

NACCHO

National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys

National Association of County and City Health Officials (NACCHO)

Release Date: November 29, 2021

Due Date: January 6, 2022

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: Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys

Proposal Due Date and Time: January 6, 2022, at 11:59 PM PT

Selection Announcement Date: February 7, 2022¹

Source of Funding: Centers for Disease Control and Prevention

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

Funding Amount: Up to \$50,000

Estimated Period of Performance: Upon execution of the contract – September 29, 2022²

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

BACKGROUND

With support from the Centers for Disease Control and Prevention (CDC) and in partnership with the University of Washington (UW), National Association of County and City Health Officials (NACCHO) is pleased to offer a funding opportunity to syringe services programs (SSPs) to participate in a demonstration project **to evaluate and demonstrate the effectiveness of a Learning Collaborative approach as a means of building SSP expertise for monitoring and evaluation (M&E)** and to inform and strengthen future SSP M&E technical assistance opportunities and resources. This opportunity will specifically focus on the use of a Learning Collaborative **to increase the capacity of SSPs to implement Point in Time Surveys (PiTS), and to support the use of collected data for SSP program improvement.**

For the purposes of this RFA, a Learning Collaborative is a model through which SSPs will receive coordinated training and technical assistance while leaning from and engaging with peers conducting similar projects (i.e., PiTS). The Learning Collaborative model will also allow NACCHO and UW to solicit feedback from SSPs with varied capacity, operations, and settings on training and technical assistance offerings related to the implementation of PiTS, ultimately informing and strengthening future technical assistance opportunities and resources related to PiTS implementation. For additional information on the technical assistance topics to be covered during each Learning Collaborative session, see the proposed timeline for this Learning Collaborative in the *Project Requirements* section.

About NACCHO & UW

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

¹ Finalists for funding will be notified by February 7, 2022, however, awards will be contingent on applicants' ability to meet NACCHO's contract terms and may be contingent on budget revisions.

² The project period shall begin upon both parties' full execution of the contract and will end on September 29, 2022, contingent on CDC approving a no-cost extension.

legislation, and sensible policies are in place to address the myriad public health challenges facing communities.

The Supporting Harm Reduction Program (SHaRP) at the University of Washington is part of the CDC's Harm Reduction Technical Assistance Program. The SHaRP team at UW specializes in providing technical assistance for collecting data to inform planning, implementation, and evaluation SSPs. Examples of technical assistance that the SHaRP team provides include: administering PiTS, setting up data collection systems, analyzing data, and implementing qualitative methods. The SHaRP program at UW will work closely with NACCHO to provide technical and capacity building assistance to SSPs funded through this project.

About SSPs

SSPs are community-based prevention programs that can provide a range of services including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases. 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 people who use drugs (PWUD) 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 SSPs, visit [here](#).

Many SSPs have limited capacity to collect and use data. Additionally, there are many barriers to SSP monitoring and evaluation (M&E). Due to the criminalization of substance use and the associated stigma, many PWUD express concerns regarding privacy and confidentiality and may be hesitant to provide personal information. Specific populations of PWUD may face additional barriers: PWUD of color, and in particular, Black and Indigenous PWUD, 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 PWUD. Additionally, the data collection process can be stigmatizing or even traumatizing for LGBTQ+ PWUD, 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). Notably, participation in data collection or research activities or disclosure of personal information should never be a requirement for access to SSPs.

About Point in Time Surveys

PiTS, also known as cross-sectional surveys, collect data during a limited period of time, and allow a SSP to ask a portion of their clients a standardized set of questions. These data provide a snapshot of the community that the SSP serves, including the characteristics, needs, and service utilization patterns of clients. Some potential benefits of PiTS include:

- Reduced data collection overall,
- More accurate data and an ability to describe trends,
- Addressing gaps in routine data collection or in response to a specific need or trend (e.g., COVID-19)
- Data to support program evaluation,
- Improvement in programmatic sustainability.

Additional guidance and frequently asked questions about PiTS can be found on NACCHO’s webpage [here](#).

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. PiTS 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 PiTS 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.

OVERVIEW

NACCHO will issue contracts of up to \$50,000 to SSPs to participate in and evaluate the Learning Collaborative. This will include

- participating in training and technical assistance offerings (i.e., Learning Collaborative sessions), which will seek to increase participants’ capacity to implement PiTS and use PiTS data for program improvement;
- Completing required deliverables including pre-work for each Learning Collaborative session related to PiTS implementation and the use of PiTS data for program improvement;
- Completing required deliverables related to the evaluation of the Learning Collaborative model including how well the components of the Learning Collaborative (i.e., Learning Collaborative sessions, independent pre-work and associated templates and guidance, and optional 1:1 technical assistance) increase participants’ capacity to implement PiTS and use PiTS data for program improvement.

