

CDC-RFA-PS19-1909
**National Harm Reduction Technical Assistance and
Syringe Services Program (SSP) Monitoring and
Evaluation Funding Opportunity**

Informational Conference Call
May 9, 2019

WELCOME AND OPENING REMARKS

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Welcome to the Conference Call

- **Thank you for your participation**

- **Logistical Details**
 - This call is being recorded
 - Please hold all questions until the end of the call
 - Please mute your phone

- **Roll Call**

Conference Call Purpose and Objectives

▪ Purpose

- To present an overview of the National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity (NOFO) to inform and prepare prospective applicants to develop a strong application

▪ Roadmap for today

- Describe NOFO details
- Provide clarification on eligibility requirements
- Discuss technical assistance and resources available to applicants
- Describe details of the procurement and grants process
- Q & A

INTRODUCTION AND OVERVIEW

Program Summary

- This three year program will
 - Strengthen the capacity and improve the performance of harm reduction programs throughout the United States
 - Implement a monitoring and evaluation of syringe services programs.
 - Help prevent infectious disease resulting from injection drug use; and
 - Improve health outcomes for people who inject drugs

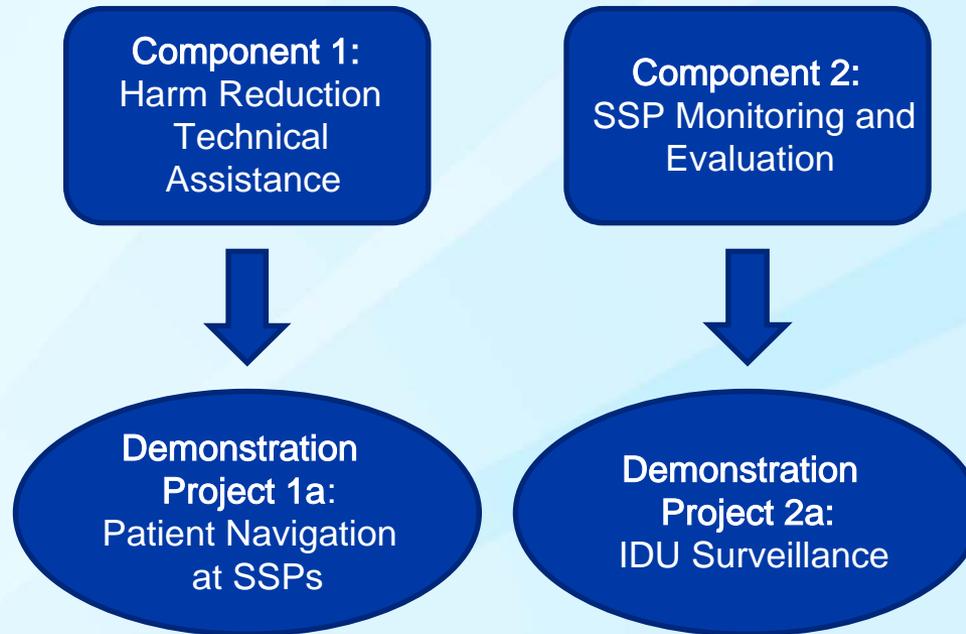
Long Term Outcomes

- Improved health outcomes of persons who inject drugs
- Reduced incidence of infectious disease resulting from injection drug use
- Reduced injection drug use and other high risk substance use

Primary activities

- This three-year NOFO is composed of two demonstration projects, and two components:
 - technical assistance
 - monitoring and evaluation
- Activities will include:
 - Providing technical assistance to SSPs,
 - Developing a national training network; and
 - Implementing a SSP monitoring and evaluation program.

Components and Demonstration Projects



Component 1: Harm Reduction Technical Assistance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a national network that provides harm reduction technical assistance responsive to the needs of states and local jurisdictions	❖ Strengthened capacity of jurisdictions to implement comprehensive SSPs to prevent the infectious disease consequences of injection drug use (IDU)
Activity 2: Create toolkit to support the implementation of SSPs in urban, suburban and rural areas	❖ Improved sustainability of SSPs ❖ Improved linkage to medication-assisted treatment from SSPs ❖ Improved screening and linkage to care for infectious disease at SSPs

Recipient awarded to complete activities under Component 1
must complete activities under demonstration project 1a

