



ACCESS Harm Reduction Grants Pre-Application Conference

Intended Audience: Social Organizations

July 8, 2020

MISSION AND VISION

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Introductions

- Procurement Officer Robert Bruce
- MDH Center for Harm Reduction Services Staff
- Participating organizations: please enter the following in the chat box:
 - Name
 - Company name
 - Email address
 - Phone number

RFA Mandatory Requirements

(Section 2.1)

- Applicant shall be a social organization as defined per Section 7-402 of the State Finance and Procurement Article... or a local, state government agency, public college, or state university
- For social organization Applicants, the Applicant or the fiscal sponsor must be a 501(c)(3) nonprofit organization
- If selected for award, the Applicant will be required to obtain a letter of support from the local health officer or commissioner

eMaryland Marketplace Advantage (Section 1.5)

- RFA and all documentation will be posted on eMaryland Marketplace (eMMA)
- Vendors must register on eMaryland Marketplace in order to receive a contract award
- The vendor number from eMaryland Marketplace must be indicated on the Transmittal Letter on Application
- <https://procurement.Maryland.gov>

Questions

- All questions regarding the Request for Applications following this webinar must be emailed to:
Robert Bruce
Procurement Officer
Robert.bruce@Maryland.gov
- Identify the solicitation number and title in the subject line (PHPA 1173 ACCESS Harm Reduction)

Scope of Work (Section 3)

- Carefully review the background information and scope of work on page 7 through 16

Application format (Section 4)

- Applications must be submitted in two separately sealed parts (or emailed in two different files):
 - Volume I—Project Narrative
 - Volume II—Budget Justification/Narrative
- Please carefully review the Amendment—State of Emergency regarding submission

Evaluation and Selection (Section 5)

- Applications reviewed by evaluation committee
- Evaluation based on the criteria described in section 5.2 (page 24)
- Selection procedures described in section 5.4 (page 25)

Due date

- Applications are due **July 17, 2020 by 2:00 PM**
- No late applications will be accepted
- Acceptable means of delivery:
 - US postal service
 - Email delivery
 - Commercial carrier
- Hand delivery is not currently allowed

Overview of the Request For Applications

Overview

1. CHRS Vision, Strategic Goal and Statewide Goals
2. Background Information and Strategic Priorities
 - a. Background Information
 - b. Strategic Priorities
3. Scope of Work—Results Framework/Work Plan
4. Budget
5. Q+A

Maryland Department of Health

Center for Harm Reduction Services

- Center created in February 2019 to centralize harm reduction activities across the Department
- Oversight of Syringe Services Program and Overdose Response Program
- Provides grant funding to nonprofits and local health departments to support harm reduction
- Workforce development and training (Regrounding our Response, partnership with Maryland Harm Reduction Training Institute)
- Overdose education and naloxone distribution directly, and through provision of naloxone to authorized Overdose Response Programs

Center for Harm Reduction Services

Vision and Strategic Goal

CHRS envisions a Maryland where:

- 1) Health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner,
- 2) People who use drugs have equitable access to high-quality care, and
- 3) Services provided to people who use drugs are free from stigma and discrimination

Our strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

CHRS Statewide SFY21 Goals

1. *Each jurisdiction will achieve naloxone saturation among people at high risk of overdose by the end of SFY21, with the overall impact of reduced opioid overdose mortality from SFY20 to SFY21 statewide.*
2. *Every funded Syringe Services Program (SSP) in the state will make Hepatitis C testing available to participants through co-location of services within the SSP by the end of SFY21, with the overall impact of increasing HCV testing access, as measured by number of individuals tested, from SFY20 to SFY21.*
3. *People who use drugs will have access to low-barrier buprenorphine in every awarded jurisdiction by the end of SFY21, with the overall impact of reducing opioid overdose mortality from SFY20 to SFY21 in awarded jurisdictions and statewide.*
4. *At least two jurisdictions will offer mobile Syringe Services Programs in combination with, or co-located with, buprenorphine induction by the end of SFY21.*
5. *CHRS will develop a written plan for measuring improvements in quality of services provided to people who use drugs by the end of SFY21.*
6. *The percent uninsured among individuals served by CHRS-funded programs will be below the statewide percent uninsured (6% in 2018) by the end of SFY21 and will decrease from the beginning to end of SFY21.*

