

NACCHO

National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

Building Capacity for Harm Reduction Monitoring & Evaluation

National Association of County and City Health Officials (NACCHO)

Release Date: April 12, 2021

Due Date: May 21, 2021

For questions about the Request for Applications (RFA), contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at kkelley@naccho.org.

SUMMARY INFORMATION

Project Title: Building Capacity for Harm Reduction Monitoring & Evaluation

Proposal Due Date and Time: May 21, 2021 at 11:59 PM PT

Selection Announcement Date: June 21, 2021

Source of Funding: Centers for Disease Control and Prevention

Notice of Award No.: 5 NU38OT000306-03-00

Funding Amount: Up to \$98,750

Estimated Period of Performance: Upon execution of the contract (between July 15 – July 31, 2021) – July 31, 2022¹

Point of Contact for Questions Regarding this Application: Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org)

BACKGROUND

The National Association of County and City Health Officials (NACCHO) is a leader, partner, catalyst, and voice for the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal health departments work to protect and improve the health of all people and all communities. NACCHO provides technical and capacity building resources that support LHDs and their local partners in developing and implementing public health policies and practices to promote the health, safety, and well-being of their communities. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad public health challenges facing communities.

With support from the Centers for Disease Control and Prevention (CDC) and in partnership with the University of Washington (UW), NACCHO is pleased to offer a **funding opportunity to LHDs and syringe services programs (SSPs) to promote monitoring and evaluation (M&E) of SSPs and support the use of data for SSP program improvement.** The funding opportunity is also designed to increase the ability of SSPs, LHDs, and other federal, national, state, and local stakeholders to assess the national and local impact of SSPs, assess the national landscape and address gaps in SSP coverage and services, apply for or support public funding of SSPs, and identify best practices.

SSPs are community-based programs designed to reduce transmission of infectious diseases among people who inject drugs (PWID). While this is primarily achieved through the distribution of sterile syringes and other substance use equipment, SSPs also often provide comprehensive services to meet the overall health needs of PWID. LHDs are key partners in this work: many provide funding or support to local SSPs or directly implement SSPs. SSPs are safe, effective, and cost-saving: they directly reduce the transmission of HIV and viral hepatitis, do not increase substance use or crime, and often act as one of the few entry points for PWID to access needed health and social services by providing or connecting clients to overdose prevention, substance use treatment, housing, and other services. For additional information on the safety and effectiveness of syringe services programs, visit [here](#).

¹ The project period shall begin upon both parties' full execution of the contract and will end as late as July 31, 2022, contingent on CDC approving a no-cost extension.

Despite decades of research demonstrating their safety and effectiveness, SSPs remain underfunded and are often not integrated into public health systems. Nationally, there are significant inequities in access to SSPs and inadequate data on SSP coverage and services that could help to characterize and address these inequities. M&E includes the collection, management, analysis, evaluation, reporting, and/or use of program data to inform program planning and improve program efficiency and effectiveness. M&E can help SSPs better identify, respond to, and anticipate community needs; address gaps in service provision; and identify areas for growth. SSPs can also use M&E data to demonstrate their impact or address community concerns or opposition to harm reduction, which can be useful when applying for funding, strengthening community partnerships, or influencing local policies and regulations.

Despite the importance and benefits of M&E, many SSPs have limited capacity to collect and use data. Additionally, there are many barriers to SSP M&E. Due to the criminalization of substance use and the associated stigma, many PWID express concerns regarding privacy and confidentiality and may be hesitant to provide personal information. Specific populations of PWID may face additional barriers: PWID of color, and in particular Black and Indigenous PWID, may have concerns about participating in research-related activities due to historic and ongoing racism and discrimination within the public health and healthcare systems and unethical medical experimentation on Black, Indigenous, and other people of color. SSPs may also face challenges in collecting information about the populations and jurisdictions they serve recognizing that the criminalization and stigmatization of substance use has resulted in high rates of unstable housing and homelessness among PWID. Additionally, the data collection process can be stigmatizing or even traumatizing for LGBTQ+ PWID, especially if data collection tools are not affirming of diverse gender identities, sexual orientations, and sexual practices (e.g., in the case of data collection related to HIV risk and prevention). These factors demonstrate the importance of establishing low-threshold, sustainable M&E systems that provide SSPs and their stakeholders with useful information without deterring PWID from accessing services. Notably, participation in research-related activities or disclosure of personal information should never be a requirement for access to SSPs.

OVERVIEW

There is significant heterogeneity among SSPs, including in their capacity to conduct M&E and use data for program improvement. There is also significant heterogeneity among LHDs, including whether and how they support, fund, or implement SSPs. Consequently, the funding level and technical assistance provided through this opportunity will be tailored to the needs of the selected SSPs and LHDs.

Applicants may request **UP TO** \$98,750 to support personnel; IT equipment, software² (see Appendix A) and other supplies; and any other direct costs related to the development, implementation, or improvement of M&E systems. (For additional information on allowable activities, see “Project Goals & Activities.” For additional information on allowable costs, see the “Application Form.”)

