



REQUEST FOR APPLICATIONS

Leveraging Opioid Settlement Dollars to Support Harm Reduction Programs in NC Jurisdictions

Eligible Applicants: North Carolina Local and Municipal Governments, Health Departments and Community-Based Organizations

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Leveraging Opioid Settlement Dollars to Support Harm Reduction Programs in NC Jurisdictions

PURPOSE

The purpose of this initiative is to leverage opioid settlement funds to build community capacity for overdose prevention at the local level.

Syringe service programs (SSPs) and community naloxone distribution are key in reducing overdose deaths and engaging people who use drugs (PWUD) in health and social services. In a brief survey with 14 North Carolina syringe service programs providing services across 27 counties, only two stated that they received any funding from local governments to operate.

Opioid settlement funds provide an opportunity to build local capacity to address the overdose crisis through government and community collaboration. **To establish and/or expand these partnerships, Vital Strategies will match county opioid settlement funding directed to community SSPs and naloxone distribution up to \$70,000.00 per year for three years.** As county and municipal governments work together with affected communities, they will build on created partnerships to adjust to the challenges of the overdose crisis over the following 15 years.

BACKGROUND

OVERDOSE EMERGENCY

Overdose was declared a public health emergency by the U.S. Department of Health and Human Services in 2017. Since then, other than a brief decline between 2017 and 2018, overdose deaths have been increasing steadily in the U.S. In North Carolina, overdose deaths increased by 40% from 2019 to 2020. Rapid changes to the drug supply with potent synthetic opioids such as fentanyl entering the market, impacts of the COVID-19 pandemic and other factors may be to blame; however, lack of focused strategies and funding for community-based harm reduction programming are also contributing to the crisis.

North Carolina ranks among the top half of states in the nation in overdose fatalities. These deaths are preventable, and are disproportionately impact lower income residents in rural areas, as well as Black and Indigenous communities. While 2020 NC overdose death statistics indicated a spike in deaths across all demographics, Black and Indigenous North Carolinians were most affected experiencing a 66% and a 93% increase in overdose deaths respectively. These data are consistent with overall unprecedented rates of overdose deaths in Black and Indigenous communities across the US and underline inequities that must be addressed.

In addition to fatal overdose, PWUD face rising risk of contracting preventable infectious diseases such as HIV and hepatitis C, as well as costly and painful soft skin tissue and bacterial infections. The rate of acute hepatitis C rose 9-fold across North Carolina between 2007 and 2016 (10-year period). Between

2010 and 2015 heart valve infections associated with injection drug use increased 12-fold, and Sepsis (bloodstream infection) increased 4-fold. While helping to navigate available health resources for a marginalized population, SSPs connect PWUD to sterile supplies and naloxone which can prevent infectious disease and fatal overdose.

FUNDER

To reduce overdose deaths in the United States, Bloomberg Philanthropies Overdose Prevention Initiative works in seven states: Kentucky, New Jersey, New Mexico, North Carolina, Michigan, Pennsylvania, and Wisconsin. The initiative prioritizes a public health approach to overdose prevention, rooted in data and science-based interventions. With a focus on state-based implementation and federal policy advocacy, initiative partners will provide expert advising and project funding in the states through 2026.

Vital Strategies is the lead technical and implementation partner for Bloomberg Philanthropies Overdose Prevention Initiative. Vital Strategies is a global organization focused on strengthening public health systems through designing and supporting scalable solutions to the leading causes of death. In the U.S. Vital Strategies previously worked in Michigan, Pennsylvania and in cities in Connecticut and New Jersey to curb overdose deaths. In 2021 expanding to five new states with high overdose mortality, Vital Strategies brings financial resources and technical assistance to North Carolina and works with government and community partners to establish effective policy and program models for reducing overdose deaths.