Public Health Crisis for People Who Use Drugs in Maryland

- Marylanders who use drugs disproportionately experience negative health outcomes, and have health care needs beyond overdose prevention and substance-use disorder treatment services, necessitating a comprehensive approach to drug user health.
- People who use drugs (PWUD) are at high risk for premature death and poor health outcomes driven by overdose, infectious disease, and social determinants of health such as homelessness.
- While the need for health care access is evident, people who use drugs have limited engagement with health care services due to stigma and discrimination in health care settings, negative attitudes towards people with substance use disorders, structural barriers to participation, and a lack of cultural competency among providers.
- These barriers perpetuate the poor health outcomes of PWUD; as a result, those who most need health and social services are often the least likely to access them.

Harm Reduction

- The Harm Reduction Coalition defines harm reduction as *“a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”*
- Quality of life improvement is prioritized as an outcome over abstinence.
- Harm reduction approaches identify people who use drugs as the change agents in their own lives.
- Harm reduction also emphasizes that the voices of people who use drugs must be centered in programs and policies that affect them.

Strategic Priorities

- The following strategic priorities should guide how CHRS-funded services are provided statewide.
- These should be used to help determine the activities and goals of your application.
- These strategic priorities are the basis for the criteria with which applications will be evaluated.
- They are further elaborated upon in the RFA.

Strategic Priorities

A. Meeting people where they are.

- a. Prioritization of highly impacted populations.*
- b. Client-centered service delivery and low barrier/low threshold services.*
- c. Geographically-specific strategies.*

B. Providing comprehensive services.

- a. Drug user health framework.*
- b. Responsiveness to emerging needs*
- c. Address social determinants of health.*

C. Providing culturally competent and peer-run services.

- a. Engaging people with lived experience*
- b. Linguistic competency and health literacy.*
- c. LGBT+*

Application: Volume I—Project Narrative

Note: Do not include any pricing in this part. Include pricing only in the budget section.

1. Transmittal Letter
2. Project Narrative (pg 18)
 - a) Organization
 - b) Staff capacity
 - c) Proposed project
3. Results Framework/Work Plan (pg 18)

Application: Volume II—Budget Narrative

- Separately sealed (or different file) from Volume I
- Follow format in **Exhibit B** (Budget Form) and **Exhibit C** (Budget Narrative)
- Editable word documents are available for download at bit.ly/MDHaccessHR
- Complete for both time periods (SFY21 and SFY22)

Theory of Change (3.1.4, pg 14)

The results framework is built using the Theory of Change approach, a planning methodology that links:

- areas of work,
- outcomes,
- annual statewide goals and,
- our strategic goal to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

Results Framework (pg 18-22)

- **The Applicant's completed Attachment C**, the Results Framework will become your work plan upon award
- There are 5 pre-defined objectives, and several pre-defined outcomes per objective
 - All objectives and outcomes are listed in the results framework in the RFA (pg 20-22)—not all outcomes are listed in the Attachment template, so be sure to refer to the RFA when completing the template
- Select outcomes and objectives that your proposed project addresses
- ***Applicants must address objectives 4, 5, and at least one other objective of their choice***
- ***Applicants must select at least one outcome per objective***

Results Framework (pg 18-22): STEPS

1. Learn each of the five objectives and assess how they are being addressed in your jurisdiction
2. List proposed activities that address objectives 4, 5, and select at least one more objective
3. Define SMART performance measures for each activity
4. Select the outcomes associated with each activity and remove outcomes not being met this year

Results framework: objectives (pre-defined)