Applications are due **May 21, 2021 at 11:59 PM PT**. Applicants may also be asked to participate in a brief interview with NACCHO and/or UW staff if additional information is needed to score their application.

² See Appendix A for additional information on common software used by SSPs. If you have additional questions regarding software options, you can join NACCHO and UW for “Office Hours.” See Appendix A or “Key Application Dates” for additional information on office hours. If needed, applicants will have the opportunity to change the software they plan to purchase after they are notified of their award but before the contract is executed.

KEY APPLICATION DATES

Please note the following deadlines and events for this application:

Event	Date/Time
Informational Webinar	April 26, 2021 from 2:00 – 3:00 ET
Office Hours: Software for SSPs	Every Tuesday from April 27, 2021 to May 18, 2021 from 1:00 – 2:00 ET
Application Deadline	May 21, 2021 at 11:59 PM PT
Anticipated Notification Date	June 21, 2021
Project Period	Upon execution of the contract (between July 15 – July 31, 2021) – July 31, 2022 ³

Informational Webinar: NACCHO will host an informational webinar for potential applicants on Monday, April 26 from 2:00 – 3:00 PM ET. Questions may be submitted in advance to Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org) and will be accepted until Friday, April 23 at 11:59 PM PT. To register for the webinar, visit [here](#).

Offices Hours: Software for SSPs: Appendix A characterizes common software used by SSPs. If you have additional questions regarding software, join NACCHO and UW for office hours, which will be held Tuesdays from 1:00 to 2:00 PM ET from April 27 – May 18. You can join office hours using this [Zoom link](#). Applicants are strongly encouraged to sign up for a specific time slot [here](#). Questions can be submitted in advance of each session via the sign up form or by emailing Kelly Knudtson, SSP Measurement and Evaluation Technical Assistance Program Manager, at UW (kellyknu@uw.edu).

NACCHO and UW will also be launching a quarterly webinar series on how SSPs use M&E to better serve their communities. Applicants are **not** expected to be participate in the webinar series, however, it may be of interest. The first webinar will be held in late April/early May. Sign up [here](#) to be the first to know about this webinar series and other harm reduction opportunities.

ELIGIBILITY & CONTRACT TERMS

Eligible Organizations: This funding opportunity is open to LHDs or community-based organizations that operate or support SSPs. If the applicant does not provide syringe services (i.e., syringe distribution) directly, their application must include a Letter of Support from at least one SSP in their community that explains how the applicant and SSP(s) will work together to implement project activities. SSPs can work with fiscal sponsors as needed—501(c)(3) organizations that can provide administrative and financial services and oversight and that will directly receive funding from NACCHO and administer it to SSP(s). LHDs, SSPs, and other local partners are encouraged to work together or to demonstrate how their work will benefit one another (e.g., how the LHD will support SSP M&E or how the LHD will use SSP M&E data).

³ The project period shall begin upon both parties' full execution of the contract and will end as late as July 31, 2022, contingent on CDC approving a no-cost extension.

Eligible Jurisdictions: In accordance with congressional appropriations language, the US Department of Health and Human Services, including CDC, can provide support to SSPs—with the exception that funds may not be used to purchase needles or syringes—that are in jurisdictions experiencing or at-risk of significant increases in hepatitis infections or an HIV outbreak due to injection drug use. At this time, 44 states and DC, 1 tribal nation, and 1 territory have consulted with CDC and received a determination of need, making them eligible for federal funding for SSPs. **Consequently, SSPs in the remaining 6 states—Arkansas, Kansas, Mississippi, Nebraska, Texas, and South Dakota—are not eligible for this funding opportunity.** If your organization operates in one of these six states, you can reach out to Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org), who can connect you to individuals that can support your jurisdiction in obtaining a determination of need to ensure you are eligible for future funding and technical assistance opportunities. For additional information about the determination of need requirement and process, visit [here](#).

Contract Terms: Agreement with NACCHO’s standard contract terms and conditions for subaward agreements is a requirement. Applicants are expected to read NACCHO’s [standard subaward agreement language](#), [invoicing instructions](#), [subaward financial report worksheet](#) (i.e., invoice submission form) and provide a copy to the individual with signing authority for the organization, including any relevant financial or legal offices for advanced consideration. Selected organizations must agree to the contract language and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it.

Note: NACCHO has a specific contract template as approved by the State’s General Counsel for applicants from Florida. Please email us for a copy should you need it.

PROJECT GOALS & ACTIVITIES

This project seeks to promote SSP M&E and support the use of data for SSP program improvement. Recognizing the significant heterogeneity among SSPs and LHDs, including their capacity to conduct M&E of SSPs, project activities may vary. Applicants should identify **at least one** component of their M&E efforts and systems that they would like to improve through this project, including: data collection, management, analysis, evaluation, and/or reporting. For the purposes of this project, M&E includes routine (e.g., intake or encounter-level) and periodic (e.g., point-in-time surveys) and quantitative or qualitative data collection, management, analysis, evaluation, and reporting.

