

**Title:** Harm Reduction Program Grant

**Opportunity No.:** SP-22-01

**Funding Agency:** Substance Abuse and Mental Health Services Administration

**Total Amount Available:** \$9,750,000

**Award Ceiling:** \$400,000/yr.

**Estimated No. of Awards:** 25

**Due Date:** February 7, 2022

**Years of Award:** Three

**Project Start Date:** May 30, 2022

**Eligible Entities:** States, local, tribal and territorial governments, Tribal organizations, non-profit community-based organizations, and primary and behavioral health organizations

**Purpose:** The purpose of the program is to support community-based overdose prevention programs, syringe services programs, and other harm reduction services. Funding will be used to enhance overdose and other types of prevention activities to help control the spread of infectious diseases and the consequences of such diseases for individuals with, or at risk of developing substance use disorders (SUD), support distribution of opioid overdose reversal medication to individuals at risk of overdose, build connections for individuals at risk for, or with, a SUD to overdose education, counseling, and health education, refer individuals to treatment for infectious diseases, such as HIV, sexually transmitted infections (STIs), and viral hepatitis, and encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. This will include supporting capacity development to strengthen harm reduction programs as part of the continuum of care. Recipients will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery support services. Grantees will also provide overdose prevention education to their target populations regarding the consumption of substances including but not limited to opioids and their synthetic analogs. Funds may also be used to help address the stigma often associated with risky behaviors and participation in harm reduction activities.

The priority populations for this program are rural communities, LGBTQ+ and/or racial and ethnic minorities. Grant recipients will focus activities on “meeting people where they’re at” within the context of harm reduction through integrating trauma-informed care and facilitating the use of peer support workers in programming.

**NOTE:** ALL APPLICANTS MUST REGISTER IN eRA Commons and the Project Director must have an active eRA Commons account. No exceptions.

**REQUIRED ACTIVITIES:** Grant funds must be used primarily to support the following required harm reduction activities:

Assess organizational readiness and create a strategic action plan based upon identified strengths, gaps (including those related to social determinants of health), and opportunities for capacity development required to implement an

- evidence-based harm reduction program at the service delivery and organizational levels. This strategic action plan should be developed by the midpoint of Year 1 and will be

supported by the Harm Reduction TA Center (<https://www.cdc.gov/harmreductionta/index.html>).

- Develop a sustainability plan to ensure that harm reduction program elements are continued after the grant period ends. This could include collaboration with community partners to share resources or a cost sharing element.
- Develop policies and procedures to implement evidence-based trauma-informed practices throughout each level of the organizational structure.
- Distribute opioid overdose reversal medication and deliver overdose prevention education to target populations regarding the consumption of substances including but not limited to opioids and their synthetic analogs.
- Establish processes, protocols, mechanisms for referral to treatment and recovery support services, referral to treatment for infectious diseases such as HIV, STIs, and viral hepatitis.
- Assemble a harm reduction advisory council that meets regularly to guide program activities and project implementation. Group members should include people who use drugs (PWUD), individuals in recovery, harm reduction service providers and other key community members such as public safety officers, mental health providers and treatment providers.
- Designate staff (e.g., Program Coordinator and/or Program Evaluator) to provide program design, implementation, and evaluation to meet grant program and reporting requirements.
- Purchase equipment and supplies to enhance harm reduction efforts, such as:
  - o Harm reduction vending machine(s), including stock for machines;
  - o Infectious diseases testing kits (HIV, HBV, HCV, etc.);
  - o Medication lock boxes;
  - o Naloxone kits (as well as higher dosages now approved by FDA);
  - o Safe sex kits, including PrEP resources and condoms;
  - o Safe smoking kits/supplies;
  - o Screening for infectious diseases (HIV, sexually transmitted infections, viral hepatitis);
  - o Sharps disposal and medication disposal kits;
  - o Substance test kits, including test strips for fentanyl and other synthetic drugs;
  - o Syringes to prevent and control the spread of infectious diseases;
  - o Vaccination services (hepatitis A, hepatitis B vaccination); and
  - o Wound care management supplies.

**Grant funds may be used, but are not required, for the following allowable activities:**

- Hire and train staff to effectively deliver comprehensive harm reduction services, including but not limited to mobile outreach, motivational interviewing techniques and trauma-informed approaches to break the cycle of trauma.
- Implement a communication campaign focused on reducing stigma related to harm reduction.

- Provide support services for individuals receiving harm reduction services, including but not limited to screening, referral, linkage to care, and warm hand-offs to partner services focused on substance use and/or cessation, infectious disease, mental health, primary care, housing, and other psychosocial needs.
- Utilize innovative approaches (i.e., [overdose fatality review team](#) and low threshold buprenorphine induction) in harm reduction programs.
- Provide public education on any state “Good Samaritan” laws related to harm reduction.

MUST USE EVIDENCE-BASED PRACTICES. Applicants are encouraged to visit SAMHSA’s Evidence-Based Practice Resource Center ([www.samhsa.gov/ebp-resource-center](http://www.samhsa.gov/ebp-resource-center)), SAMHSA’s National Network to Eliminate Disparities in Behavioral Health (NNED) (<https://nned.net/>), HHS’s Overdose Prevention Strategy (<https://www.hhs.gov/overdose-prevention/harm-reduction>), CDC’s Evidence-Based Strategies for Preventing Opioid Overdose (<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>), and NIH’s Stigma and Discrimination Research Toolkit (<https://www.nimh.nih.gov/about/organization/dar/stigma-and-discrimination-research-toolkit>).