GRANT OPPORTUNITY

This request for applications aims to establish a co-funding mechanism to support NC counties and municipalities in leveraging Opioid Settlement Funds. Vital Strategies has agreed to match up to \$70,000 per year for harm reduction-oriented community programming funded with county Opioid Settlement dollars. Counties will be responsible for continued funding of these community-based initiatives after the three-year match from Vital Strategies expires. While strategies may evolve through the duration of the settlement funding availability, counties will continue to allocate a percentage of their original annual pledge to community-based harm reduction initiatives. For example: if counties fund \$10,000 for three years, Vital Strategies will provide a matching \$10,000 for three years, after which the county, in discussion with community, would agree to continue funding at minimum 75% or \$7,500 per year for the remaining distribution period for the Opioid Settlement dollars.

ELIGIBILITY CRITERIA

ELIGIBLE APPLICANTS

- 1) 501 (C) 3 non-profit organizations, or
- 2) Local governments and/or local health departments

Both non-profit and government applicants will need to submit proof of county's commitment to earmark a matching portion of Opioid Settlement Funds to this initiative. Such proof may be either a formal recorded county budget discussion and/or a letter of commitment supplied by the county. If additional support and/or templates are needed from Vital Strategies, please use emails below to request them. Counties should also demonstrate commitment to sustainability of community initiatives beyond the match.

TYPES OF SERVICES TO BE SUPPORTED

Services and interventions described in the proposal must align with:

- Strategy 7 (Naloxone Distribution) from [Option A List](#) of the NC Memorandum of Agreement, and/or
- Strategy 9 (Syringe Service Programs) from [Option A List](#) of the NC Memorandum of Agreement, and/or
- Strategy H (Harm Reduction) from [Option B List](#) of the NC Memorandum of Agreement

Proposals should focus on low threshold community naloxone distribution, engagement of peer workers, and long-term support to evidence-based harm reduction services. Drug checking supplies, such as fentanyl strips, naloxone, and safer drug use supplies may be supported from the funds, as well as positions for peer engagement coordinators, salaries, vehicle fuel, and other expenditures related to the delivery of services. Successful proposals will include how their program will prioritize historically marginalized populations such as Black, Indigenous, and Latinx communities, as well as plans for sustainability after the match has concluded.

Questions about eligibility or proposal details can be submitted via email to Kat Humphries Montoya at khumphries@vitalstrategies.org or Marina Smelyanskaya msmelyanskaya@vitalstrategies.org. We will hold to webinars to address the FAQ on October 4th and October 26th. To sign up, please use [this link](#).

The maximum allowable funding request per applicant is \$210,000 over the three-year grant period, or a maximum amount of \$70,000 per year for three years.

The three-year grant period is anticipated to begin on January 1, 2023, and funding is non-renewable beyond the grant period; this is a one-time-only award. Funding must be matched with county Opioid Settlement dollars.

Full application is due to overdose@vitalstrategies.org by 11:59pm EST on Monday October 31, 2022.

PROPOSAL INSTRUCTIONS

I. Cover Page

1. Applicant name
2. Applicant mailing address
3. Applicant shipping address, if different from mailing address (cannot be a PO box)
4. Signature and typed name(s) of the community-based organization leadership (or proposed leadership)
5. Name, title, email address, and phone number of contact person for the application
6. Date of submission
7. Total budget amount being requested (the budget template allows to calculate the entire budget and then calculate the match requested) (Appendix B)
8. Proposed project focus and harm reduction strategy (strategies)
 - Indicate which strategy is (or strategies are) addressed

II. Project Narrative

1. **Executive Summary:** What are the main expected results and activities of your project? Please provide a brief summary of what your project will be achieving and how. (150-250 words)
2. **Background:** What are the key problems related to overdose in your county that you are proposing to address? Please provide data, if available, description of existing programs, and describe key challenges for people who use drugs in obtaining services. (250 -500 words)
3. **Project description and outcomes:** What are the specific results that your proposed program will seek to achieve (please use suggested indicators) and through what interventions (350-500 words)
4. **Community Engagement:** How will you ensure buy-in from the community and involvement of people who use drugs (250 words)
5. **Racial equity:** Please describe how the projected activities attempt to address racial equity. Describe demographics of the county, and how you will ensure outreach to historically marginalized populations (250 -350 words)
6. **Agency and partner capacity:** Please describe agency and/or CBO partner capacity in performing this work (150-250 words)