Technical assistance will be available to support these activities and NACCHO and UW will work with funded sites to determine and address technical assistance needs.

Applicants can apply for funding and support to conduct any of the following activities. Applicants can also propose additional M&E activities that align with the goals of this funding opportunity and strengthen SSP M&E or the use of SSP M&E data:

Purchasing & Implementing Equipment or Software

- Procuring equipment (e.g., laptops, tablets, Wi-Fi hot spots) or software (see Appendix A)⁴ to facilitate, digitize, or automate data collection and management

⁴ See Appendix A for additional information on common software used by SSPs. If you have additional questions regarding software options, you can join NACCHO and UW for “Office Hours.” See Appendix A or “Key Application

- Procuring equipment or software to facilitate or enable data analysis, evaluation, or reporting
- Implementing new equipment, software, or systems. This can include, but is not limited to:
 - Entering or transferring existing and historical data into new software or systems
 - Setting up equipment or software and establishing systems
 - Integrating equipment or software into existing processes or systems
 - Developing policies and protocols and business practices to support the use of new equipment, software, or systems
 - Training staff or volunteers on using new equipment, software, or systems

Developing, Improving, & Implementing M&E Processes & Systems

- Data collection:
 - Determining indicators, metrics, and variables to be collected (e.g., syringes, naloxone, and other supplies distributed, HIV and hepatitis C tests conducted, referrals made)
 - Developing, testing, and implementing client forms or surveys or tools for qualitative data collection (e.g., key informant interview or focus group guides)
 - Developing, testing, and implementing plans and protocols for periodic quantitative and/or qualitative surveys of PWID and/or SSP clients
 - Conducting activities to estimate the size of the local population of PWID
- Data management:
 - Developing, selecting, adapting, or implementing software or systems
- Data analysis, evaluation, and reporting:
 - Developing, testing, and implementing plans for how data will be analyzed, reported, or used
 - Developing, testing, and implementing plans or templates for how data will be reported to staff, funders, public health or other partners, and/or the public
 - Identifying and implementing strategies for using M&E data to address community concerns and opposition to harm reduction
 - Collecting or establishing baseline data to contextualize M&E data

Strengthening Partnerships & Increasing Buy-In for SSP M&E

- Developing and implementing strategies to address privacy and confidentiality concerns among PWID and/or SSP clients to support data collection
- Conducting qualitative assessments with local stakeholders to identify the best ways to analyze, evaluate, report, and/or use data to increase decision-maker or public support or reduce opposition to harm reduction
- Developing or strengthening partnerships between public health, harm reduction, and other partners to promote SSP M&E and the use of data for program improvement and related purposes. This can include, but is not limited to:
 - Developing and implementing plans for standardizing data collection, developing shared data collection or reporting systems, or establishing data sharing agreements between public health, harm reduction, and/or other partners
 - Developing and implementing strategies for integrating data from multiple SSPs or integrating data from SSPs and other related data sources (e.g., epidemiological and surveillance data; overdose and related data from hospitals, first responders, and other stakeholders; substance use treatment service provision data)

Dates” for additional information on office hours. If needed, applicants will have the opportunity to change the software they plan to purchase after they are notified of their award but before the contract is executed.

- Strengthening partnerships with academic and other research partners to conduct in-depth and/or complementary research and M&E efforts (e.g., estimating the size or characterizing the local PWID population, conducting epidemiological assessments)

PROJECT REQUIREMENTS

All awardees will be expected to conduct the following activities and provide the following deliverables. However, specific expectations and guidelines will be tailored to the LHD or SSP and the size of their award.

- If needed, work with NACCHO and UW to assess equipment, software, and/or related needs to finalize the project budget
- Participate in a virtual kick-off meeting
- Work with NACCHO and UW to develop a workplan for project activities
- Work with NACCHO and UW to develop an evaluation plan for project activities and determine site-specific project deliverables
- Work with NACCHO and UW to develop a sustainability plan to maintain M&E efforts beyond the project end date
- Implement the workplan and evaluation plan and complete associated deliverables
- Participate in regularly scheduled conference calls with NACCHO, UW, and/or other awardees to facilitate the provision of technical assistance or peer learning and engagement among awardees
- Collaborate with NACCHO, UW, and CDC to share ongoing lessons learned and findings through reports, webinars, and/or limited peer-to-peer technical assistance with other jurisdictions interested in implementing similar activities
- Provide relevant staff and enough staff time to manage and implement the project in collaboration with NACCHO, UW, and CDC