Demonstration Project 1a: Patient Navigation Program at SSPs

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop patient navigation program at 8 SSPs to link clients to medication-assisted treatment (MAT) and to care and treatment for infectious disease	<ul style="list-style-type: none">❖ Strengthened connections from SSP to other community programs❖ Strengthened capacity of SSPs to support PWID seeking access to MAT and other infectious disease care
Activity 2: Develop guidance on best practices for patient navigation	<ul style="list-style-type: none">❖ Increased use of MAT by PWID❖ Increased access to care and treatment for infectious disease resulting from IDU for PWID

Component 2: Monitoring and Evaluation of SSPs

Activities	Short and Intermediate Term Outcomes
Activity 1: Work with SSPs to improve program data collection and reporting for local monitoring and evaluation	<ul style="list-style-type: none">❖ Improved implementation of SSPs❖ Improved capacity of CDC and partners to monitor SSP services and program needs in the US❖ Improved capacity of CDC to support and sustain SSPs❖ Improved capacity of SSPs to measure their local impact
Activity 2: Develop and implement a national monitoring and evaluation program for SSPs	
Activity 3: Develop national standardized metrics for monitoring SSPs	

Recipient awarded to complete activities under Component 2
must complete activities under demonstration project 2a

Demonstration Project 2a: Injection drug use surveillance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a survey instrument to collect individual-level data from SSP clients and their peers	<ul style="list-style-type: none">❖ Strengthened capacity of SSPs to describe and meet the needs of their client population❖ Strengthened capacity of SSPs to understand local drug use trends❖ Establishment of a national surveillance system to identify new and emerging issues impacting PWID and other persons who use drugs
Activity 2: Work with SSPs nationwide to use a data collection platform to capture client-level program data	
Activity 3: Develop and implement a survey of SSP clients and their drug-using peers in a select sub-sample of SSPs	

Funding

- Total funding for 3-year program \$6,925,000
- Year one is funded at \$4,975,000
- Component 1 [Technical assistance] funded at \$850,000/annually
- Component 2 [SSP Monitoring and evaluation] at \$125,000/annually
- The demonstration projects are funded in **year one** for a total of \$4,000,000
 - Demo project 1a [patient navigation at SSPs]: \$1,000,000
 - Demo project 2a [IDU surveillance]: \$3,000,000

Q&A

Q: Are the demonstration projects optional?

A: No, the demonstration projects are not optional.

- Component 1 – Funded organizations also must conduct activities for component 1a in year one.
- Component 2 – Funded organizations also must conduct activities for component 2a in year one.
- Separate budgets must be submitted for components and demonstration projects.

Q: How long are the demonstration projects funded for?

A: Currently, resources are only available in year 1 for these activities.

For which component(s) should my organization apply?

- Organizations may apply for component 1, 2, or both, but must submit a separate work plan and budget for each component.
- Organizations applying to component 1 (Technical Assistance), *must* conduct activities for demonstration project 1a (Patient Navigation from SSPs).
- Organizations wishing to apply for component 2 (SSP Monitoring and Evaluation), *must* conduct activities for demonstration project 2a (IDU Surveillance).
- No more than 2 organizations will be funded under this cooperative agreement

Q&A

Q: The logic model states a long-term outcome is to reduce the infectious disease consequences of the opioid epidemic. Does this mean we can focus on reducing infections such as endocarditis, MRSA or STDs, or should we focus on hepatitis C and HIV?

A: Components 1 & 2 are funded by Congressional appropriation authorizing activities that address hepatitis B and C and HIV.

Demonstration project 1a and 2a are funded under a different budget activity. Work under these activities allows funding to be used to address the infectious disease consequences of opioid use and overdose to advance the understanding the of the opioid overdose epidemic.

STRATEGIES AND ACTIVITIES

Strategies and activities: Component 1

Technical Assistance

- Recipient will collaboratively develop and deliver a national comprehensive technical assistance program to increase harm reduction knowledge, skills and competencies of staff supporting existing SSPs and to local health departments or community based organizations wishing to develop and implement SSPs.
- Develop a system for SSPs nationwide to request TA
- Develop a national training network for SSPs
- Creation of a harm reduction technical assistance toolkit

Strategies and activities: Component 1

Technical Assistance

- Training curricula, materials and toolkit must cover, among other topics:
 - Providing comprehensive services
 - Teaching cultural competency for working people who inject drugs
 - Providing linkage to care and building community health systems
 - Building local champions and stakeholder support
 - Addressing syringe disposal in communities
 - Delivering services in rural and suburban areas
 - Educating stakeholders and policy makers on evidence-based practices
 - Working with law enforcement.

