

REQUEST FOR PROPOSALS to Reduce Drug-Related Harms Among Communities of Color in Michigan – Due February 12, 2021

Summary

Vital Strategies is the lead technical and implementation partner for a Bloomberg Philanthropies-supported initiative to tackle the overdose epidemic in the United States. Its Overdose Prevention Program supports partners and stakeholders in establishing effective policy and program models to reduce overdose deaths in two states, Pennsylvania and Michigan, where fatalities are among the highest in the country.

For this RFP, Vital Strategies is collaborating with Yet Once More, LLC to support Michigan community-based organizations (CBOs) and partnerships in addressing harms caused by the 'War on Drugs' on Black, Indigenous and people of color (BIPOC) populations. This includes community training and education, community organizing and base-building, system or policy assessments, capacity building, direct service provision and other innovative strategies that work to advance principles of harm reduction, de-stigmatize people who use drugs, and promote racial justice and equity in structural and institutional responses to drug use.

Organizational Eligibility

- CBOs that are led by BIPOC or collaborations between organizations in which at least one is led by a BIPOC
- CBOs or partnerships that individually or together are working to advance racial equity in majority BIPOC communities
- Supportive of a harm reduction approach to drug use
- Committed to addressing the root causes of social and racial injustices at a community level
- Engaged with the most under-resourced neighborhoods in Michigan in these counties: Genesee, Ingham, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
- CBOs **need not** have a work history of engagement in activities and issues related to drug use
- Organizations **need not** have 501 (c)(3) status to qualify, but must demonstrate sound fiscal record keeping for previous two years.

Primary expectations of awardees:

- Participation in four 2-hour virtual Racial Equity Harm Reduction Workgroups to be convened with awardees
- Participation of relevant project staff and/or members in two 1-hour virtual Progress Reviews
- Participation in technical assistance, as needed, to facilitate implementation of projects
- Execution of projects that work towards the advancement of Racial Equity in harm reduction and overdose prevention

The maximum allowable funding request per agency is \$50,000 for a total of up to 5 awards. The grant period is 6 months, anticipated to begin on March 1, 2021, and funding is non-renewable; this is a one-time-only award.

Webinar on grant opportunity and applications to be held on January 26, 2021, 2:00PM – 3:00PM EST. Register at this [link](#).

Questions to address during the webinar to be submitted by January 22, 2021 to overdose@vitalstrategies.org. Questions and recording of the webinar will be posted on RFP webpage: <https://www.vitalstrategies.org/resources/request-for-proposals-to-reduce-drug-related-harms-among-communities-of-color-in-michigan/>

Full application due Friday, February 12, 2021. Submit to overdose@vitalstrategies.org

Program approach

Over the past five years, overdose mortality has persisted at high levels in counties across Michigan. Some improvement in this trend was observed in 2019, with reductions in deaths in some regions of the state, but despite overall progress in decreasing overdose deaths, the data show troubling disparities across racial groups. This is especially true among BIPOC communities. Indeed, while the most recently available data from 2018 shows that there was a decrease in overall overdose mortality rates among white residents by 6.5 percent, rates among black residents increased by 14.7 percent across the state. Counties like Wayne, Genesee, Macomb, and Oakland in southeastern Michigan are home to the state's largest BIPOC communities, and they are also the counties with some of the highest rates of overdose deaths statewide. In 2018, more than a quarter of all overdose deaths in the state of Michigan occurred in these counties: Genesee, Ingham, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne. These deaths have been primarily driven by opioids, either alone or in combination with stimulants. This trend has been further exacerbated by the COVID-19 pandemic, and may be explained by pre-existing stressors, social isolation, and economic deprivation in Black and Hispanic communities, that then contribute to increased substance use. The pre-existing racial disparities in accessing substance use treatment may also be heightened by COVID-19 related shifts in treatment availability. **To decrease the rate of unintentional overdose deaths, organizations funded through this RFP process must apply a harm reduction approach in their proposed programs.**

Defining harm reduction

Harm reduction is defined by the National Harm Reduction Coalition (NHRC) as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.” Some examples of harm reduction services include:

- Distribution of clean syringes and drug paraphernalia, including safer smoking kits
- Distribution of naloxone, the medication used to reverse an opioid overdose
- Outreach and support programs for people who use drugs and their families and friends
- Overdose prevention trainings
- Resources on safer ways to use substances
- Provision of or linkage to medications for addiction treatment such as methadone and buprenorphine

Harm reduction is a proven and highly effective approach to engage and build trust with people who use drugs, a process which opens lines of communication about risk reduction strategies and overdose prevention.