See *Eligibility & Contract Terms* for additional information regarding eligible SSPs; *Project Goals & Activities* for additional information regarding allowable data analysis and evaluation projects; and the budget guidance for additional information regarding allowable expenses.

Applications must be submitted by January 6, 2022 at 11:59 PM PT. See *Application Form & Submission* for additional information. NACCHO will host an informational webinar and office hours to support and answer questions from applicants (see *Key Application Dates* below).

KEY APPLICATION DATES & RESOURCES

Please note the following deadlines and events for this application:

Event	Date/Time
Informational Webinar	Monday, December 13 th at 1 – 3 PM ET <i>The first hour of the webinar will focus primarily on an associated RFA focused on SSP data analysis and evaluation. The second hour (2 – 3 PM ET) will focus primarily on this RFA.</i>

Office Hours	Monday, December 13 th at 1 – 3 PM ET <ul style="list-style-type: none"> <i>The first hour of the webinar will focus primarily on an associated RFA focused on SSP data analysis and evaluation. The second hour (2 – 3 PM ET) will focus primarily on this RFA.</i>
Application Deadline	January 6, 2022 at 11:59 PM PT
Anticipated Notification Date	February 7, 2022 ³
Project Period	Upon execution of the contract – September 29, 2022 ⁴

Informational Webinar: NACCHO will host an informational webinar for potential applicants on Monday, December 13th at 1 – 3 PM ET. The first hour of the webinar will focus primarily on an [associated RFA focused on SSP data analysis and evaluation](#). The second hour (2 – 3 PM ET) will focus primarily on this RFA. Questions may be asked during the webinar but those submitted in advance to Kat Kelley (kkelley@naccho.org) by 11:59 PM PT on Friday, December 10th will be prioritized. To register for the webinar, visit [here](#).

Office Hours & FAQ: Frequently asked questions about the RFA can be accessed [here](#). NACCHO and UW will also host office hours at the times listed in the table above to answer questions about the RFA. The FAQ will be updated at least weekly with questions submitted via email to Kat Kelley (kkelley@naccho.org) or asked during the webinar or office hours.

Office hours will be held via Zoom—applicants should use [this link](#) to join at the listed times. Organizations can register [here](#) for one of four spots during each office hours session which will give them priority to discuss their specific questions directly with members of the NACCHO and UW team—although other office hour participants may be present unless the applicant explicitly requests the desire for a private conversation. If applicants do not register or are unable to register (i.e., because there are no spots left), their questions will be addressed after those who registered and in the order in which they joined office hours. Use [this link](#) to join office hours.

Additional resources for applicants include:

- Appendix A: Sample PiTS staffing model
- PiTS guidance and frequently asked questions [here](#)
- PiTS Survey Question bank [here](#)
- Frequently Asked Questions about this RFA [here](#)

ELIGIBILITY & CONTRACT TERMS

³ Finalists for funding will be notified by February 7, 2022, however, awards will be contingent on applicants’ ability to meet NACCHO’s contract terms and may be contingent on budget revisions.

⁴ The project period shall begin upon both parties’ full execution of the contract and will end on September 29, 2022, contingent on CDC approving a no-cost extension.

Eligible Organizations: This funding opportunity is open to local health departments (LHDs) and non-profit community-based organizations that operate SSPs or LHDs that submit 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. 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).

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 Timeline & Terms: NACCHO will pay the selected sites upon receipt of deliverables per the payment schedule identified in the scope of work contained in the contract (see draft deliverable and invoicing schedule under *Project Requirements & Deliverables*). Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. NACCHO standard contract language can be found [here](#), and applicants should review all terms and conditions to determine acceptability prior to submitting a proposal.

Submission of an application will also be considered agreement with CDC's General Terms and Conditions as stated [here](#).

Additional Eligibility Considerations

This funding opportunity is open to SSPs at all levels of existing M&E capacity. Applicants should expect to be continuously engaged in Learning Collaborative activities and possess sufficient organizational capacity to attend live sessions for each component.

