

REQUEST FOR PROPOSALS

STRENGTHENING PUBLIC HEALTH SYSTEMS AND SERVICES THROUGH  
NATIONAL PARTNERSHIPS TO IMPROVE AND PROTECT THE NATION'S  
HEALTH (CDC-RFA-OT18-1802)  
EXPANDING SSP CAPACITY TO RESPOND TO COVID-19

DEMONSTRATION SITE APPLICATION

RELEASE DATE: NOVEMBER 5, 2021

PROPOSAL DUE DATE: NOVEMBER 29, 2021

## **Part I. Overview Information**

### **A. Funding Opportunity Title**

Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health: Supplemental Funding for Expanding SSP Capacity to Respond to COVID-19

### **B. Funding Agency**

Centers for Disease Control and Prevention

### **B. Catalog of Federal Domestic Assistance (CFDA) Number**

93.421

### **D. Federal Award Identification Number**

CDC-RFA-OT18-1802  
6NU38OT000285-03-02

### **E. Number of Awards**

6

### **F. Award Amount**

\$200,000.00 per award

### **G. Dates of Importance**

RFP Technical Assistance Webinar: November 5, 2021 at 3:30- 5:00 PM EST

Due Date of Application: November 29th, 2021 at 11:59 PM EST

Estimated Notification Date: Jan 10, 2021

Estimated Award Date: January 31, 2021

### **H. Executive Summary**

The COVID-19 pandemic has had substantial impacts on the health of people who experienced increased health disparities pre-pandemic, particularly people who use drugs (PWUDs) and those who are unstably housed. Syringe Services Programs (SSPs) are a proven effective component of community-based efforts preventing the spread of infectious disease from injection drug use. They have remained a vital frontline health service during the pandemic and provided essential services to PWUDs and other populations made highly vulnerable or experiencing health disparities.

In 2021, as part of the COVID-19 response under the *American Rescue Plan Act (ARPA)* and in partnership with collaborative Centers within the Centers for Disease Control and Prevention (CDC), resources to support SSPs and expand their overall capacity to provide COVID-19 vaccination, education, testing, and expanded services for additional adult vaccination were awarded to NASTAD and partner, AIDS United. This one-year demonstration project, with expanded authority to extend its impact beyond the first year, aims to strengthen the capacity of SSPs to serve as critically essential access points for COVID-19 vaccination services, general COVID-19 response interventions, and expanded adult vaccination services for people who use drugs. This project will support the development and implementation of best practices for COVID-19 and other adult vaccination, either onsite or by increasing navigation services to community-based vaccination services. These strategies and activities will assist SSPs to implement comprehensive, sustainable COVID-19 vaccination and

other vaccination services within SSPs, improve services provided, and enhance national understanding of how to successfully reach PWUDs and offer expanded health services.

Overall project aims:

1. Engage SSPs in COVID-19 vaccination planning, outreach, and delivery efforts within jurisdictions.
  - a. Enable SSPs to educate their clients/communities about COVID-19 vaccine, promote vaccination, and address vaccine hesitancy issues.
  - b. Support SSPs to partner with existing vaccination providers to effectively reach PWUD or to become vaccination providers, receive vaccine supply from jurisdictions, and offer co-located COVID-19 vaccination.
2. Build SSP capacity and infrastructure that supports COVID-19 vaccination efforts while delivering effective harm reduction and infectious disease prevention services for people who use drugs
  - a. Assist in development of long-term capability of SSPs to serve as vaccination providers for COVID-19, hepatitis A/B, seasonal influenza, and other vaccines.
  - b. Support core SSP operations related to infectious disease prevention and control through supporting space, staff, and supply needs (as permissible under federal law) without which reaching this population to provide immunization services would not be possible.

There are three tiers to this funding opportunity, described broadly below; SSPs are encouraged to apply to one service tier only:

- **Tier 1 – Vaccination Low Threshold Capacity Projects:** Fifty (50) to seventy (70) SSPs will be selected to successfully integrate or expand COVID-19 services, other adult vaccination service, and/or implement vaccination navigation programs. Funded subawardees will link clients of SSPs to other community-based programs or services, effectively track implementation work and outcomes, and/or develop guidance and best practices that are replicable for other SSPs across the country.
- **Tier 2 – COVID-19 Vaccination Demonstration Projects:** Six (6) subawardees will be selected to expand SSP services to scale-up COVID-19 and general vaccination services and maintain infectious disease prevention services. Participating SSPs should have the capacity to start an expanded COVID-19 vaccination program and increase other COVID-19 and adult vaccination services quickly once resources have been made available.
- **Tier 3 – Enhanced COVID-19 and Expanded Adult Vaccination Demonstration Projects COVID-19:** Two (2) SSPs will be selected to facilitate long term education, technical assistance, develop evidence-based best practices, and create replicable models of creating comprehensive vaccination services in SSPs. By creating an Enhanced Vaccination Services Development Sites these projects will create meaningful avenues for sustainability in the creation of increased vaccination services and opportunities for initial and long-term evaluation mechanisms related to this project overall.