Incorporating health equity in harm reduction

Harm reduction serves the most vulnerable, disadvantaged populations and recognizes that “poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.”¹ Harm reduction incorporates principles of health equity by promoting practices that provide everyone with a fair opportunity to be as healthy as possible.¹ To achieve greater health equity, harm reduction must ensure that 1) all subpopulations of people who use drugs are involved in the development of programs and policies that affect them, and 2) efforts are *focused* to produce the greatest health benefit to each affected subpopulation.

¹ [Robert Wood Johnson: What is Health Equity?](#)

Programs with a harm reduction approach are those that offer low-barrier and accessible services that are structured to be “practical, feasible, effective, safe and cost-effective.”² Evaluation of these efforts must specifically measure the outcomes of populations most affected by health inequities.

As institutional momentum builds for a health-based approach to drug use, it is important to address how Black people and other people of color experience the collateral consequences of drug use criminalization, including mass incarceration, loss of eligibility for public housing and public assistance, poor access to medications such as methadone and buprenorphine, and punitive policies and practices related to child welfare, parole and probation. Progress will require an approach grounded in racial justice and “designed to integrate explicit consideration of racial equity in decisions, including policies, practices, programs, and budgets.”³

See [Appendix A](#) for definitions and terms.

Priority harm reduction activities for funding consideration

This RFP was created in response to increasing rates of drug overdose among non-Hispanic Black and Hispanic populations in Michigan. Vulnerability to overdose among these communities is compounded by harms caused by the War on Drugs. Responses to drug use have historically been rooted in coercion and punishment, counterproductive to the public health mission of improving the health and wellbeing of communities. Vital Strategies is interested in proposals promoting health-based harm reduction approaches to drug use.

The commitment and expectations of awardees are twofold:

1. **Active engagement in a workgroup** comprised of grant awardees, and facilitated by Yet Once More and Vital Strategies staff. Grantees will be expected to share their project plan, ongoing process, and lessons learned and contribute to discussions about how to further the goal of advancing racial equity in the City’s overdose response.
2. **Development and execution of a project** with goals and activities that address the harms perpetuated by the War on Drugs and/or promote harm reduction approaches to drug use centered in a racial equity framework. The following activities provide guidance and examples for potential project ideas. They are not intended to be prescriptive in any way. Grantees are encouraged to plan activities they believe will have the most meaning and impact in their communities:
 - a. **Community education and trainings.** Education may seek to improve understanding of stigma towards people who use drugs and other marginalized groups, the consequences of punitive policy responses to communities, particularly BIPOC communities, and basic harm reduction methods and approaches. This RFP is also seeking innovative proposals that expand beyond traditional didactic trainings and foster meaningful discourse. Proposals should include strategies for reaching and engaging BIPOC and those most impacted by drug use. Naloxone may be ordered for no charge through the Michigan Department of Health and Human Services for agencies interested in distributing naloxone as part of their proposed initiative (this is highly encouraged).

² [Harm Reduction International: What is harm reduction?](#)

³ [Government Alliance on Race and Equity: Racial Equity Toolkit](#)