Strategies and activities: Demonstration Project 1a Patient Navigation

- Successful recipient will pilot a 1-year program providing patient navigators at 8 SSPs
- Navigators will link clients with opioid use disorder to MAT, and to programs offering care and treatment for infectious disease associated with injection drug use, including viral hepatitis and HIV.

Strategies and activities: Demonstration Project 1a

Patient Navigation

- Determine metrics to be collected in patient navigation program
- Identify 8 SSPs that will participate in this demo project.
 - All participating SSPs must be located in areas where accessing MAT is possible, with support from a patient navigator.
 - Participating SSPs must not have a patient navigation program already in place, but should have the capacity to start one quickly once resources have been made available.
 - Co-located where “Increasing use of medication assisted treatment to address opioid use among patients with bacterial and fungal infections related to injection drug use” (NCEZID) being funded by CDC in selected sites
 - Develop guidance on replicating successes in other locations

Strategies and activities: Component 2 SSP Monitoring and Evaluation

- The recipient will develop and implement a monitoring and evaluation program for SSPs
 - Develop guidance on monitoring and evaluation for SSPs
 - Provide data coordination: work with sites to conduct data cleaning, conduct data reconciliation, and identifying errors.
 - Combine and analyze data sets and provide combined data set to CDC.
- Monitor and track SSPs in the U.S., including openings and closings, locations, and services offered

Strategies and activities: Component 2 SSP Monitoring and Evaluation

- Support local program evaluation/outcome monitoring at SSPs nationwide.
 - Biannually, work with SSPs to gather information from SSP clients, focusing on how the local program succeeds in meeting the needs of their clients, measuring client satisfaction, and gaps in services.
- Work with SSPs to collect summarized data from individual organizations and produce an annual national SSP report

Strategies and activities: Component 2a Injection Drug Use Surveillance

- Develop and pilot a survey that collects information on substance use and injection use trends and risk behaviors
 - Using customizable technology solution designed to capture self-reported client data from individuals engaging with SSPs
- Collect in-depth information from a subset of SSP clients and their drug-using peers on their drug use practices, experiences with overdose, infectious disease and bacterial infections
- Share results of survey via SSP report

Q&A

Q: Is the expectation that a funded recipient will work with all SSPs in the United States?

A: The target goal is to work with at least 80% of SSPs (as identified by the North American Syringe Exchange Network: <https://www.nasen.org/map/>) in the United States in urban, suburban and rural areas

Q&A

Q: A second activity under demonstration project 2a (IDU Surveillance) is the implementation of survey system in 50 SSP and 250 of their drug-using peers. May we budget funds for incentives to ensure participation in this survey?

A: Yes, applicants may budget in survey incentives. Applicants will be required to prepare a detailed budget as part of the application consistent with instructions in the funding opportunity announcement and application instructions.

CDC ACTIVITIES

Work with Recipient Programs

Support Activities

Support Staff & Programmatic Trainings

Provide Technical Assistance & Guidance

Assist in Conducting Monitoring & Evaluation Activities

Provide Current Information, Surveillance Data & Recommendations

Provide Standardized Data Collection Forms & Templates

Perform Yearly Evaluations & Provide Feedback to Grantees

Collaboration Expectations

- Recipients will be required to routinely exchange information and work closely with other recipients under this NOFO, and, as directed, other groups funded by CDC to conduct related activities.

Who can apply? Who will be awarded?

- Unrestricted eligibility
- Recipients must have a minimum 5 years history of establishing, building, and/or maintaining working partnerships to facilitate ongoing development and delivery of their respective services (i.e., technical assistance, and/or SSP monitoring and evaluation).
- Recipients must have demonstrated capacity to reach SSPs **nationwide**, which includes urban, suburban and rural areas
- Recipients are expected to have subject matter expertise in harm reduction and SSPs

Who can apply? Who will be awarded?