Summary of Key Project Deliverables

- Final workplan
- Final evaluation plan
- Final sustainability plan
- Written summaries of results and lessons learned
- Organization-specific deliverables outlined in evaluation plan and agreed upon by NACCHO, UW, and awardee. As an example, this could include:
 - Completion of a survey or participation in an interview with NACCHO and UW to assess the impact of project activities
 - Electronic copy of written protocols, procedures, tools, or job aids that were used to roll out new hardware, software, or systems (e.g., client data collection forms)

Funded sites will **NOT** be required to:

- Change their existing data collection systems
- Collect certain data about their clients
- Share client data with NACCHO, UW, or CDC

SUPPORTS & TECHNICAL ASSISTANCE

NACCHO, UW, and CDC will provide ongoing support to awardees in the form of:

- Provision of technical assistance via conference calls and/or webinars to facilitate project planning, implementation, and evaluation
- Facilitation of peer-to-peer calls with other awardees or other LHDs and SSPs
- Partnership building support, including connection to LHDs, academic institutions, or other national, state, or local stakeholders
- Provision of templates to support completion of deliverables

NACCHO, UW, and CDC partner with several national harm reduction technical assistance providers. If M&E efforts provide insight into opportunities for program improvement unrelated to M&E systems and processes, NACCHO and/or UW may connect funded sites to partners who can provide free, tailored technical assistance to support sites in strengthening programs and services in response to the findings of M&E efforts.

APPLICATION FORM & SUBMISSION

To apply for this funding opportunity:

- Complete the form below by downloading it as a [PDF](#) or [Word](#) document
- Complete the [budget template](#) and narrative (see “Planned Activities and Use of Funds in the Application Form”)
- Complete the required attachments (see “Application Attachments” section)
- Submit the form, budget template and narrative, and required attachments by Friday, May 21, 2021 at 11:59 PM PT by emailing Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org). Please use the subject line: “RFA Submission – Building Capacity for Harm Reduction Monitoring and Evaluation.” If you do not receive an email confirming your submission within 2 business days, please call Kat at 202-507-4223.

Applicants may also be asked to participate in a brief interview with NACCHO and/or UW staff if additional information is needed to score their application.

Organization

1. **Name:** Click or tap here to enter text.
2. **Type:**
 - Community-based organization**
 - Local health department**
 - Other, please describe:** Click or tap here to enter text.
3. **Address:** Click or tap here to enter text.

Primary Point of Contact for Project

4. **Name (First, Last):** Click or tap here to enter text.
5. **Title:** Click or tap here to enter text.
6. **Email Address:** Click or tap here to enter text.

7. Phone Number (Optional): Click or tap here to enter text.

Lead Finance Contact

8. Name (First, Last): Click or tap here to enter text.

9. Title: Click or tap here to enter text.

10. Email Address: Click or tap here to enter text.

11. Phone Number (Optional): Click or tap here to enter text.

Sponsored SSP

Please complete this section ONLY if you are applying as a Fiscal Sponsor of an SSP. Fiscal sponsors are 501(c)(3) organizations that will provide administrative and financial services and oversight and that will directly receive funding from NACCHO and administer it to SSP(s).

12. SSP Organization Name: Click or tap here to enter text.

13. SSP Address: Click or tap here to enter text.

14. SSP Point of Contact Name: Click or tap here to enter text.

15. SSP Direct Phone Number: Click or tap here to enter text.

16. SSP Email Address: Click or tap here to enter text.

Organization Information

17. Organization Overview (50 – 250 words):

Please provide an overview of your organization, including information such as your mission, whether your SSP/harm reduction program is standalone or integrated into a larger organization, mobile or brick and mortar, 1:1 or needs based, and any other relevant information that will not be addressed elsewhere in this application.

Click or tap here to enter text.

18. SSP Operation Start Date:

Indicate the year your SSP opened. If it opened during or after 2019, provide the month as well. If there have been periodic closures, provide the total/approximate operating time (number of years and months) and the latest start date, i.e., the date from which the SSP has been continuously operating. Please also indicate if there are separate unofficial and official start dates.

Click or tap here to enter text.

19. Geographic Area Served:

Indicate the jurisdiction you serve, including the region(s), state(s), county(ies), city(ies), and/or reservation(s).

Click or tap here to enter text.

20. Total Organizational Budget:

Current fiscal year, rounded to nearest dollar

Click or tap here to enter text.

21. Annual SSP/Harm Reduction Budget:

This may be the same amount as your total organizational budget

Click or tap here to enter text.

22. Characterize the number and capacity of staff and volunteers that support your program, including:

- **The total number of paid staff:** Click or tap here to enter text.
- **The total number of paid, full-time equivalents (FTEs)*:** Click or tap here to enter text.
- **The total number of volunteers:** Click or tap here to enter text.
- **Will this project be implemented by existing staff and volunteers? If not, please indicate how many staff and/or volunteers you intend to hire and/or recruit and how you plan to identify these people (10 – 100 words):**

Click or tap here to enter text.