- b. **Community organizing and base-building** by creating new or expanding current activities that involve ongoing, systematic engagement with community residents, community leaders and other stakeholders; and that are committed to changing conditions caused by systemic oppression and state-sanctioned violence. This includes efforts to:
- Convene and expand membership base to develop an understanding of community issues, foster critical systems analyses with a racial equity lens, and develop leadership and advocacy skills of members
 - Set a collective agenda that works to identify and address the root causes of issues impacting local BIPOC communities
 - Tackle systemic issues and work towards change through a planned series of events or activities that build awareness, mobilize members and residents towards action and alter unjust power relationships
 - Build and invest in networks and relationships across the movement to foster collaborations with and support of allies and partner organizations committed to a strong vision for racial justice
- c. **Assessment and capacity-building** activities that work towards the institutionalization of harm reduction and drug policy activities within an organization. Many worthwhile programs and projects require time for thoughtful and strategic planning to ensure successful implementation. Examples include, but are not limited to, funding for:
- Staff trainings on methods for engaging people who use drugs
 - Travel for staff to visit similar programs in other jurisdictions,
 - A consultant to develop or review policies and protocols to better serve people who use drugs, and
 - Coalition-building or other methods of educating and engaging partners to generate program support.
 - Conducting systems assessments or community-based participatory assessments
- d. **Direct services to impacted populations**, people who use drugs, including clean syringes and safer use kits, drug testing materials, and/or community-based naloxone distribution. Applicants may incorporate new services into their ongoing efforts or enhance existing ones to better engage and/or serve people who use drugs in their jurisdiction.

Priority organizations for funding consideration

Organizations that are led by Black, Indigenous, or other People of Color OR collaborations between organizations in which at least one is led by a person of color.

Organizations that do not work at cross purposes with a harm reduction approach. While a history of harm reduction, drug policy or substance use related work is not required, successful applicant organizations cannot support or be engaged in activities that contribute to the further marginalization of people who use drugs and harm reduction services. Successful applicants will be inclusive, non-stigmatizing and promote safe space for marginalized communities, including people who actively use drugs, justice-involved individuals, people who provide sex work, LGBTQI, and other historically marginalized groups. For example, activities that promote the penalization of people who use drugs, a belief in abstinence-only treatment, or

the use of involuntary or coerced treatment - all work at cross-purposes with harm reduction, as well as the evidence base on effective approaches to substance use disorder.

Organizations that understand the root causes of social/racial injustice at a community-level and are committed to movement building and systemic change. Direct service organizations and activities that seek to “change” individual behaviors (e.g. drug use, sex work) are not appropriate. Instead, this grant seeks to support change at the community level by educating and mobilizing community members towards changing policies, institutions and systems.

Organizations that engage with and work towards building community in specified counties in Michigan’s most under-resourced neighborhoods. This effort seeks to support organizations that engage with residents in the Michigan counties of Genesee, Ingham, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne to cultivate and support collective efficacy and social cohesion that is inclusive, non-punitive and supportive of the health and wellness of all community members, especially people who use drugs and BIPOC communities who have been impacted by the War on Drugs. These activities seek to build understanding, support and solidarity with the most marginalized individuals in order to enhance the ‘people power’ of the community to hold decision makers accountable and mobilize for change.

Proposal instructions

Optional pre-application webinar:

Applicants are encouraged to submit questions ahead of an optional webinar that will review this grant opportunity and proposal requirements. Questions may be emailed to overdose@vitalstrategies.org by **January 22, 2021** to be addressed in the informational webinar that will be held on **January 26, 2021**. Questions may also be submitted through the webinar's registration page located at this [link](#).

Application process

Vital Strategies staff may request modifications to the initial proposal to strengthen its likelihood of acceptance. This process may comprise of calls with staff that may range from 30-60 minutes. Please note that a request for modifications is not a guarantee that a proposal will be funded.

Proposal requirements for a [full application](#):

I. Cover page

- a. Applicant name
- b. Applicant mailing address
- c. Applicant shipping address, if different from mailing address (cannot be a PO box)
- d. Signature and typed name(s) of agency leadership
- e. Name, title, email address, and phone number of contact person for the application
- f. Date of submission
- g. Total budget amount being requested
- h. Proposed project focus and harm reduction strategy (strategies) - indicate which strategy is (or strategies are) addressed:
 1. Community education and training
 2. Community organizing and base building
 3. Assessments and capacity building
 4. Direct services to impacted populations
 5. Other _____

II. Project Narrative

Narratives, including scope of work and work plan, should be **3-8 pages total, single spaced, excluding attachments**. Applicants are encouraged to think creatively about how to execute their proposed strategy.

a. Agency Background

- Overview of demographic information of your members and leaders (e.g. total vs. active members, race, class, gender, class make-up)

b. Agency Capacity and Experience: 1-2 pages, single spaced excluding attachments

- Briefly describe the broad activities of your agency over the past year, including information about the population served and highlighting the most pressing issues the community you serve is facing.
- Briefly describe the make-up of the agency's leadership and participation, including those with involvement in agency's activities within the last year. To the extent possible, provide demographic composition of leadership, staff, members, participants, etc. (e.g. race, gender identity, sexual orientation, class, or other

marginalized group). If you don't have exact numbers provide an estimated number or percentage.