- Successful applicant will:
 - Describe an overall approach consistent with the Approach and Purpose of the NOFO to conduct activities required for the selected component
 - Demonstrate coordination and collaboration with harm reduction organizations, local health departments and community based organizations
 - Demonstrate a quality, comprehensive plan that has the potential to meet the outcomes described in this NOFO's logic model
 - Demonstrate that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (up to 7 points)
- Strong applications include an SSP engagement and communications strategy and describes how applicant will develop programs associated with selected component

Timeline

- Funding announcement publication: May 1, 2019 
- Informational call May 9, 2019 
- Letters of Intent due: *May 24, 2019*
- Applications due: *June 26, 2019*
- Notice of Award: *September 2*

(Notice of award is an estimate and subject to change)

Letters of Intent

- Letters of intent must be sent via U.S. express mail, delivery service, or email by May 24th
- Please send to:

Harm Reduction NOFO
Centers for Disease Control, NCHHSTP
1600 Clifton Rd, MS 8-06
harmreduction@cdc.gov

Q&A

Q: Are letters of intent mandatory?

A: No, letters of intent are not required, but appreciated. When we have a sense of how many applicants to expect, we can better prepare for the review process.

Q: What should we include in the letter of intent?

A: Please include any other organizations expected to be collaborating on this project; the component(s) to which you will be applying; and indication that organization has the current capacity to work with SSPs nationwide.

Application and Submission Information

- **Application Deadline: June 26, 2019 11:59 p.m. EST**
- **CDC Assurances and Certifications**
- **Project Abstract (maximum of 1 page)**
 - Summary of the proposed activity suitable for dissemination
- **Project Narrative (maximum of 20 pages)**
 - This includes the work plan
 - Activities to be conducted over the entire project period
 - 12 point font, 1-inch margins, number all pages
 - Content beyond the specified page number will not be reviewed
- **Application Appendices**
- **Funding Restrictions**
- **Electronic Submission**
 - www.grants.gov
 - Validation process may take up to two (2) business days

Application Review Information

▪ Review and Selection Process

- Initially reviewed for completeness by OGS
- Eligible applicants jointly reviewed for responsiveness by NCHHSTP and OGS
- Technical Structured Review conducted by NCHHSTP

▪ Scoring Criteria

- Approach (30 points)
- Evaluation and Performance Measurement (25 points)
- Organizational Capacity to Implement the Approach(45 points)
- Budget and Budget Narrative (reviewed but not scored)

Award Administration Information

▪ Award Notices

- Receipt of a Notice of Grant Award from OGS
- The Notice of Grant Award will be signed by an authorized GMO and the recipient can retrieve the notice of award from GrantSolutions
- All grantees are subject to the DUNS and CCR requirements in GrantSolutions

▪ Administrative and National Policy Requirements

- 45 Code of Federal Regulations (CFR) Part 75, uniform administrative requirements cost principles and audit requirements for HHS awards

▪ Reporting to CDC

- Annual Performance Report (no later than 120 days before end of budget period and serves as yearly noncompeting continuation application)
- Quantitative indicator data (quarterly each budget year)
- Final Performance and Federal Financial Reports (due 90 days after the end of the project period)

Agency Contacts

- **Programmatic Technical Assistance**

Contact: Alice Asher

Telephone: (404) 718-8284

Email: harmreduction@cdc.gov

- **Financial, Grants Management, or Budget Assistance**

Grants Management Specialist: Rhonda Perry Colbert

Telephone: (770) 488-2848

Email: hvx1@cdc.gov

- **Submission Difficulties Assistance**

Grants.gov Contact Center Phone: 1-800-518-4726

Email: support@grants.gov

- **Submission Questions**

Technical Information and Management Section (TIMS)

Telephone: (770) 488-2700

Email: ogstims@cdc.gov

Q&A

Q: Can resources from this NOFO be used to support implementation of services in SSPs?