7. Sustainability: Please describe how the project will continue to engage community around overdose prevention after the match is complete and how opioid settlement funding will be leveraged to provide for sustainability? (150-250 words)

III. Letter of Commitment for Match

Please submit either county budget discussions and/or letter of commitment describing county commitment to provide funds for community harm reduction initiatives for at least 3 years. In the Sustainability portion of your proposal, please also mention county commitment to fund sustainable community-driven overdose prevention initiatives for the duration of the opioid settlement funding distribution.

IV. Budget

Please use the budget template provided to articulate a detailed funding request for the proposed project. The template proposes to calculate the entire budget and then supports calculations of a match. Please note the total match amount cannot exceed \$210,000 over a 3-year period anticipated to begin January 1, 2023.

- Please start with the second budget detail tab – it will populate the first tab automatically.
- The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project.
- Be sure to determine if the cost in the contract is reasonable and justifiable.
- Intramuscular naloxone can be procured through Remedy Alliance with the expected cost of \$3.75/vial. Naloxone kits typically contain at least two vials of naloxone, two intramuscular syringes, and require a translucent container. Naloxone may be procured through other sources.

The budget should be for three yearly periods and may align with county fiscal year timelines, please indicate when your project will start (no earlier than January 1, 2023) and when it will end.

Note that funds cannot be used for lobbying as defined in Section 4911 of the U.S. Code.

IV. Review and Scoring

All proposals will be reviewed and scored by a review committee established by Vital Strategies in collaboration with NC partners. Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and its alignment with project priorities that resources and services are provided directly to people who use drugs. Final funding decisions will be made by Vital Strategies.

See Appendix C for detailed scoring approach.

Appendix B – Budget Template

Please download the file from [this link](#) and do not edit the original.

Appendix C – Scoring Sheet for Proposals

Criteria Dimensions	Scale (highest number is best)		Reviewer Score
Baseline Eligibility			
Does the proposal fit within the scope of the harm reduction interventions described in the RFP, either through direct implementation, or capacity building for future implementation?	YES / NO		
If YES, then application is eligible, and reviewers may proceed with scoring. If NO, then application is not eligible, and reviewers may stop here.			
Fidelity to and commitment to racial equity approach, harm reduction framework			
Harm Reduction Framework: How strongly does the proposal align with a harm reduction framework and principles?	1 to 10		
Diversity and Racial Equity Commitment: Does the proposal discuss how interventions will address equity?	1 to 10		
Inclusion plan: To what degree are harm reduction providers and people with lived experience involved in guiding and decision-making for the proposed project?	1 to 10		
Quality and clarity of the proposal			
Need: To what degree will the matching funds address an unmet need?	1 to 10		
Agency capacity: What is the level of the applicant's capacity, buy-in from essential partners, and relationships with the population to be served, to perform the proposed activities?	1 to 10		
Scope of work: To what degree are the proposed activities grounded in evidence, reflecting best practices, and aligned with priority harm reduction strategies?	1 to 15		
Potential Impact: To what degree does the proposed project impact the community and utilize the Opioid Settlement dollars to save lives?	1 to 10		
Budget: How strongly are the proposed expenditures appropriate, feasible, and focused on (1) capacity building activities that will likely result in implementation (for planning projects), or (2) service delivery to the priority population (for implementation projects)?	1 to 5		
Reach and Impact			
Focus and reach: To what degree is the proposed project likely to reach people who are highest risk in the community, and does it serve to reduce health disparities?	1 to 10		
Jurisdictional level of need: To what degree does the relevant jurisdiction show indicators of need, e.g., fatal, and nonfatal overdose rates, service gaps, and other key health indicators?	1 to 5		
Sustainability and Continuity			
Sustainability: How clear is the sustainability and continuity plan?	1 to 10		
		Total Score	/105