CDC’s Syringe Services Program Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation.

<https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>

#### *Data Collection/Performance Measurement*

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in your Project Narrative in response to Section D: Data Collection and Performance Measurement in [Section V](#) of this NOFO.

Recipients will be required to report on the following indicators on a quarterly basis via SAMHSA’s Performance Accountability and Reporting System (SPARS):

- Number of individual **referrals** to support services.
- Number of individual **linkages** to support services. For the purposes of this indicator, “linkages” are defined as the number of **engagements** with any support service. Each linkage should be counted (i.e., one individual participant engaged with five individual support services should reflect five linkages).
- List and quantity of harm reduction materials purchased with grant funds including, but not limited to:
  - o Harm reduction vending machine(s), including stock for machines;
  - o Infectious diseases testing kits (HIV, HBV, HCV, etc.);
  - o Medication lock boxes;
  - o Naloxone kits (as well as higher dosages now approved by FDA);
  - o Safe sex kits, including PrEP resources and condoms;

Screening for infectious diseases (HIV, sexually transmitted infections, viral hepatitis);

o Sharps disposal and medication disposal kits;

- o Substance test kits, including test strips for fentanyl and other synthetic drugs;
  - o Syringes to prevent and control the spread of infectious diseases;
  - o Vaccination services (hepatitis A, hepatitis B vaccination); and
  - o Wound care management supplies.
- \_Evidence-based interventions or promising practices implemented at the community level.
  - \_Organizational policy changes developed and/or implemented because of this grant, including efforts made towards stigma reduction.

Recipients must periodically review the performance data they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their grant project. Recipients are also required to report on their progress addressing the goals and objectives identified in your Project Narrative.

The project performance assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should also be used to determine whether your project is having/will have the intended impact on behavioral health disparities.

If your application is funded, you will be expected to develop a behavioral health disparity impact statement no later than 60 days after your award.

#### *Tribal Behavioral Health Agenda*

SAMHSA, working with tribes, the Indian Health Service, and National Indian Health Board developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). Tribal applicants are encouraged to briefly cite the applicable TBHA foundational element(s), priority(ies), and strategies that are addressed by their grant application. The TBHA can be accessed at <http://nihb.org/docs/12052016/FINAL%20TBHA%2012-4-16.pdf>.

Recipients must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

SUBMISSION INFORMATION:

1. SF-424
2. SF-424A
3. Project Narrative – Maximum ten pages total
4. Budget justification and narrative
5. Attachments 1-10
  - a. Letter of commitment from any org. participating in project
  - b. Data Collection Instruments/Interview protocols
  - c. Sample Consent Forms
  - d. Project Timeline
  - e. Biographical sketches and position descriptions
  - f. Letter to the Single State Agency (if applicable)
  - g. Confidentiality and SAMHSA Participation Protection/Human Subjects Guidelines
  - h. Documentation of Nonprofit Status (if applicable)
  - i. Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations
  - j. Population of Focus Certification

Project Narrative Instructions:

Section A: Populations of Focus and Statement of Need (20 points) – 2.5 pages

A-1 – Identify and describe your population of focus and the geographic catchment area where services will be delivered using relevant data. Provide a demographic profile of the populations in terms of race, ethnicity, language, sex, gender identity and other socioeconomic factors. Identify the source of the data.

A-2 – Describe how and why your organization has identified a need for harm reduction services in your selected populations of focus and how the project will reach your population of focus. Describe existing service gaps, health disparities and incidence of poor health indicators influenced by social determinants of health. Use relevant socioeconomic, psychosocial and public health data to demonstrate need for harm reduction services (overdose data, etc.)

Section B: Bonus points for providing services to priority populations (10 points) - .5 page  
 10 points to applicant with more than 50% of total population of focus serving rural, LGBTQ, and racial or ethnic minority.

Section C: Proposed Implementation Approach (35 points) 4 pages

C-1 – Describe the goals and measurable objectives and align them with the Statement of Need (A-2)

Provide the following table: Year 1 Year 2 Year 3 Total

- # service encounters
- # of referrals to support services
- # of linkages to support services

C-2 – Describe how you will implement the Required Activities including your organizational harm reduction service deliver model and addressing how your project will utilize culturally informed strategies and evidence-based interventions

C-3 – Provide a table depicting a realistic timeline for the entire three years of the project period showing dates, required activities and responsible staff. This must include Required Activities. Be sure to show that the applicant has the necessary resources in place so that the project can be implemented and service delivery can begin as soon as possible and no later than four months after grant award.

Section D: Staff and Organizational Experience (20 points) 2 pages

D-1 – Discuss organizational background, purpose and goals. Include annual operating budget, total number of staff and services provided.

D-2 – Describe the historical and current capacity of the applicant organization to implement harm reduction services to the population(s) of focus, including previously related project successes and outcomes. Explain how your organization measures their capacity and success. If applicable, identify other organization(s) that will partner with the proposed project. Describe their experience providing harm reduction services to the population(s) of focus, and their specific roles and responsibilities for this project.

D-3 - Provide a complete list of staff positions for the project, including the Key Personnel (Project Director and Peer Support Worker). For each staff: list their title, project role, level of effort, qualifications, program/service experience, and familiarity with the culture and language of the population(s) of focus.

Section E – Data Collection and Performance Measurement (15 points) 1 page

Provide specific information about how the applicant organization will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program. Describe the organization's experience evaluating public health programs and which staff will be engaged in data collection and quarterly reporting for this project.