It is recommended that applicants have capacity to complete in-house data analysis or identify a data analysis partner. While applicants can participate without significant data analysis experience, they should be aware that the data analysis component of this Learning Collaborative is brief and sessions on data cleaning and visualization will be limited in scope, including only preliminary summary statistics and an introduction to charts and graphs. In accordance with best practices, applicants should plan to collect only data that can be used, and thus applicants with less analytic capacity should plan to design shorter surveys. Applicants are encouraged to review the *Project Goals & Activities*, *Project Requirements*, and Additional Resources in *Key Application Dates & Resources* to better understand the implementation of PiTS, including the data analysis activities, and attend Office Hours (see *Key Application Dates & Resources*) to better understand data analysis expectations.

If desired, organizations should aim to select a data analysis partner in advance. Applicants may submit letters of support from data analysis partners. If selected, it is strongly recommended that SSPs with data analysis partner(s) establish a data sharing agreement that establishes and ensures acceptable use(s) of data that is shared. **UW can provide consultation related to developing data-sharing agreements as-needed.** Data analysis partners may submit a letter of support on behalf of the applicant.

PROJECT GOALS & ACTIVITIES

This project seeks to pilot a Learning Collaborative approach to the development and implementation of PiTS by SSPs and support the use of data for SSP program improvement. Selected SSPs will participate in a Learning Collaborative to learn how to plan for, design, implement, and analyze findings from a PiTS. They will also evaluate the experience of participating in the Learning Collaborative to support development of future Learning Collaboratives and other technical assistance offerings.

Anticipated outcomes for participating sites will include:

- Finalized site-specific questions and metrics to be collected and analyzed (see Survey Question Bank for questions that an SSP may consider including in their PiTS on NACCHO webpage [here](#))⁵
- Protocols and procedures that can be broadly applied for survey implementation within SSPs
- Strategies to address privacy and confidentiality concerns among SSP clients to complete PiTS
- Implemented PiTS
- Preliminary analysis of PiTS results
- Plans to report out data to staff, funders, public health or other partners, and/or the public
- Opportunities to share lessons learned with national colleagues and partners
- Increased staff knowledge and capacity for monitoring and evaluation activities
- Plans for revision and/or recurrence of PiTS
- Opportunity to provide input and inform future capacity building assistance for SSPs implementing PiTS.

The Learning Collaborative is comprised of 8 interactive training and workshop segments totaling 12 hours across several sessions, independent pre-work, optional one-on-one technical assistance, and a closeout session:

1. Kickoff with project overview, introduction to survey best practices, and insight from an SSP with previous PiTS experience;
2. Survey planning workshop to develop survey objectives and generate workplan;
3. Data safety and security training to ensure safe data management practices;
4. Survey design and pilot testing workshop to craft tailored survey tools;
5. Training for survey administrators and interviewers;
6. Data quality and monitoring training;
7. Data cleaning demonstration;
8. Workshop on data visualization and presentation;
9. End of project convening with participant presentations, project evaluation, and opportunity to celebrate successes

⁵ Recognizing the significant heterogeneity among SSPs and LHDs, including their capacity to collect data, as well as hours of operation and number of unique clients, length and content of survey instruments will vary.

This session list is subject to minor revision and rearrangement as needed. All sessions are currently intended to be virtual. However, the end-of-project convening may be in-person, depending on the status of the COVID-19 pandemic and NACCHO, UW, and participating organizations' travel policies, in which case funding will be provided to support participant travel.

The Learning Collaborative will require independent pre-work for each session, including:

- Designating a survey team and identifying survey team leadership
- Reviewing sample PiTS and case studies
- Developing a list of key stakeholders
- If applicable, developing a list of any unique organizational reporting needs that will inform survey
- Reviewing survey question bank
- Reviewing survey protocol template
- Survey piloting, including collecting participant input and feedback
- Reviewing data monitoring template
- Digitally programming survey
- Finalizing survey schedule
- Collecting data
- Cleaning data
- Data analysis⁶
- Preparing a presentation of findings and lessons learned

A preliminary timeline for the Learning Collaborative activities listed above is outlined in *Project Requirements*.

Key Learning Collaborative Participant Deliverables:

- Final workplan
- Final survey tool programmed (*Note that technical assistance will be available for SSPs that opt to implement through REDCap*)
- Final survey protocols and interview guide
- Final quality assurance plan
- Brief presentation of lessons learned and aggregate findings, including frequency tables utilizing template provided by UW⁷
- Participating in an evaluative interview after completion of Learning Collaborative sessions to assess approach and inform recommendations for future PiTS capacity building support

Technical assistance will be available to support and ensure successful completion of these deliverables and NACCHO and UW will work with funded sites to address technical assistance needs that arise.

