



Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

BACKGROUND

The West Virginia Bureau for Public Health, Office of Epidemiology and Prevention Services is seeking proposals from local health departments and other entities interested in expanding or implementing harm reduction programs (HRPs). Community-based HRPs are an effective component to more comprehensive and integrated harm reduction initiatives for injection drug users, substantially reducing their risk of getting and transmitting diseases like HIV, viral hepatitis, and other bloodborne infections.

As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) "State Targeted Response to the Opioid Crisis" grant, West Virginia was awarded funding to support HRPs in the state.

Awardees will be selected based on:

- need and burden within a jurisdiction,
- quality of application
- capacity to successfully operate an HRP,
- and demonstration of support from and collaborations with community partnerships.

ELIGIBILITY CRITERIA

A local health department or other entity seeking to expanding an existing HRP or initiate a new HRP.

AWARD INFORMATION

Minimum grant award: \$10,000

Maximum grant award: \$100,000

Minimum number of awards: 6

This is one-time funding that expires on April 30, 2018. Future funding is contingent upon availability of additional SAMHSA grant funding.

APPLICATION PACKAGE AND DEADLINE

A proposal narrative, workplan, and detailed budget are due by 11:59pm EST on October 16th, 2017 and should be emailed to Dr. Miguella Mark-Carew at Miguella.p.mark-carew@wv.gov. No late proposals will be accepted.

RESOURCES

- [WV Department of Health and Human Resources, Bureau for Public Health, Harm Reduction Program \(HRP\) Guidelines and Certification Procedures](#)
- [Syringe Services Programs](#) (Centers for Disease Control and Prevention)
- [Consolidated Appropriations Acts, 2016](#)
- [Program Guidance for Implementation of Certain Components of Syringe Services Programs, 2016](#)
- [Syringe Services Program \(SSP\) Development and Implementation Guidelines for State and Local Health Departments](#) (NASTAD and the Urban Coalition for HIV/AIDS Prevention Services)
- [Assessing Local Drug Use](#) (CDC)

APPLICATION SCORING (100 POINT TOTAL)

Applications will be scored based on the following criteria:

- Proposal Narrative
 - Burden and need within jurisdiction (20 points)

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

- Capacity and operations (30 points)
- Community support and readiness (20 points)
- Quality of application (10 points)
- Applicant's workplan (20 points)

PROPOSAL NARRATIVE (80 POINTS)

Burden and Statement of Need within Jurisdiction (20 points)- 5 pages maximum

- Applicants are encouraged to share the rationale for the application in the location specified and uses data and other objective sources to document the need that includes information about the scope of the problem and population the program would serve, concerns of law enforcement, statistics on HIV infection and /or viral hepatitis among injection drug users, the presence of injection drug users in the location, and the presence or absence of other harm reduction services in the proposed location.
- The applicant should consult with interested stakeholders concerning the establishment of a harm reduction program. Interested stakeholders shall include, but need not be limited to, the local health department if the applicant is not a local health department, local law enforcement agencies, prosecuting attorneys, substance abuse treatment providers, persons in recovery, nonprofit organizations, hepatitis C and HIV advocacy organizations, and members of the community.
- The applicant should describe the applicant organization's mission and core services, including a list of services the applicant currently provides to injection drug users. Services may be offered directly or by referral. These are:
 - Drug abuse treatment services;
 - HIV or Hepatitis screening;
 - Hepatitis A and Hepatitis B vaccination;
 - Screening for sexually transmitted infections;
 - Referrals to behavioral health services; and
 - Services related to provision of education and materials for the reduction of sexual risk behaviors, including, but not limited to, the distribution of condoms.
- Proposal reviewers will also use historical overdose death rates, opioid-overdose related ED visits, hepatitis C rates, and other data to also assess burden and need.