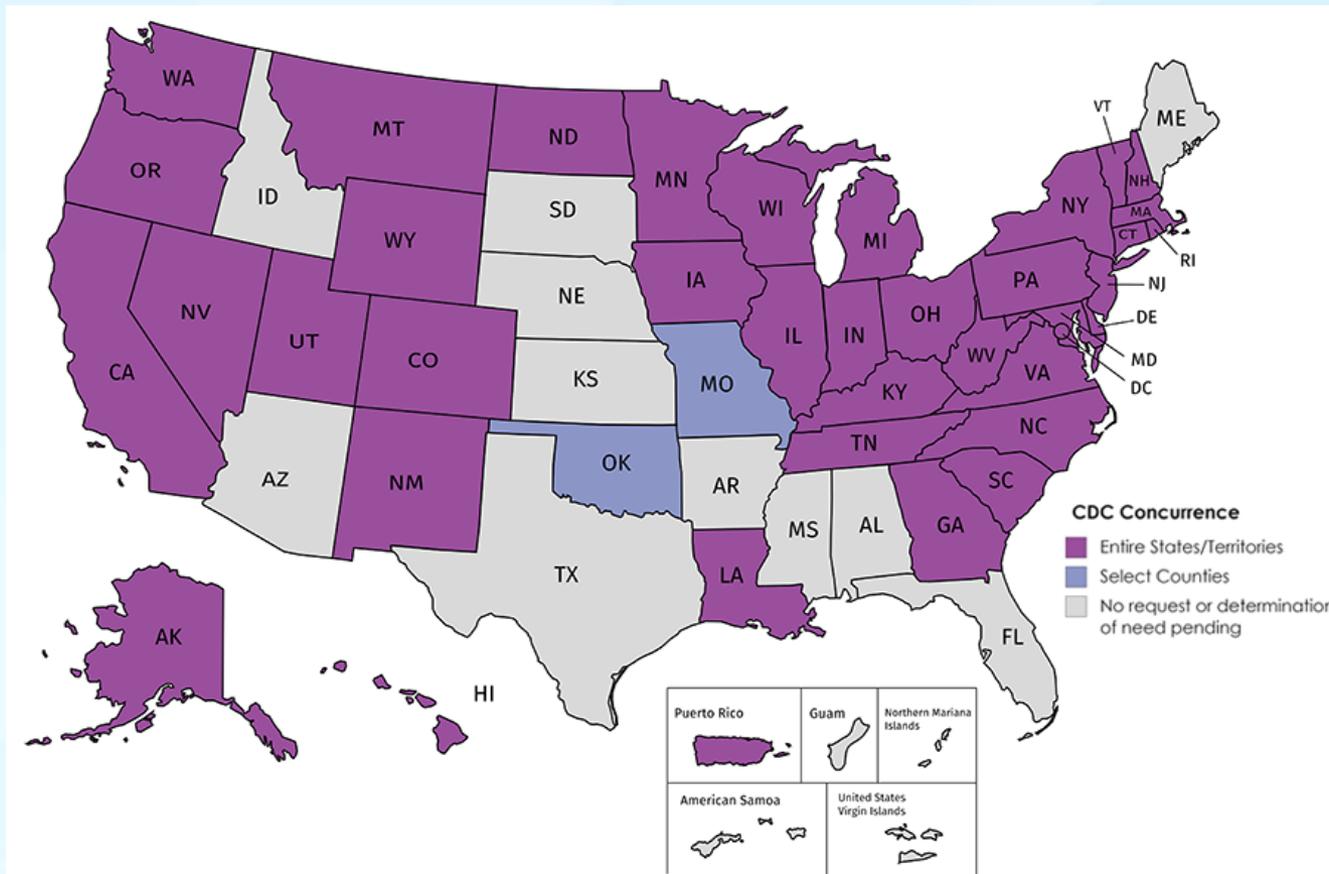
A: Yes, however, SSPs receiving federal funds must be located in a jurisdiction that has received a determination of need concurrence from CDC

Consolidated Appropriations Act, 2016 (P.L. 114-115)

Permits use of federal funds to support SSPs

- Modifies the restriction on use of federal funds for SSPs
- Still prohibits use of federal funds for sterile needles or syringes for the injection of drugs
- Allows for federal funds to be used for other components of SSPs based on evidence of a demonstrated need by the health department and in consultation with CDC
 - “Experiencing, or at risk for, increases in hepatitis infection or an HIV outbreak due to injection drug use”
- SSPs receiving TA or support to conduct other activities under this NOFO must be in a jurisdiction with a DON

Does this jurisdiction have a DON in place?



Updated 4/26/19

<https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html>

What can federal funds be used for?

- Staff
- Supplies (e.g., alcohol pads, sterile water, cotton)
- Testing kits for viral hepatitis and HIV
- Syringe disposal services
- Navigation services to ensure linkage to services
- Communication, outreach and educational materials
- Planning and evaluation activities

- **Use of federal funds must be in alignment with objectives and associated activities for each component. Please contact CDC with any questions about how federal funds may be used.**

Federal funds cannot be used for:

- Needles and syringes
- Other devices solely used for illegal drug injection (e.g., cookers)

- Other non-federal funds (including tribal, state and private) may be used for purchase of these supplies

Thank you for your interest!

For more information, please visit:

<https://www.cdc.gov/nchhstp/funding/announcements/ps19-1909/index.html>

Questions?

Please email harmreduction@cdc.gov