two weeks following their release compared to the general population.^{3,4} Evidence-based or promising strategies can be implemented to reduce overdose and other drug-related harms and create effective systems of care to prevent or reduce harms related to criminal justice involvement for PWUD and PWSUD.

B. Goals

The goals of this funding opportunity are to:





¹ Ahmad, F. B., Cisewski, J. A., Rossen, L. M., & Sutton, P. (2022, Oct. 12). *Provisional drug overdose death counts*. National Center for Health Statistics. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

² National Institute on Drug Abuse. (2020, June). Criminal Justice DrugFacts. https://nida.nih.gov/publications/drugfacts/criminal-justice

³ Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Keopsell, T. D. (2007, Jan. 11). Release from prison – a high risk of death for former inmates. *New England Journal of Medicine*, 356, 157-165. https://doi.org/10.1056/NEJMsa064115

⁴ Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards, Jr., D., & Marshall, S. W. (2018). Opioid overdose mortality among former North Carolina inmates: 2000-2015. *American Journal of Public Health*, 108(9), 1207-1213. https://doi.org/10.2105/AJPH.2018.304514

- Support the implementation and enhancement of evidence-based or promising strategies to
 prevent and reduce overdose and other drug-related harms through collaborations with public
 safety, such as naloxone and fentanyl test strip (FTS) distribution, linkages to primary care,
 mental health care, evidence-based treatment for SUDs, and other support services.
- Integrate harm reduction strategies and public safety initiatives to prevent and reduce overdose risk and other harms for PWUD and PWSUD.

Examples of possible pilot projects that are in line with the goals of this funding opportunity include:

- Providing harm reduction-led re-entry services for individuals upon release from incarceration.
- Peer-led outreach to individuals who recently experienced an overdose or areas where overdoses are occurring, based on emergency medical services (EMS), fire or police records.
- Deflection and pre-arrest diversion programs that integrate harm reduction strategies and link individuals to harm reduction programs and related services.
- Establishment of community drop-off centers for use by deflection and pre-arrest diversion programs.
- Law enforcement trainings and resources to minimize arrests surrounding harm reduction programs and build support for harm reduction strategies.

C. Applicant Eligibility

Eligible applicants include nonprofit organizations in the U.S. that a) provide harm reduction services, including syringe services, naloxone or fentanyl test strips, peer-based overdose prevention or response, medications for opioid use disorder, and linkages to substance use treatment, to people who are at risk of drug overdose **and** b) can demonstrate current or past collaborations with public safety agencies. The nonprofit organization must complete the application and a letter of support from the public safety partner agreeing to the partnership is strongly encouraged. Applicants should have the experience and infrastructure necessary to quickly apply grant funds to support the proposed implementation activities.

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 and mobile syringe and naloxone distribution programs, overdose prevention outreach and education, overdose response, medication for opioid use disorder (MOUD) and linkages to care. Examples of public safety partners include first responder personnel, including police, fire, and paramedics; law enforcement officials (e.g., police chiefs and sheriffs); court administrators (e.g., prosecutors and judges); and personnel working in correctional settings or in community corrections.

Additional eligibility requirements include:

Letter of Support from public safety partner: To demonstrate a commitment to collaborating
with public safety, we strongly encourage (but do not require) applicants to obtain a letter of
support from the partner that will be involved in the proposed project activities. The letter of
support should be provided by a public safety representative at the leadership level. This
individual should have administrative and managerial authority, decision-making capability and
CHARLES INGOGLIA, MSW, President and CEO | JEFF RICHARDSON, MBA, LCSW-C. Board Chair





- ability to influence staff within their agency. Examples include wardens, sheriffs, police chiefs, and captains.
- 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 866-705-5711 or online at dnb.com/duns-number/get-a-duns.html. 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.
- System for Award Management (SAM.gov) registration: SAM.gov is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient of federal funds. All applicant organizations must register with SAM.gov and receive a SAM.gov number. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM.gov registration process can require 10 or more business days, and registration must be renewed annually. Learn more about registration procedures at www.SAM.gov.

D. Program Expectations and Requirements

Organizations awarded funding are expected to:

- Rapidly apply grant funds to support novel and innovative harm reduction services in collaboration with public safety agencies to support PWUD and PWSUD over a one-year project period.
- Participate in at least four technical assistance and peer-based educational opportunities, such as attending webinars and grantee meetings, sharing tools and resources, and sharing lessons learned (approximately four hours total time).
 - To promote meaningful learning and sustainable implementation, we recommend that harm reduction and public safety team members participate together in TTA when possible.
- Participate in project evaluation efforts, including responding to a brief evaluation assessment twice during the project period -- at baseline and at six months (approximately two hours total time).
- Provide a brief mid-year report to the National Council that details how grant funds have been used to support project activities, an action plan for what activities will be implemented during the second half of the project period and how remaining funds are expected to be used.

E. 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:





- Justice-involved, including individuals at risk of arrest and incarceration or transitioning from correctional settings to the community.
- o Black, Indigenous and people of color (BIPOC).
- Experiencing homelessness and housing instability.
- From rural, frontier and tribal communities.
- o From jurisdictions with a lack of MOUD treatment providers.
- Commitment to integrating harm reduction strategies and public safety initiatives, including through provision of person-centered, low-barrier services and/or referrals to services.
- Commitment to applying a health equity approach to public health and public safety initiatives.
- Ability to quickly implement the proposed project plan.
- Commitment to participate in technical assistance activities.