⁶ Data collection is a mandatory component of this project; however, NACCHO and UW would like to acknowledge that exceptional circumstances may arise that could make implementation impossible during the allotted time frame. Examples of this include COVID-19 related delays or other natural disasters, unforeseen staffing shortages, or similar work stoppages.

⁷ Presentations will be submitted in lieu of a final report. Data provided in these presentations may be utilized in a compilation of findings from NACCHO and UW to CDC.

A preliminary compensation and deliverable schedule is outlined in *Project Requirements*.

PROJECT REQUIREMENTS

All awardees will be expected to provide relevant and sufficient staff time to manage and conduct the following activities and provide the following deliverables within the given timeframe. See Appendix A for sample staffing plan.

Learning Collaborative Timeline:

Component	Sessions	Independent pre-work	Session outcomes
Month 1: Pre-Project Evaluation			
Survey Planning <i>Months 1-2</i>	One half-day training, including the following 3 sessions: 1. Kickoff (90 minutes) a. Project overview b. Survey best practices c. Insight from SSP that has conducted PITS 2. Planning workshop (60 minutes) a. Objectives b. Timeline 3. Data safety and security (60 minutes)	Approximately 6 hours, including: • Read and review example PiTS and analyses • Review case studies • Develop list of key stakeholders • Compile existing organizational reporting requirements	<ul style="list-style-type: none"> • Understand project scope, timeline, and goals • Define individual program objectives • Generate workplan
Survey Design <i>Months 3-4</i>	Two sessions: 4. Survey design and pilot testing workshop (2 hours) 5. Interviewer training (2 hours) <i>Optional: Individual program check-in and technical assistance session</i>	Approximately 4 hours, including: • Review survey question bank and complete question prioritization worksheet • Review survey protocol template	<ul style="list-style-type: none"> • Understand principles of survey design • Draft of site-specific survey for piloting • Draft survey protocol
Month 4: Mid-Project Evaluation			
Survey Implementation	One half-day training, including the following 3 sessions:	Approximately 20 hours, including:	<ul style="list-style-type: none"> • Complete quality assurance plan

<i>Month 5</i>	6. Data quality and monitoring (60 minutes) 7. Data cleaning demonstration (90 minutes) 8. Data visualization and presentation tips (90 minutes) <i>Optional: Individual program check-in and technical assistance session</i>	<ul style="list-style-type: none"> • Pilot survey • Review data monitoring guide • Create digital version of survey • Create training materials for staff • Finalize survey schedule 	<ul style="list-style-type: none"> • Final survey for implementation • Survey programmed in software (if applicable)
Month 6-7: Data collection			
Data Analysis <i>Month 8</i>	1 day in person or 1 half-day virtual, including: 9. Presentations and lessons learned (2 hours) 10. Celebration	Time varies: <ul style="list-style-type: none"> • Complete data collection • Clean data • Analyze data • Compile brief presentation of findings 	<ul style="list-style-type: none"> • Evaluate success in meeting project goals and individual survey objectives • Generate next steps and plan for future data collection methods
Month 8: Post-Project Evaluation			

Project deliverables and payment schedule will be as follows:

Component	% of Total Award	Description (Expected Date of Delivery)
Pre-Project Evaluation	15%	Participate in pre-project assessment activities to inform evaluation of the project (Due 1 month after contract execution)
Survey Planning	15%	Submit project workplan (Due 1 month after contract execution)
Survey Design	25%	Submit draft survey tool and training protocol (Due 3 months after contract execution)
Mid-Project Evaluation	10%	Complete mid-project survey evaluating training and technical assistance offerings, including Learning Collaborative sessions and guidance and tools provided for pre-work (Due 4 months after contract execution)
Survey Implementation	10%	Submit Quality Assurance Plan (Due 6 months after contract execution)
Data Analysis	10%	Brief presentation of findings and lessons learned following template provided (Due by contract end date)

Post-Project evaluation	15%	Participation in an evaluative interview to inform recommendations for future PiTS capacity building support (Due by contract end date)
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Funded sites will **NOT** be required to:

- Change their existing data collection systems
- Include mandatory questions in their survey
- Share client-level data with NACCHO, UW, or CDC

APPLICATION FORM & SUBMISSION

To apply for this funding opportunity:

- Complete the form below by downloading it as a [Word](#) document
- Complete the [budget template](#) and [budget narrative template](#) using the [budget guidance](#)
- Complete the contracting package, including:
 - [Contract cover sheet](#)
 - [Certificate of Non-debarment](#)
 - [FFATA form](#) (see the contract cover sheet for guidance on completing this form)
 - Proof of active registration with SAM.gov (see question 4 in the contract cover sheet)
 - [Vendor form](#)
 - [W9](#)
- Optional: Attach Letter of Support from data analysis partner, if applicable
- Submit the application form, budget and budget narrative, and contracting package by January 6, 2022, at 11:59 PM PT by emailing Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org). Please use the subject line: “Submission – Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys.” If you do not receive an email confirming your submission within 2 business days, please call Kat at 202-507-4223.

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.

Organization Information

12. Organization Overview (250 – 500 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, service modality, syringe access model, any fees associated with accessing syringes, and any other relevant information that will not be addressed elsewhere in this application. *If your SSP operates on a 1:1 basis, please describe the basis for this practice (e.g., regulatory restriction, budgetary constraints, etc.).*

Click or tap here to enter text.

13. 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.

14. Total Organizational Budget:

Current fiscal year, rounded to nearest dollar

Click or tap here to enter text.

15. Annual SSP/Harm Reduction Budget:

This may be the same amount as your total organizational budget

Click or tap here to enter text.

16. 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.

- **Please reference the staffing model in Appendix A and comment on how you will utilize existing staff and volunteers, and if you anticipate recruiting additional staff and/or volunteers. (50- 100 words):**

Click or tap here to enter text.

**For a 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. For example, a staff member who works 20 hours per week and a staff member who works 40 hours per week would be 2 staff and 1.5 FTE.*

17. Describe the qualifications including experience and skills of personnel who will be involved in this project (25 – 100 words per staff member):

This should include all personnel included in your budget.

Click or tap here to enter text.

18. Excluding Secondary Exchange, Number of Unique SSP/Harm Reduction Clients – Monthly

The purpose of this question is to get a sense of the total number of individuals who might be eligible to participate in your SSP's PiTS. However, your application will not be evaluated on program size. If you are unsure, please provide an estimate and add "(estimate)" after the number. If you do not collect unique data, please include the average number of encounters.

Click or tap here to enter text.

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

- Distribution of syringes and other injection equipment**
- Syringe disposal**
- Linkage to care, please describe:** Click or tap here to enter text.
- Secondary syringe exchange, please describe:** Click or tap here to enter text.
- 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**
- Viral 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 for opioid use disorder, please describe:** Click or tap here to enter text.
- Other, please describe:** Click or tap here to enter text.

20. Client Engagement and Equity (250 – 500 words):

- If applicable, describe how this project is informed by client engagement and/or equity considerations
- If applicable, describe how this project will enable your organization to more meaningfully engage clients and/or advance equity
- If applicable, describe how clients will be engaged in this project or related activities (e.g., the dissemination of data or findings)

Click or tap here to enter text.

Project Information

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

- We don't collect any data
- We collect qualitative data (e.g., feedback forms, interviews, focus groups)
- We don't currently collect any data but activities are underway to begin data collection
- We collect service data at each encounter (e.g., number of syringes distributed/received, other supplies or referrals provided, etc.)
- We collect client data at each encounter (e.g., demographics such as race/ethnicity, gender, age, etc.)
- We collect data at intake/enrollment
- Encounter data are linked to individual clients (e.g., using a client code/identifier)
- We participate in ad-hoc surveys or studies
- We conduct routine PiTS at specific intervals

22. Please describe past experience with PiTS, if applicable (Up to 250 words):

Click or tap here to enter text.

23. Current status of data analysis efforts (click/check all that apply):

- We don't have any experience analyzing data
- We have used spreadsheet software (e.g., Excel) to analyze data
- We utilize a database that has data analysis features built in
- We have used statistical software (e.g., STATA, SAS, SPSS) to analyze data
- We have someone on our team whose responsibilities include data analysis
- We have a partnership with a local health department (LHD) or academic institution that supports data analysis

Other, please describe: Click or tap here to enter text.

24. Please briefly describe current data analysis efforts (100 – 250 words):

Click or tap here to enter text.