Capacity and Operations (30 points)- 10 pages maximum

- A description of the proposed harm reduction services, the anticipated number of participants to be served each year and the estimated number of syringes to be dispensed and collected each year. HRP services include:
 - Providing needles and harm reduction services for all of its participants;
 - Providing HIV and viral hepatitis prevention education services for all of its participants; and
 - Providing for the safe recovery and disposal of used syringes and sharps waste from all of its participants.
- A description of the service delivery model(s) to be employed, whether fixed or mobile site, including:
 - The number of locations at which harm reduction services will be provided; and
 - A description of the location(s) where harm reduction services will be provided that includes the full physical address (street number, street name, city and zip code) and county of the fixed or mobile site location(s);
- A description of additional services that will accompany harm reduction, such as overdose prevention supplies and education;

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

- The HRP hours of operation in the location(s) and staffing. The description of hours of operation must include the specific days the HRP is open, opening and closing times, and frequency of harm reduction services. The description of staffing must include number of staff, titles of positions and descriptions of duties;
- A syringe dispensing plan that:
 - Is designed to provide new, sterile syringes to meet the needs of participants in accordance with the recommendations made by the U.S. Public Health Service, published by the Centers for Disease Control and Prevention, to support the use of a new, sterile syringe for each injection; and
 - Tracks the number of syringes dispensed.
- A syringe collection and sharps waste disposal plan that:
 - Is designed to maximize return of used syringes without increasing risk of needlestick injury to staff or program participants;
 - Tracks number of syringes returned in a manner that eliminates direct handling of sharps waste and does not interfere with service provision;
 - Includes a needlestick injury protocol and a plan for ensuring staff and participant familiarity with the protocol;
 - Includes sharps waste disposal education that ensures staff and participants are familiar with state law regulating proper disposal of home-generated sharps waste; and
 - Includes a plan and budget for sharps waste disposal, or an explanation if no cost is associated with sharps waste disposal.
- A service delivery plan that includes:
 - Needles and syringe exchange services for all of its participants;
 - HIV and viral hepatitis prevention education services for all of its participants;
 - The safe recovery and disposal of used syringes and sharps waste from all of its participants;
 - HIV or hepatitis screening;
 - Hepatitis A and hepatitis B vaccination;
 - Screening for sexually transmitted infections;
 - Education and supplies for safer sex practices;
 - Procedures for mandatory detox and drug treatment referrals; and
 - Participant confidentiality protocol.
- A staff training plan that includes:
 - Mandatory staff training on the following topics:
 - Orientation to the applicant's services and eligibility requirements for the program;
 - Overview of harm reduction philosophy and the harm reduction model used by the program;
 - The applicant's approved policies and procedures that cover syringe exchange transactions, handling disposal of infectious waste, and needlestick prevention management;
 - Procedures that ensure secure storage, handling and disposal of syringes in accordance with State law and rules;
 - Procedures for making referrals, including primary care, detox and drug treatment, HIV counseling and testing, prenatal care, tuberculosis and Hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services;

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

- Hierarchy of risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors;
- Education and demonstration of safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites and the use of alcohol pads to disinfect injection sites; and
- Education and demonstration of Naloxone administration;
- Cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status and employment status.
- Training logs and attendance sheets for all trainings provided to HRP staff. The training log must include the name of the training and trainer, date, location and agenda/topics covered. The attendance sheet must record the names of all staff who received the training, date and agenda/topics. A copy of the attendance sheet or a certificate of completion must be maintained in the personnel/training record for each HRP staff member.
- A data collection and program evaluation plan that:
 - Incorporates evaluation data into program design; and
 - Uses the Bureau designated data reporting method to collect the data elements which includes:
 - The total number of persons served;
 - The total number of syringes and needles dispensed, collected and disposed of; and
 - The total numbers and types of referrals made to drug treatment and other services.
- A community relations plan that:
 - Records adverse incidents and positive interactions between local law enforcement and HRP staff, volunteers or participants in their role as program participants;
 - Documents concerns and positive feedback expressed by program participants, community members, neighborhood associations and/or local law enforcement officials; and
 - Documents steps the program has taken to address any reasonable concerns.
- A budget for the program which includes at a minimum projected income and costs for personnel, outside services, and operating expenses, including but not limited to rent, utilities, equipment, materials including syringes and disposal containers, transportation, insurance, training, meetings, syringe disposal services, and indirect costs.
- A timeline for the implementation of the program and for the development of policies and procedures

Community Support and Readiness (20 points)- 5 pages maximum excluding letters of support and MOUs

For HRPs to be successful, there should be engagement from key stakeholders such as public officials, healthcare entities, and the general public.