**For total number of paid staff, indicate how many people work for your SSP/harm reduction program, regardless of how many hours they work per week. To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as 0.5 FTE, etc.*

23. Number of Unique SSP/Harm Reduction Clients – Annually (last 12 months or last calendar year):

If you are unsure, please provide an estimate and add “(estimate)” after the number

Click or tap here to enter text.

24. Harm Reduction Hours:

Approximately how many hours per week does your program provide syringe and harm reduction services?

Click or tap here to enter text.

25. Services Provided (click/check all that apply):

- Distribution of syringes and other injection equipment**
- Syringe disposal**
- Distribution of smoking or snorting equipment**

- Naloxone distribution
- Distribution of safer sex supplies (e.g., condoms, lube)
- Drug checking (e.g., fentanyl test strips)
- Wound care services
- Hepatitis services, please describe: Click or tap here to enter text.
- HIV services, please describe: Click or tap here to enter text.
- STI services, please describe: Click or tap here to enter text.
- Medication assisted treatment or referrals
- Referrals to social services (e.g., housing, legal, employment)
- Other, please describe: Click or tap here to enter text.

26. Community and Client Profile (200 – 600 words):

Please characterize your community and/or clients, including:

- Client demographics (race, ethnicity, gender identity, age, housing status, disability status, and any other relevant information)
- HIV, hepatitis C, and fatal and non-fatal overdose rates or trends
- Substance use practices (e.g., Which substances do your clients prefer? Do they prefer to inject, smoke, or snort?)
- Emerging substance use trends, if applicable

Click or tap here to enter text.

27. Client Engagement and Equity (100 – 300 words):

How does your organization meaningfully engage people who use drugs and prioritize the needs of people who are disproportionately impacted by substance use related harms. This can include:

- SSP clients;
- People who use drugs in your community (not limited to clients);
- Populations disproportionately impacted by substance use related harms (e.g., HIV, viral hepatitis, overdose, or substance use criminalization) in your community; and/or
- Populations underserved by harm reduction services in your community

Click or tap here to enter text.

28. What are the greatest strengths/successes and weaknesses/challenges of your SSP? (100 – 300 words):

Click or tap here to enter text.

Project Information

29. Name: Click or tap here to enter text.

Propose or provide name of project you are looking to fund. If no specific project, write "General M&E Support" here.

30. Amount requested:

Applicants can request up to \$98,750 and will not be scored based on the size of their request.

Click or tap here to enter text.

31. Current status of data collection efforts (click/check all that apply):

- We don't collect any data
- We are just getting started with data collection
- We collect data at intake/enrollment
- We collect data at each client encounter; data are linked to individual clients (e.g., using a client code/identifier)
- We collect data at each client encounter; data are not linked to individual clients
- We conduct periodic or ad-hoc surveys or studies

32. Project Priorities (Select up to three answer choices, ranking them from 1 to 3 with 1 being your biggest priority):

Ranking	Priority
Rank this item	We are interested in improving our routine data collection efforts (e.g., data collection at intake/enrollment or at each client encounter)
Rank this item	We are interested in conducting periodic, qualitative, and/or complementary data collection
Rank this item	We are interested in improving our data management processes (e.g., by purchasing equipment or software or developing a database)
Rank this item	We are interested in expanding or enhancing how we analyze, evaluate, report, or use data
Rank this item	We are interested in conducting activities to increase buy-in or strengthen partnerships to promote or strengthen SSP M&E or the use of data

33. Planned Activities and Use of Funds (300 – 1000 words):

Based on the priorities selected in the previous question, please describe your goals for this project, how you plan to achieve those goals, and how you plan to spend the requested funds.

- For each priority selected in Question 32, consider the following questions. You do not need to answer each question for each priority or in this order, however it will be important to explain what you would like to do and what you would like to achieve for each priority:
 - What changes would you like to make to existing M&E practices or systems?
 - What new M&E practices or systems would you like to implement?
 - How will this project change the way you use M&E data?

- What do you hope to achieve through this project? If there are any activities that can't be sustained after termination of the project/funding, how will you sustain the *impact* of these activities on your program?
- Do you anticipate any challenges or barriers that might impact this work?
- After reviewing “Use of Funding” below, please complete and attach (1) NACCHO’s [budget template](#) and (2) provide a justification for your expected costs in a budget narrative (approximately .5 – 2 pages).

Click or tap here to enter text.

Use of Funding: Funding should be used for reasonable program purposes, such as to support costs for personnel, IT equipment or software, travel, training, educational materials, and contractual support for monitoring and evaluation or health information systems enhancements. Funds may be used to support full-time employees with the organizational capacity to conduct and oversee program activities as well as part-time or temporary staff. Funding may not be used for clinical care (except as allowed by law), research, or incentives for participating in data collection activities. For additional information, see a list of Funding Restrictions in the [Contract Cover Sheet](#).

