

# REQUEST FOR PROPOSALS

Developing and Implementing Protocols and Practices for Participant and  
Community Safety at Harm Reduction Programs

**Release Date: November 14, 2023**

**Applications Due: December 1, 2023 at 11:59 PM EST**

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# Summary Information

**Project Title:** Developing and Implementing Protocols and Practices for Participant and Community Safety at Community Harm Reduction Programs

**Due Date and Time:** Friday, December 1, 2023 at 11:59 PM EST

**Source of Funding:** Centers for Disease Control and Prevention

**NOA Award:** 6 NU38OT000306-04-02

**Funding Amount:** Up to \$50,000

**Point of Contact for Questions:** Julie Karr (jkarr@naccho.org)

## About NACCHO

The National Association of County and City Health Officials (NACCHO) represents nearly 3,000 local health departments (LHDs) across the United States. NACCHO's vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments to ensure the conditions that promote health equity, combat disease, and improve the quality and length of all lives.

## Background

The number of US harm reduction programs continues to grow <sup>1</sup>, including those run by and/or supported by LHDs. Harm reduction programs include Syringe Services Programs (SSPs), Overdose Prevention Centers (OPCs), Recovery Community Organizations (RCOs) and other programs that provide safer use supplies like sterile syringes and pipes. Harm reduction is an evidence-based approach to reduce the spread of HIV, Hepatitis C, and other bloodborne and sexually transmitted infections.<sup>2,3</sup>

More and more harm reduction programs are seeking guidance and support around developing protocols and practices to better ensure a safe, supportive, and trauma-informed atmosphere for their participants, staff, and others in their communities. Programs also seek to diffuse and reduce potential tension and misunderstanding around harm reduction programs and the services they provide to the community.

## Description and Availability of Funds

With support from Centers for Disease Control and Prevention (CDC), NACCHO is seeking to identify a Contractor to help develop guidance on creating and implementing safety protocols and practices for fixed-site harm reduction programs, including those operated at, or by, LHDs. Guidance will be developed with input from fixed-site harm reduction programs, including those who have and have not developed formal protocols or practices to address safety of participants, staff, and others in the community. These protocols and practices can include de-escalation strategies, Mental Health First Aid, and other trauma-informed approaches to safety. *Safety* in this context is understood through the lens of the Substance Abuse and Mental Health Services Administration (SAMHSA) Harm Reduction Framework's pillars and supporting principles to promote equity, rights, and reparative social justice, be non-coercive, and respect autonomy, and promote safety 'as defined by people who use drugs, families, and community.'<sup>4</sup>

Funds will be awarded through a **fixed-price contract, in which contractors are reimbursed for completion of deliverables outlined in the agreement.** The maximum available funding for this contract is \$50,000.

The Contractor will work with NACCHO staff to:

- Conduct Key Informant Interviews or Listening Sessions
- Conduct a review of existing protocols, procedure and practices documents related to safety at fixed-site harm reduction programs
- Develop, disseminate, and synthesize a survey of harm reduction programs on current safety protocols and practices
- Develop a resource document or toolkit for harm reduction programs with key findings from interviews, literature review, and survey, including considerations on trauma-informed safety planning and response and building community support
- Dissemination activities related to the key findings and developed resource, may include webinar or conference participation

## Proposal Outline

Applicants should submit a brief proposal no longer than 20 pages that includes the following components as separate attachments:

**A. Project Narrative (Word – 5 pages maximum)** that includes:

- A description of the consultant/organization's knowledge, skills, and experience in working with harm reduction programs developing community-informed and responsive resources, understanding of trauma-informed care particularly around systems-level and collective trauma.
- The names and roles of the primary staff and any other significant contributors to this project, including qualifications.

**B. Line-Item Budget (Excel) and Budget Narrative (Word) description of costs**, not to exceed \$50,000 over a 7-month project period, using the templates provided.

- Examples of possible costs to include are personnel costs (number of staff, percent effort to the project and annual salary/wages or hourly fees of all personnel), funds to be provided to other consultants/firms working on project, and other costs necessary to complete the scope of work and deliverables (e.g., supplies, travel, etc.).
- **Incentives/gift cards:** If you wish to include incentives in your budget, provide a justification for how they support the project and specify the number, amount per incentive, and type (e.g., gift card to a specific store). You must also complete the [incentive approval form](#) and attach it to this budget narrative. Cash-equivalents (e.g., Visa or Amex) require additional justification and approval that may delay contract execution compared to store-based gift cards.
- **Please review the Budget Guidelines tab in the budget file for a list of unallowable costs**
- If the budget includes staff fringe benefits and/or indirect costs (over the 10% de minimis rate), please also submit proof of the organization's approved fringe/indirect cost rates. Acceptable documentation of fringe benefits includes:
  - i. An approval letter issued by a relevant federal or state agency (e.g., HHS) authorizing your organization to calculate fringe benefits/indirect costs based on a certain percentage of direct salary and wages/direct costs.