[More information on each funding tier and access to each RFP can be found here.](#)

**NASTAD, in partnership with AIDS United, was selected to manage this grant-making and technical assistance initiative. In coordination with CDC, NASTAD and AIDS United are charged with soliciting, selecting, issuing, and monitoring subawards of \$200,000 each to six (6) sites to successfully build**

**COVID-19 and other adult vaccination services onsite and implement vaccination navigation programs that link clients of SSPs to other community-based programs or services, to effectively track navigation work and outcomes, and to develop guidance and best practices that are replicable for other SSPs across the country.**

## **Part II. Funding Opportunity Description**

### **A. Background**

The increases in injection drug use and polysubstance use over the past two decades have led to increases in overdose<sup>1</sup>, hepatitis C<sup>2</sup>, hepatitis A<sup>3</sup>, and hepatitis B incidence in people who inject drugs (PWID)<sup>4,5</sup> and the COVID-19 pandemic has further increased overdose rates and increased health disparities among PWUDs and people who are unstably housed. Steep declines in HIV infection resulting from injection drug use (IDU) have stagnated<sup>6</sup>, and increases in endocarditis<sup>7,8</sup> indicate the need to strengthen interventions that can prevent transmission of infectious disease.

During the COVID-19 pandemic, overdose mortality reached a staggering milestone of 93,000 deaths<sup>9</sup> in 2020 alone and continues to negatively affect health outcomes for people who use drugs. Shelter-in-place orders, curfews, and physical distancing recommendations complicate prevention education and materials distribution and have created barriers for PWUDs to prevent overdose, infectious disease transmission, and addressing related conditions<sup>10</sup>. Physical distancing recommendations also make PWUD's ability to implement critical overdose prevention recommendations, such as never using alone, more difficult.

COVID-19 infection is also a particular risk to PWUDs, who may have conditions that exacerbate disease severity or progression, such as compromised lungs or cardiovascular systems, or who may be at higher risk of infection due to living in congregate settings, such as shelters, transitional housing, or homeless encampments<sup>11</sup>. Recently, a National Institutes of Health study found that those living with a substance use disorder diagnosis are more likely to acquire COVID-19 and are more likely to experience worse outcomes like hospitalization and death<sup>10</sup>. Additionally, researchers at the National

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<sup>1</sup> CDC. *Drug Overdose Death Data, 2016*. 2017; Available from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>2</sup> CDC. *Surveillance for Viral Hepatitis – United States, 2016*. 2019; Available from: <https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.html>.

<sup>3</sup> Foster, et al., *Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017*. MMWR, 2018. **67**(43): p. 1208-1210.

<sup>4</sup> Harris, et al. *Increases in Acute Hepatitis B Virus Infections – Kentucky, Tennessee, and West Virginia, 2006-2013*. MMWR, 2016. **65**(3): p. 47-50.

<sup>5</sup> Comer, et al., *Notes from the Field: Increase in Acute Hepatitis B Infections – Pasco County, Florida, 2011 – 2016*. MMWR, 2018. **67**(7): p. 230-231.

<sup>6</sup> CDC *Vital Signs: HIV and injection drug use*. 2016.

<sup>7</sup> Collier, et al. *Using Population Based Hospitalization Data to Monitor Increases in Conditions Causing Morbidity Among Persons Who Inject Drugs*. J Community Health, 2018. **43**(3): p. 598-603.

<sup>8</sup> Jackson, et al., *Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs – Six Sites, 2005-2016*. MMWR, 2018. **67**(22): p. 625-628.

<sup>9</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

<sup>10</sup> NIDA. *COVID-19 & Substance Use*. 2021; Available from: <https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>

<sup>11</sup> CDC. *COVID-19 and People at Increased Risk*. 2021; Available from: <https://www.cdc.gov/drugoverdose/resources/covid-drugs-QA.html>

Institute of Health and the National Institute on Drug Abuse (NIDA) have found that the risk of breakthrough COVID-19 infections among vaccinated persons with a substance use disorder was higher than among vaccinated persons without a substance use disorder<sup>12</sup>. In August 2020, the CDC released a study showing that US adults reported considerably elevated adverse mental health conditions associated with COVID-19<sup>12</sup>. In particular, 13.3% of respondents reported having started or increased substance use to cope with stress or emotions related to COVID-19<sup>13</sup>.

SSPs can provide a range of health and social services that address the comprehensive needs of PWUD, including access to sterile syringes, naloxone, testing and treatment for infectious disease, and medication-assisted treatment (MAT) for substance use disorder. The coverage of SSPs in the US is insufficient<sup>14</sup>, and many SSPs are under-resourced and cannot offer comprehensive vaccination and expanded care services<sup>15</sup>. As such, the *Expanding SSP Capacity to Respond to COVID-19* funding opportunity seeks to support these harm reduction efforts, which serve as vital, frontline public health lifelines to PWUDs, especially in COVID vaccination and response activities.