APPLICATION ATTACHMENTS

Please complete the required attachments (see list below) and submit them with your application form to Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org) via email by Friday, May 21, 2021 at 11:59 PM PT. Please use the subject line: “RFA Submission – Building Capacity for Harm Reduction Monitoring & Evaluation.”

- [Contract Cover Sheet](#)
- [Vendor Information Form](#)
- [Certification of Non-Debarment](#)
- [W-9](#)
- [FFATA data collection form](#)
- Optional: Letters of Support from partner organizations

Please also remember to attach the [budget template](#) and narrative, as detailed under “Planned Activities and Use of Funds” in the application form.

SELECTION CRITERIA

NACCHO and UW will review and score application forms in accordance with the following criteria (out of 80 points).⁵

- **Efficiency of M&E systems (20 points):** Extent to which proposed activities are likely to improve SSP M&E processes e.g., by ensuring timely, consistent, complete, and comprehensive data collection and reporting.

⁵ Applicants may also be asked to participate in a brief interview with NACCHO and/or UW staff if additional information is needed to score their application.

- **Use of Data for Program Improvement (20 points):** Extent to which proposed activities are likely to optimize use of SSP M&E data, i.e., for program improvement and other purposes.
- **Organizational Capacity (15 points):** Extent to which organization has the capacity to successfully implement the proposed activities with technical assistance from NACCHO, UW, and partners.

NACCHO and/or UW can provide the technical assistance needed to complete any of the activities listed in “Project Goals & Activities” and within reason, can provide technical assistance needed to conduct any additional activities to improve SSP M&E or the use of M&E data for program improvement.

- **Sustainability (10 points):** Extent to which organization has the capacity to sustain the changes or improvements to SSP M&E processes achieved through this project, after the termination of project funding.

Applicants are not expected to be able to sustain all project activities after the termination of the project. Rather, they are expected to be able to sustain any changes made to “routine” M&E processes or systems AND/OR changes made to SSP operations as a result of project activities. For example, if the SSP conducts a client satisfaction survey and makes changes to their services in response to survey findings, they will not be expected to sustain or repeat the client satisfaction survey, but they will be expected to sustain the changes made to their services.

- **Client Engagement & Equity (10 points):** Extent to which organization is currently OR plans to (as part of this project) meaningfully engage people who use drugs and/or populations disproportionately impacted by substance use related harms (e.g., HIV, viral hepatitis, overdose, or the criminalization of substance use) to ensure equitable access and culturally appropriate services.*

Black, Indigenous, and other people of color have been inequitably impacted by HIV, viral hepatitis, overdose, and the criminalization and substance use in the United States. However, other factors can affect someone’s risk for substance use related harms or access to harm reduction services, including gender identity, sexual orientation, age, or housing, employment, or disability status. The importance of these factors may also vary between jurisdictions depending on demographics or the landscape of harm reduction services. Consequently, applicants are encouraged to think about which populations have been disproportionately impacted by substance use related harms or which populations are underserved by harm reduction services in their communities.

- **National, Regional, and Community Need (5 points):** Extent to which organization, jurisdiction, or region would benefit from increased SSP capacity and M&E data.

APPENDIX A

SOFTWARE SYSTEMS FOR DATA COLLECTION, MANAGEMENT, AND ANALYSIS

This Appendix is intended to support potential applicants for the *Building Capacity for Harm Reduction Monitoring & Evaluation* funding opportunity to determine the appropriate software and data management system for their syringe services program (SSP). The following list of software and data management systems are those most commonly used by SSPs in the United States, based on the findings of the Dave Purchase Memorial Syringe Exchange Survey. This is not intended to be a comprehensive list of all software and data management systems and funding is not restricted to the software options on this list.

If you have additional questions regarding software, join NACCHO and UW for office hours, which will be held Tuesdays from 1:00 to 2:00 PM ET from April 27 – May 18. You can join office hours using this [Zoom link](#). Applicants are strongly encouraged to sign up for a specific time slot [here](#). Questions can be submitted in advance of each session via the sign up form or by emailing Kelly Knudtson, SSP Measurement and Evaluation Technical Assistance Program Manager, at UW (kellyknu@uw.edu).

If needed, applicants will have the opportunity to change the software they plan to purchase after they are notified of their award but before the contract is executed.

bosWell

Additional information available at: <https://www.boswell.io/>

Features	Specifications
Cost	Free for community-based organizations ⁶
HIPAA compliance	Not HIPAA compliant
Dashboard	Allows access to available forms and reporting.
System management	All staff who use the system have unique user log-ins and passwords.
Data collection	The forms are built by the SSP and include multiple options for question format. Allows for anonymous, unique encounter and/or intake data collection (i.e., data collected at each client encounter/visit or at intake/enrollment). Forms can also be built and used for some types of periodic data collection, such as a point-in-time survey. There is a parallel, optional system that allows organizations to enter clients' identifying information, with their consent, to facilitate connections to care.