- ii. An excerpt from a financial audit report that outlines the official fringe/indirect cost rate.
- iii. A letter (on your organization letterhead) signed by a financial official that lists the approved fringe/indirect cost rate used by the organization.
- iv. A copy of your accounting procedures or policy that outlines how you calculate fringe/indirect cost rates.

**C. Project Scope of Work (Word)** that includes proposed Activities/Outputs, Deliverables, and Timeline (3 pages maximum)

- A realistic scope of work that includes proposed activities and outputs as well as timelines for completion of activities over approximately a 7-month project period January 1, 2023-July 31st, 2023.
- Please use the table below for developing the scope of work.
- Applicants may add as many deliverables as needed within the maximum budget envelope.

<b>Deliverable</b>	<b>Description of Activity/Output</b>	<b>Completion Date</b>
<b>Deliverable 1</b>		
<b>Deliverable 2</b>		
<b>Deliverable 3</b>		
<b>Deliverable 4</b>		
<b>Deliverable 5</b>		
<b>Deliverable 6</b>		

**D. Administrative and Financial Forms**, signed and dated within the last six months where applicable, including:

- [NACCHO Vendor Form](#)
- [FFATA Form](#)
- [W9](#)
- [Certificate of Non-debarment](#)
- Proof of an active registration with [SAM.gov](#) (PDF or screenshot showing applicant’s unique entity identification number)
  - i. Please note that NACCHO cannot enter into a contract with any entity that does not have an active SAM.gov registration. As such, NACCHO reserves the right to only consider proposals from applicants that already have an active registration record through the end of the contract period of performance.

## NACCHO Contact and Responsibilities

NACCHO staff will oversee the contract and serve as the contact for the consultant. Other responsibilities include:

- Provide background information, as appropriate
- Review all materials, in draft form, and recommend revisions
- Serve as liaison for external partners
- Participate and support strategic planning activities as appropriate

## Selection Process

Each proposal will be reviewed and rated on the following elements:

- **Applicant Capacity and Expertise:** Applicant has clearly documented evidence of their (and that of proposed project staff) subject matter expertise and experience in the proposed content area; previous work and projects in the subject area and with the intended audiences are required.
- **Understanding of Project Purpose and Goals:** Applicant demonstrates a clear understanding of the project goals and deliverables.
- **Project Scope of Work:** The proposed scope of work, deliverables, and timelines are realistic and appropriate for achieving the project objectives.
- **Operational Plan:** The proposal includes a clear, feasible, appropriate, detailed and supportable methodology and plan to effectively meet the goals and deliverables of the project.
- **Budget:** The proposal includes a detailed, line-item budget justifying the proposed expenses; the expenses are appropriate for the purposes of the deliverables and are cost efficient.

**Any work products created by this contract will be co-owned by NACCHO and Consultant.**

*Please note that submission of a proposal is a statement of acceptance of NACCHO's [standard form contract](#). If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.*

## Deadline/Staff Contact

Submissions must be electronic, in pdf format. The deadline for submission is **11:59pm, Eastern Standard Time, Friday, December 1, 2023**. Decisions will be made, and applicants will be notified of their selection status, no later than Friday, December 8, 2023. Proposals should be submitted via e-mail to [harmreduction@naccho.org](mailto:harmreduction@naccho.org).

Please submit all required attachments, including the budget and budget narrative, as separate.

## Citations

1. Des Jarlais, D. C., Feelemyer, J., LaKosky, P., Szymanowski, K., & Arasteh, K. (2020). Expansion of Syringe Service Programs in the United States, 2015-2018. *American journal of public health*, 110(4), 517–519. <https://doi.org/10.2105/AJPH.2019.305515>
2. Wodak, A., & McLeod, L. (2008). The role of harm reduction in controlling HIV among injecting drug users. *AIDS*, 22(Suppl 2). <https://doi.org/10.1097/01.aids.0000327439.20914.33>
3. Abdul-Quader, A.S., Feelemyer, J., Modi, S. et al. (2013). Effectiveness of Structural-Level Needle/Syringe Programs to Reduce HCV and HIV Infection Among People Who Inject Drugs: A Systematic Review. *AIDS and behavior*. 17, 2878–2892. <https://doi.org/10.1007/s10461-013-0593-y>
4. Substance Abuse and Mental Health Services Administration (2023). Harm reduction framework – DRAFT. <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>