- *Objective 1: People who use drugs have access to testing and linkage to care for infectious disease.*
- *Objective 2: People who use drugs have access to core harm reduction services that meet their immediate needs.*
- *Objective 3: People who use drugs have access to individually tailored services that address the social determinants of health.*
- *Objective 4: Harm reduction services are high quality and founded on data and best practices.*
- *Objective 5: Services are responsive to emerging needs among people who use drugs.*

Results Framework

Objectives	Outcomes	Illustrative areas of work/activities (examples)	Performance measures (examples)
<p>Objective 1:</p> <p><i>People who use drugs have access to testing and linkage to care for infectious disease.</i></p> <p>26</p>	<ol style="list-style-type: none"> 1. Increase the percentage of HIV tests provided by the health department to individuals who identify drug use as a risk factor 2. Increase the percentage of HCV tests provided by the health department to individuals who identify drug use as a risk factor, or to programs who serve people who use drugs 3. Increase the number of PWUD who receive HCV treatment 4. Increase the number of PWUD that are tested and referred to appropriate prevention, care and support services 5. Increase the number of service providers that offer HIV, HCV, and Syphilis testing to people at high risk in the jurisdiction 6. Increase the percentages of HIV testing providers in the jurisdiction who offer linkages to prevention services (PrEP, nPEP, SSP) 7. Increase the number of PLWH who use drugs who are linked to Maryland AIDS Drug Assistance Program 	<ul style="list-style-type: none"> • Purchase sufficient number of HCV testing kits to offer each syringe services program participant a test • Hire two peer recovery specialists and provide training on HCV testing and linkage to treatment • Establish referral relationships with HCV providers • Integrate offering an HCV test to each participant into the SSP workflow 	<ul style="list-style-type: none"> • Test 10% more syringe services clients for HCV than in previous year • Establish ____ (number) of new relationships with community-based organizations that can reinforce or build new connections in the community to engage people who use drugs who do not know their HIV status • With the help of a consultant, revise all existing health education tools and materials to be culturally competent

Evaluation criteria (pg 24)

1. Capacity to perform the proposed activities, considering organization capacity, history, and staff
2. Adherence to the given objectives and the overall goal of reducing substance-related morbidity and mortality by optimizing services for people who use drugs
3. Ability to “meet people where they are,” including the following:
 - a. Prioritization of highly impacted populations
 - b. Client-centered service delivery and low barrier/low threshold services
 - c. Geographically-specific strategies
4. Provision of comprehensive services that:
 - a. Address the continuum of drug use health needs
 - b. Respond to emerging needs
 - c. Address social determinants of health

Evaluation criteria cont'd (pg 24)

5. Demonstrated commitment to cultural competence and peer-run services, including:
 - a. Engaging people with lived experience
 - b. Ensuring services are provided in a manner that considers linguistic competence and health literacy
 - c. Services engage LGBT+ populations
6. Feasibility of achieving the chosen outcomes in the performance period
7. Quality, clarity, and conciseness of the proposal

Budget Narrative Evaluation Criteria (pg 24)

Budget narratives will be evaluated based on reasonable cost given the time and effort described in the Project Narrative.

Key take-aways

- Due date: July 17th, 2:00 PM, no exceptions
- Read the RFA and all amendments carefully
- Questions must go to Robert and be submitted ASAP
- Keep in mind the CHRS strategic goal:
Reduce substance-related morbidity and mortality by optimizing services for people who use drugs

Key take-aways cont'd

- Use the templates:
 - Budget form and narrative (Exhibit B and C)
 - Results Framework/Work Plan (Attachment C)
- Submit Volume I—Project Narrative and Volume II—Budget separately
 - Separate files if email or separate sealed envelopes if physical copy
- If submitting a physical copy, pay attention to details on pg 17 about number of copies
- The RFA, all amendments, and all templates are available on the CHRS website at bit.ly/MDHaccessHR

Questions and Answers