⁶ bosWell was developed as a free data management system for direct service community-based organizations (CBOs) and is currently used by both SSPs and food pantries. bosWell's goal is to improve delivery of care for Medicaid members and the system can be used to connect clients back into Medicaid, however this feature is optional and can only be used with explicit client consent. The system also allows for client data to be collected anonymously.

Data management	Data are automatically organized into spreadsheets based on the forms. Reports can be pulled for specified dates and downloaded (CSV or Excel) at any time.
Data analysis	The system has automated, real-time reporting. These reports include common, basic metrics, however, they are not customizable at this time—they are standard across all SSPs. bosWell plans to expand automated reporting features and metrics.
Data privacy and server ownership	The system is cloud based, hosted on Amazon Webservices. All data are owned by CBOs.
Onboarding, training, and support	bosWell works with SSPs to set up their systems and provides minimal ongoing training and support. The overall system and the forms can be built to be simple enough to easily onboard new staff onto using the forms.
Pre-structured vs. Customizable	The forms are all built by the SSP, but within the structured format that bosWell provides.
Accessible on	Any device with Wi-Fi (desktop, laptop, mobile, tablet). No “offline mode” currently available.

Smartsheet

Additional information available at: <https://www.smartsheet.com/>

Features	Specifications
Cost	Four different tiers of plans: individual (\$14 per month), business (\$25 per user/month), enterprise, and premier. The cost of enterprise and premier plans depends on the organization’s specific needs. Each tier offers different capabilities. Organizations can also purchase add-ons. Need to purchase subscription for each licensed user.
HIPAA compliance	Enterprise tier for healthcare organizations is now HIPAA compliant.
Dashboard	Dashboards can display key metrics, charts, and images from various sheets of an individual project. However, dashboards of different projects can’t “talk” to each other. Different projects are usually used by different organizations. For example, in some states, each SSP has its own project within the state health department’s account/plan.
System management	SSPs can have licensed users who have system administration capabilities and can create forms and free users who can fill out forms. All staff who use the system have unique user log-ins and passwords.
Data collection	Allows for anonymous, unique encounter and/or intake data collection. The forms are built by the SSP and include multiple options for questions format and features for conditional logic (e.g., asking certain questions based on responses to previous questions)

Data management	<p>Limitations in how much data the system can hold. So for very large organizations, it can become difficult.</p> <p>Major selling point of this software is the project management abilities. Can send notifications about data collection, display Gantt charts, and include a calendar.</p>
Data analysis	<p>Dashboards present some data, can run reports, and also customize automations.</p> <p>Because of data cap, large organizations may need to export historical data to collect new data. Dashboards can only display data currently in Smartsheet. Need to have Excel skills to merge existing and archived Excel data.</p>
Data privacy and server ownership	<p>The system is entirely web-based.</p>
Onboarding, training, and support	<p>Can purchase trainings and support from Smartsheet. Support must be purchased in 10-hour intervals, which costs \$2500.</p> <p>Onboarding staff to use the system for data collection is simple, however, training to use backend data management and analysis features is more complex.</p>
Pre-structured vs. Customizable	<p>Almost everything is custom, however, there are templates for sheets, dashboards, and automations that can be used.</p>
Accessible on	<p>Any device with Wi-Fi (desktop, laptop, mobile, tablet). No “offline mode” currently available.</p>

REDCap

Additional information available at: <https://www.project-redcap.org/>

Features	Specifications
Cost	<p>There is no cost for “consortium partners” and it is free to non-profit organizations who join the consortium and agree not to use it for profit.</p> <p>Joining the consortium involves signing an end-user license agreement. Many small organizations are not able to meet the IT requirements to join the consortium on their own.</p> <p>Organizations that are not a consortium partner can sign a contract with Vanderbilt University—who created, built, and own REDCap—for a monthly fee OR find a consortium partner that they can work with to get access to REDCap. Some organizations charge a fee to do this. A list of consortium partners can be found here. UW is a consortium partner and can host SSP’s REDCap data systems at no cost. If an SSP is interested in using REDCap and needs a consortium partner this should be mentioned in the application in “Planned Activities and Use of Funds.”</p>
HIPAA compliance	<p>HIPAA compliant—because users have direct control, REDCap can be personalized to fit security needs (not just HIPAA but also international standards). However, the organization will also need to take certain steps to ensure data privacy and HIPAA compliance (i.e., passwords, backing up data).</p>