- Briefly describe the experience of your agency in addressing racial justice issues and note if and how harm reduction work has been integrated, including services for people who use drugs, and history of providing harm reduction services and education.
 - If your agency has no specific work history related to harm reduction, please describe how the agency plans to integrate this harm reduction work in agency activities, and future agency plans related to harm reduction work
 - Please describe role(s) people with lived experiences have taken within your agency as well as how your agency has worked with people with lived experiences, including active drug use, in the past and plans for future activities
- Provide a copy of your agency's organizational chart that identifies grantees and/or partners relevant to the proposed project.

c. Scope of Work: maximum 2 pages, single spaced

Describe the proposed project or proposed enhancements to an existing project, including the following components:

- **Needs statement** describing the issue the proposed project addresses. Refer to [Appendix B](#) for 2018 overdose data from Michigan counties. *If available*, include recent rates of nonfatal overdoses, overdose fatalities, and other health and drug use indicators.
- **Proposed project goals and activities**
- **Resources needed**, including differentiating between what applicant is requesting funding for versus what is already in place
- **Population** the project will serve, including socio-demographic features and discussion of how marginalized communities will be prioritized
- **Geographic reach** and focus within the identified region of Michigan – grantees must be located in one of the selected counties and identify the specific areas their work targets
- **Racial equity** approach describing how the proposed project will:
 - Ensure representation of Black, Latinx, and Indigenous communities in staffing and leadership
 - Identify and address racial disparities in access to harm reduction services in local community
 - Develop outreach and communication strategies to reach Black, Latinx, and Indigenous communities
 - Develop culturally responsive services and activities
 - Develop and/or implement a plan to meaningfully increase diversity, equity, inclusion, and access for Black, Latinx, and Indigenous people within the organization
- **Sustainability and continuity plan** describing how the proposed project will be sustained and supported after the funding period, whether through the identification of additional funding and/or continuing partnerships and/or other means.

d. Work Plan:

Provide a definitive description of the proposed plan to carry out the activities in the Scope of Work, i.e., a Work Plan. The Work Plan should include:

- A concise project management plan, including:
 - project activities;

- specific staff/members or partner organizations and agencies, and their responsibilities;
 - deliverables with timelines per activity (project deadlines considered grant deliverables must be recognized in the Work Plan)
 - an outline of the overall approach and/or theory of change to be employed by the applicant
 - the specific methodology and techniques to be used by the applicant in executing project activities outlined in the Scope of Work.
 - Identify who will be responsible for implementing the proposed activities, and include experience and capacity to advance project goals and work with community of interest
 - Note any ways that individuals with lived experience will have a role in project planning and/or implementation.
 - If grant activities will address more than one strategy, applicants should clearly describe how this will be accomplished with the proposed project.
- e. Evaluation: approximately half a page, single spaced**
Briefly describe what data will be collected to evaluate the project objectives described in the work plan, how that data will be collected, and partners or grantees responsible for maintaining that data. Note, data collection and evaluation guidance will be provided by Vital Strategies as an element of the program start-up period.

III. Budget

Grants will support a broad range of projects with the goal of improving the local availability of and access to harm reduction services for people who use drugs.

See [Appendix C](#) for budget template.

Please use the budget template provided to articulate a detailed funding request for the proposed project, up to \$50,000 over a 6-month period anticipated to begin March 1, 2021. If requesting funding for items that could be obtained through state or local entities, please include justification and/or description of additional need.

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

IV. Review and Scoring

All applications will be reviewed by a committee made up of staff from Yet Once More and Vital Strategies. Final funding decisions will be made by Vital Strategies Overdose Prevention Program leadership. Decisions will be made based on the quality of the proposal, its alignment with project priorities, and available funding.