25. Project Plan and Impact

i) Implementation & Participation in Learning Collaborative (250 – 500 words):

- Please describe anticipated data collection approach including expected survey platform (e.g., Qualtrics, REDCap, etc.), survey participant recruitment strategies based on service delivery model, and survey implementation plan (including duration of data collection and a description of staffing model. See Appendix A for a sample of project roles).
- Please describe anticipated ability to meet timeline set forth by the Learning Collaborative schedule outlined in the Project Requirements section of the RFA.
- Please explain your interest in participating in a Learning Collaborative and why you think the Learning Collaborative structure might benefit your organization.

Click or tap here to enter text.

ii) Pre-survey Communication Plan (50 – 250 words):

Please describe anticipated efforts to communicate PITS implementation plans with clients to ensure buy-in.

Click or tap here to enter text.

iii) Anticipated Impact (300 – 750 words):

Please describe your goals for this project and how you plan to achieve those goals. Consider the following questions.

- How will this project improve your understanding of the **characteristics** of your client population?
- How will this project address **gaps** in existing SSP data?
- How will this project change the way you **collect** client-level data?
- How will this project change the way you **utilize** client-level data?
- What do you hope to **achieve** through this project?
- Do you anticipate any **challenges or barriers** to implementation of this project?

Click or tap here to enter text.

iv) Dissemination of Findings (100 – 250 words):

Please describe your plan for disseminating and communicating findings from your PITS to SSP clients and the broader community, if applicable.

Click or tap here to enter text.

SELECTION CRITERIA

NACCHO and UW will review and score application forms in accordance with the following criteria (out of 55 points).⁸

- **Survey Impact and Use of Findings for Program Improvement (20 points):** Extent to which proposed activities are likely to enhance service provision and program activities more broadly, and extent to which project improves program's ability to collect and use meaningful data.
 - 5 points: Organizational need: Extent to which the organization needs PiTS data to supplement and/or enhance its routine data collection.
 - 15 points: Use of findings for program improvement: Extent to which applicant intends to use survey findings to inform, change, or improve their program:
 - 5 points: Clarity of plan for how data will be used.
 - 10 points: Extent to which the data will have an impact on the program and clients.
- **Organizational Capacity and Achievability (20 points):** Extent to which organization has the capacity to successfully participate in the Learning Collaborative, including participating in each session, completing the independent pre-work/deliverables for each session, and evaluating the Learning Collaborative model..⁹ *Consideration will be given to each stage of the Learning Collaborative, including survey planning, survey design, survey implementation (including recruitment and administration), and data analysis, as well as applicants' ability to participate in evaluation activities.*
- **Client Engagement & Equity (15 points):** The project is informed by client engagement and/or equity considerations; will enable the organization to more meaningfully engage clients and/or advance equity; and will involve meaningful client engagement.¹⁰

If application scores are close, the following factors may be considered or further prioritized:

- Representativeness of applicants, including geographic distribution, organizational size, and populations served
- Innovation, including goals, approach, and implementation strategies

⁸ 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.

⁹ If the applicant is a finalist for more than one NACCHO harm reduction M&E funding opportunity, NACCHO may reach out to the applicant to confirm their capacity to conduct multiple M&E initiatives within a similar time period.

¹⁰ 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.

APPENDIX A

SAMPLE POINT IN TIME SURVEY STAFFING MODEL

This Appendix is intended to support applicants in creating a budget and understanding the primary roles and distribution of responsibilities across the project period. Depending on the program, some roles may be combined and fall under the purview of a single person.

Program Manager: The Program Manager is responsible for project oversight, including workplan development and overall survey design, in addition to data collection and sharing protocols. *For the purposes of this project, it is estimated that this will require approximately 120 hours.*

Project Coordinator: Responsible for ensuring the project is implemented per protocol and according to the timeline, including piloting and updating draft survey, and supervision and training of interviewers in collaboration with University of Washington. *For the purposes of this project, it is estimated that this will require approximately 80 hours.*

Data Coordinator: The Data Coordinator is responsible for tool design and formatting in collaboration with the Program Manager and Project Coordinator, as well as data monitoring, analysis, and visualization. *Time allocation for this role depends on the extent of data analysis. For the purposes of this project, it is estimated that this will require about 80 hours.*

Interviewers: Responsible for gaining informed consent and consistently administering surveys according to protocol, as well as providing referrals as needed. *Time allocation for this role depends on the length of the survey and the duration of the survey implementation period.*

Participant Representatives: Participant representatives will participate in the survey design by piloting the survey and providing feedback about survey flow, as well as utility and applicability of questions.