Dashboard	Easy to navigate between different projects, data collection tools, and participant IDs. Can use data collection tools longitudinally and track what has been completed per participant.
System management	All staff who use the system have unique user log-ins and passwords.
Data collection	<p>Allows for both unique and not-unique (i.e., not tied to a specific client) encounter and/or intake data collection.</p> <p>Can be used in online or offline mode, allowing for data collection even when one does not have internet connection. Ability to create online surveys with sharable links in addition to data collection forms administered by the organization. Includes a mobile app for use “in the field.”</p> <p>REDCap is used internationally even in situations with minimal Wi-Fi/internet capabilities so would definitely be functional for SSPs.</p>
Data management	The license allows for one organization to have one live system. This means that it can host tens of thousands of users and projects.
Data analysis	Can build some automated reporting features that users can easily run. Can export data to common statistical packages.
Data privacy and server ownership	<p>REDCap is HIPAA compliant, so there is data privacy, however the implementing organization needs to undertake certain privacy measures (i.e., passwords, backing up data). Ultimately depends on the organization that is hosting the software.</p> <p>Vanderbilt explicitly states that they cannot access any of the consortium members’ REDCap profiles/projects.</p>
Onboarding, training, and support	Onboarding, training, and support is dependent on who the REDCap consortium partner is. Some partners offer it for free and some for a fee.
Pre-structured vs. Customizable	Fully customizable but includes templates for data collection forms. Once an organization has programmed questionnaires/surveys, they can download the data dictionary and reupload to new projects.
Accessible on	Any device with Wi-Fi (desktop, laptop, mobile, tablet). “Offline mode” for data collection without Wi-Fi currently available through the REDCap app.

Neo360

Additional information available at: <https://neo360.co/>

Features	Specifications
Cost	Starts around \$4000 a year, but cost varies depending on organizational size and complexity of project set up.
HIPAA compliance	Yes
Dashboard	Can be customized to show scrolling news alerts, updated training documents.

System management	SSPs can have 1 systems administrator, unlimited subsystem administrators, and unlimited users. All staff who use the system have unique user log-ins and passwords.
Data collection	Allows for anonymous, unique and/or not unique (i.e., not tied to a specific client) encounter and/or intake data collection. Forms are built by neo360 and the SSP during the configuration process. Can include a notes field on forms, and view historical notes from other users.
Data management	All data are categorized first by gender; the number and specific genders listed are custom to the SSP. Can organize and search data by client profiles and interactions.
Data analysis	Does not include data analysis features or automated reporting. Data can be filtered and downloaded into CSV or Excel files to be analyzed.
Data privacy and server ownership	Cloud based but can be hosted locally (for larger deployments).
Onboarding, training, and support	Onboarding, support, and training are included as part of the cost of the software. Some edits to the system after the initial configuration may include an additional cost.
Pre-structured vs. Customizable	All forms within neo360 are customizable. neo360 works with SSPs to configure the software, i.e., to build site map and forms, which can take about a month or more.
Accessible on	Any device with Wi-Fi (desktop, laptop, mobile, tablet). No “offline mode” currently available.

Apricot

Additional information available at: <https://www.socialsolutions.com/software/apricot/>

Features	Specifications
Cost	3 levels (Essentials, Core, and 360) with more features and higher cost at each level. Essentials starts at \$4800 for 1-year, but organizations can receive a discount on multi-year packages. Software packages can be purchased in 1, 3, 5, or 7-year intervals. All packages include a minimum of 8 users and 2 administrators. Additional purchase required if organization has more than 10 users. Cost increases with number of users. See “Onboarding, training, and support” below for additional details on cost.
HIPAA compliance	Yes, all versions
Dashboard	Has custom banner notifications, can highlight or snap shot reports and navigate to other parts of the app.
System management	SSPs have systems administrators and users, the numbers of each depend on the tiered package.

	<p>All staff who use the system have unique user log-ins and passwords.</p> <p>Can section off Apricot database into different sites or programs and then can limit staff data access, so they can only see the site or program they work on. Some programs use this feature to ensure that only certain staff, such as those working in grants or contract management, have access to certain data.</p>
Data collection	<p>Allows for anonymous, unique encounter and/or intake data collection.</p> <p>Forms are customizable and have a lot of flexibility in how they can function. Can create tracking systems for unique client data or not unique data (i.e., not tied to a specific client).</p>
Data management	<p>Very flexible and customizable data management systems.</p>
Data analysis	<p>Very flexible and customizable automated reporting.</p>
Data privacy and server ownership	<p>The system is cloud based, hosted on Amazon Webservices.</p> <p>All data are owned by clients.</p>
Pre-structured vs. Customizable	<p>The software has a pre-existing structure but is very customizable.</p> <p>All fields on forms are searchable and editable.</p> <p>Configuration and implementation stage takes ~6 weeks for small organizations after purchase.</p>
Onboarding, training, and support	<p>Training: Training can focus on implementation/onboarding and/or specific features. All packages include basic training. Core and 360 plans have mandatory one-time additional training fees for implementation. All tiers have optional, additional training at implementation or at any time during use.</p> <p>Support: Support refers to ongoing software and technical support. All packages include basic support with optional yearly support packages available at an additional cost.</p>
Special features	<p>Can text and email through the system.</p> <p>There is a client portal that clients can sign into and fill out forms.</p> <p>Can bulk import data via excel, CSV.</p>
Accessible on	<p>Any device with Wi-Fi (desktop, laptop, mobile, tablet). No “offline mode” currently available.</p>