F. Funding Restrictions

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

- Prohibited purchases generally include naloxone (Narcan), syringes, harm reduction kits, furniture, and equipment. Please note that vehicles may be allowable expenses for linkage to care activities.
 - However, when injectable naloxone is being used in a program or community, certain activities are allowable, including:
 - Purchasing equipment associated with the use of injectable naloxone (e.g., alcohol pads, antiseptic wipes, personal fitpacks/sharps containers used to carry naloxone and dispose of syringes used with injectable naloxone).
 - Syringe disposal as part of prevention 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.
 - However, activities related to co-location of treatment within existing syringe services programs (SSPs) are allowable. Payment for direct services remains unallowable.
- 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.
- 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 **may** 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 staff
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Contractual costs
- Indirect costs

G. Key Dates

Activity	Date
Deadline to submit applications	Friday, Dec. 23, 2022, at 11:59pm ET
Selected implementation sites notified	Monday, Jan. 9, 2023
Kick-off grantee meeting (Zoom)	Week of Jan. 23, 2023 (date and time TBD)
TA activities	Monthly (days and times TBD)
Deadline to submit mid-year report and action	Friday, July 7, 2023, at 11:59pm ET
plan	

H. Application Submissions

Applicants should develop a proposal with project activities spanning one year that would begin in January 2023. All applications are due by **Friday**, **Dec. 23**, **2022**, **at 11:59pm ET** and must be submitted online through the following link: https://nationalcouncil.awardsplatform.com/





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.
- Overall impact of the proposed project activities on reducing overdose and drug-related harms in public safety and criminal justice settings.
- Organization's plan to measure success for the project.
- Ability to rapidly implement project plan.

Additionally, reviewers will consider:

- Reasonableness and feasibility of project scope and success.
- Commitment and ability to serve highly impacted populations.
- Commitment and ability to work with public safety partners.
- 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 roles and responsibilities, project activities and payment schedule. Funds will be provided in two payments, once following execution of the contract and again after six months, contingent on receipt of the mid-year report and action plan.

Funding decisions are expected to be made by Jan. 9, 2022.

Questions about the funding opportunity or application process? Contact Rachel Cretcher at RachelC@thenationalcouncil.org.

This project is supported by the CDC of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,000,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. government.





Application for Funding

Application Instructions

Please complete the application in its entirety. Final application packages should be submitted online at https://nationalcouncil.awardsplatform.com/ by Friday, Dec. 23, 2022, at 11:59pm ET. Selected applicants are expected to be notified by Jan. 9, 2023. Application questions are required unless otherwise specified. Word limits are designated for each response. Submit questions related to the application to Rachel Cretcher at RachelC@thenationalcouncil.org.

Part I. Contact Information

ute ii Contact information	
Field	Response options
1. Contact First and 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	• Yes
nonprofit?	• No
9. Website (if applicable)	

Part II. Organizational Overview

Field (require we would count)	
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	• 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	People experiencing homelessness and housing
	instability
	BIPOC communities
	Rural, tribal and frontier communities
	 People transitioning from correctional settings to the community





4. Number of staff employed by	 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 people Young adults Other
organization or program	 11-20 21-50 51-100 More than 100
5. Types of services provided directly	 Syringe services Naloxone distribution Overdose prevention and reversal training MOUD (e.g., buprenorphine, methadone, naltrexone) 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 Re-entry services Case management Housing assistance Employment assistance Food assistance Legal assistance Medical care Dental care Mail services Other
6. Types of services provided through partnerships or referral agreements	 Syringe services Naloxone distribution Overdose prevention and reversal training





 Medications for opioid use disorder (MOUD) (e.g.,
buprenorphine, methadone, naltrexone)
 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
Re-entry services
Case management
Housing assistance
Employment assistance
Food assistance
Legal assistance
Medical care
Dental care
Mail services
Other

Part III. Project Proposal

Field (maximum word count)	Short answer response
1. Briefly describe the proposed project	
goals and activities (500 words).	
2. Briefly describe the role of public safety	
partners in the proposed project activities	
(300 words).	
3. Briefly describe any formal partnerships	
or informal collaborations you currently	
have or previously had with public safety	
partners. If you do not have existing	
partnerships or collaborations, please	
describe your plans for establishing such	
(300 words).	
4. Provide a high-level project timeline,	
including key milestones and dates (300	
words).	
5. Briefly describe how success will be	
measured for the project (300 words).	





6. Please describe what topic areas and	
types of TTA would be most beneficial for	
you to participate in during the project	
period (300 words).	
7. Name and title of project director.	
8. Project director email address.	
9. Project director phone number.	

Part IV. Budget Proposal

Field (maximum word count)	Response options
1. Total amount requested (up to	\$
\$81,250).	
2. Budget. Upload a proposed budget with	File submission
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.	
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).
- Letter of support from public safety partner (optional, but strongly encouraged).
- Other materials demonstrating commitment, experience, organizational impact, or current or past harm reduction and public safety work (e.g., brochures, client testimonials, reports) (optional).