Specific proposal components that will be assessed include:

1. Organizational commitment to supporting the leadership of other BIPOC individuals within the organization and/or membership base
2. Fidelity and commitment to racial equity approach, harm reduction framework, and evidence-based practices
3. Plan for involving people with lived experience and harm reduction providers in project development and activities
4. Quality and clarity of the proposal
5. Existing capacity to perform the proposed activities, including coalition and partner organization capacity, and relationship with the population to be reached

6. Proposing to reach and serve populations in the jurisdiction who are at highest risk for overdose and substance use related harms, as well as to reduce health disparities
7. Strength of evidence of proposed activities
8. A plan for basic data collection and reporting
9. Appropriate timeline
10. Geographic level of need, including rates of nonfatal overdose, overdose fatalities, and other health and drug use indicators

See [Appendix D](#) for scoring guide.

Appendix A – Key Concepts and Definitions for a Harm Reduction Approach

- **Harm reduction:** providing services to people who use drugs without expectation that they stop using drugs. Engagement of people who use drugs is non-judgmental and non-stigmatizing.
- **Racial equity:** eliminating racial disparities by applying strategies targeted to close the gaps in services access, delivery, and quality.
- **Low threshold:** eliminating as many barriers as possible to care, such as intake procedures or drug abstinence requirements.
- **Peer-based:** partnering with individuals with lived experience to provide program services.

Appendix B – Overdose Data by County

See the MDHHS [MiTracking Data Portal](#) for more information.

Number of Drug Poisoning/Overdose Deaths - Year(s) 2018

State and/or County + Detroit	Year(s)	Sex	Age Group	Number of Deaths
Wayne (Out County)	2018	All	All Ages	416
City of Detroit	2018	All	All Ages	359
Macomb	2018	All	All Ages	333
Genesee	2018	All	All Ages	221
Oakland	2018	All	All Ages	183
Ingham	2018	All	All Ages	93
Washtenaw	2018	All	All Ages	85
St. Clair	2018	All	All Ages	57
Monroe	2018	All	All Ages	48
Livingston	2018	All	All Ages	29

Appendix C – Budget Template

Project Name:		
Project Budget- Expenses		
Expense Item	Cost	Description / Calculation
Personnel / Salary		
Fringe Benefits		
Contractual Services / Professional Fees		
Operating Expenses		
Office Supplies		
Events / Meetings		
IT / Telephone		
Project Equipment		
Marketing & Communications		
Printing & Copying		
Direct Assistance to Individuals		
Travel		
MISC Item 1 (please specify):		
MISC Item 2 (please specify):		
MISC Item 3 (please specify):		
MISC Item 4 (please specify):		
TOTAL	\$0	
EXAMPLE: Project A		
Project Budget- Expenses		
Expense Item	Cost	Description / Calculation
Personnel / Salary	\$20,000	Annual salary for one staff member
Marketing & Communications	\$3,000	Develop, post, and boost one online ad per month for 12 months
Travel	\$1,500	Mileage for one staff member traveling between sites for 12 months
TOTAL	\$24,500	

Appendix D – Scoring Guide

Criteria Dimensions	Scale (highest number is best)		Reviewer Score
Baseline Eligibility			
Does the proposal fit within the scope of the harm reduction strategies described in the RFP or provide a clear alternate strategy aligned with intent of the RFP?	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		
Racial Equity Commitment: How clear is the plan for the proposed activities to advance racial equity?	1 to 15		
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			
Agency leadership, staffing and membership: To what degree, is agency leadership and decision making authority comprised of Black, Indigenous and other people of color and other marginalized groups? How reflective is the composition of staff, members, constituents, etc. of the agency reflective of the community they seek to work with?	1 to 15		
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		
Workplan and timeline: To what degree does the workplan have clear deliverables and appropriate timelines?	1 to 10		
Evaluation plan: How clear is the data collection plan to evaluate project objectives?	1 to 5		

Budget: How strongly are the proposed expenditures appropriate, feasible, and focused on proposed strategy?	1 to 5		
Reach and Impact			
Focus and reach: To what degree is the proposed project likely to reach BIPOC populations and other marginalized groups who are highest risk in the community, and does it serve to reduce health disparities?	1 to 15		
Jurisdictional level of need: To what degree does the relevant jurisdiction show indicators of need, e.g. fatal and nonfatal overdose rates 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	Out of 125 points