- Describe community partnerships that may facilitate HRP participation.
- Include any MOUs or relationships with providers who can supply needles or connect patients to your proposed HRP (note: funding cannot be used to purchase needles and syringes).
- Include any letters of support from community partners.
- Describe potential outreach strategies to engage HRP participants.
- A signed statement attesting to:
 - The applicant's compliance with state laws, rules, and local ordinances;
 - The capacity of the applicant to begin harm reduction services within 90 days of certification; and
 - The involvement of the local health department and program participants in HRP design, implementation and evaluation.

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

QUALITY OF APPLICATION (10 points)

Applications will be reviewed by a panel of staff within the Bureau for Public Health.

WORKPLAN (20 points)

Describe goals, objectives and activities to be completed during the funding period. Persons responsible and timelines for completion should be included. A table or Gantt chart is acceptable.

OUTCOMES

- In considering whether approve or disapprove an application, the Bureau will consider the applicant's ability to:
 - Provide an injection drug user with the information and the means to protect himself or herself, his or her partner, and his or her family from exposure to blood-borne disease through access to education, sterile injection equipment, voluntary testing for blood-borne diseases, and counseling;
 - Provide referrals to facilitate entry into drug abuse treatment, including opioid substitution therapy;
 - Encourage usage of medical care and mental health services as well as social welfare and health promotion;
 - Provide safety protocols and classes for the proper handling and disposal of injection materials;
 - Plan and implement the clean syringe exchange program with the clear objective of reducing the transmission of blood-borne diseases within a specific geographic area;
 - Develop a timeline for the proposed program and for the development of policies and procedures.
- Upon a review of the application and the supporting materials the Bureau may:
 - Approve the applicant for funding and certify the applicant as a Bureau approved Harm Reduction Program;
 - Not approve the applicant for funding and certify the applicant as a Bureau approved Harm Reduction Program;
 - Not approve the applicant for funding and not certify the applicant as a Bureau approved Harm Reduction Program.

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

BUDGET

On December 15, 2016, President Barack Obama signed the Consolidated Appropriations Act, 2016 which modified restrictions on the use of federal funds for programs supporting distribution and exchange of syringes and needles.

Department of Health and Human Services (DHHS) funds cannot be used to purchase needles or syringes.

Applicants must provide a detailed breakdown of the budget that outlines how the requested funds will be spent. Based on DHHS guidance, federal funds supporting the expansion and implementation of HRPs can be used for, but not limited to, the following:

- Personnel (e.g. program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for hepatitis C virus and HIV;
- Syringe disposal services (e.g. contract or other arrangement for disposal of biohazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for hepatitis C virus and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services; hepatitis A virus and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;
- Provision of naloxone to reverse opioid overdoses;
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other sexually-transmitted diseases (STDs);
- Communication and outreach activities; and
- Planning and evaluation activities.

For more information on use of federal funds to support HRPs, visit: <https://www.hiv.gov/sites/default/files/hhs-HRP-guidance.pdf>.

Applicants must provide a detailed breakdown of the budget that outlines how the requested funds will be spent. Funds can be used for project activities leading to the establishment or implementation of cost-efficiency or revenue generation, including project staff salaries, meetings, supplies, project-related travel, and other direct project expenses. Equipment purchases and indirect costs are not allowable. Funds may not be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities. No capital renovations or facility expansion will be supported through this funding.



Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

Please provide a budget narrative that details the items included in each line item. Budget should be broken down into the following categories:

Budget Category	Amount Requested
Personnel	
Salary and wages	
Fringe benefits	
Other Direct Costs	
Office operations	
Travel	
Meeting expenses	
Project space	
Other	
Purchased Services	
Consultants	
Contracts	
TOTAL	\$0.00

Announcement of Funding Availability Harm Reduction Program Improvement and Implementation (2017-2018)

BUDGET NARRATIVE

[Provide a detailed budget narrative here]

Category	Narrative
Personnel	
Note: You <i>must</i> include base annual salary, full time equivalent (FTE) information and % of salary associated with this project for each person/role for which funds are being requested.	
Project Staff	
Fringe Benefits	
Other Direct Costs	
Office Operations	
Travel	
Meeting Expenses	
Project Space	
Other	
Purchased Services	
Consultants	
Contracts *	
In-kind Support	

***If contracts are a part of your proposed budget, you *must* complete the chart below for each contract.** Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. If there are no contracts, delete these instructions and chart shown below.

Contract Budget Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	