## **B. Purpose**

SSPs play a critical role in linkage to care for a wide array of services, including COVID-19 health services and vaccination. SSPs have become even more critical during the COVID-19 pandemic, especially considering the unique vulnerabilities experienced by their participants and the devastating increases in overdose mortality. The majority of SSPs already offer referrals to COVID-19 testing and vaccination services, and many offer these services onsite or in close partnership with community-based COVID-19 response services. While SSPs have remained essential and reliable touchpoints for PWUDs, they often have limited capacity, especially given the increased demand for services during the pandemic.

The primary purpose of the SSP and COVID-19 vaccination demonstration project is to expand SSP services to scale-up COVID-19 and general vaccination services and maintain infectious disease prevention services, such as, but not limited to:

- Strengthening staff capacity and organizational infrastructure for receiving and storing COVID-19 and other vaccines, effectively administering vaccination, building COVID-19-specific tracking systems, and completing timely reporting to state Immunization Information Systems and adverse event reporting systems
- Conducting COVID-19 testing, education, and vaccination in collaboration with HDs and other coordinated health systems
- Providing staff training on COVID-19 testing, prevention, and contact identification protocols, including plans for what to do if clients test positive to ensure health care access and the ability to self-quarantine, particularly for people who are homeless or in unstable housing

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<sup>12</sup> NIDA. 2021, October 6. People with substance use disorders may be at higher risk for SARS-CoV-2 breakthrough infections. Retrieved from <https://www.drugabuse.gov/news-events/news-releases/2021/10/people-with-substance-use-disorders-may-be-at-higher-risk-for-sars-cov-2-breakthrough-infections> on 2021, October 27

<sup>13</sup> Czeisler MĒ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>external icon.

<sup>14</sup> Foundation for AIDS Research (amfAR), *Getting to Services: Far, Far Away*. 2018.

<sup>15</sup> Des Jarlais, et al., *Syringe Service Programs for Persons Who Inject Drugs in Urban, Suburban, and Rural Areas – United States, 2013*. *MMWR*, 2015. **64**(48): p. 1337-41.

- Providing client navigation for health and social services, linking clients to care and services including access to medication for opioid use disorder and other substance use disorder treatment, treatment for other infections, such as HIV and HCV, vaccination, transportation, and housing
- Ensuring integration with opioid overdose prevention efforts occurring in state and local HDs
- Ensuring integration with ongoing contact tracing efforts being deployed by state and local HDs

### **C. Eligibility Information**

Six (6) SSPs will be selected to participate in this project. All SSPs must be located in areas where accessing COVID vaccination and other adult vaccination services is possible and evidence of existing partnerships to vaccination services will be prioritized. Participating SSPs should have the capacity to start an expanded COVID-19 vaccination program and increase other COVID-19 and adult vaccination services quickly once resources have been made available. Additionally, programs must be located in a jurisdiction that has a determination of need concurrence from CDC

([https://www.cdc.gov/ssp/determination-of-need-for-ssp.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Ffrisk%2Fsps-jurisdictions.html](https://www.cdc.gov/ssp/determination-of-need-for-ssp.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Ffrisk%2Fsps-jurisdictions.html)). SSPs administered by state and local health departments are also eligible for this award. Awarded project sites will represent diverse parts of the U.S., from urban, suburban, and rural jurisdictions as well as represent diversity in terms of program size and current capacity.

### **D. Program Expectations**

Sites funded through this initiative will be required to work collaboratively with NASTAD and AIDS United throughout the project period. Sites are expected to participate in the site evaluation process and collect data on expanded vaccination activities. As this is a demonstration project, it is understood that SSPs may be able to collect and report information at different levels, based on their size, and the size of the community in which they are located. All programs are expected to track barriers and facilitators to implementing expanded vaccination services. Examples of data to be collected and be reported, where and when reasonable, are listed below:

#### **In aggregate:**

- Number, demographics\* of SSP clients
- Number of COVID-19 vaccine educational materials created for participants or community members
- Number of SSP clients receiving COVID-19 vaccine educational materials
- Number of SSP clients engaging in COVID-19 risk reduction counseling sessions (i.e., addressing vaccine hesitancy, advising on social distancing, quarantining, care/vaccination services, etc.)
- Number, demographics of SSP clients who received referral to COVID-19 vaccination, testing, and/or care/treatment
- Number, demographics of SSP clients who received navigation to COVID-19 vaccination, testing and/or care/treatment
- Number, demographics of SSP clients who received onsite COVID-19 vaccination, testing, and/or care/treatment
- Other types of navigation (a) requested and (b) received

### **Success Stories and Lessons Learned**

Selected demonstration sites should be in regular communication with NASTAD and AIDS United project staff, who are responsible for organizing monthly calls and providing technical assistance. In addition to providing data and tracking outcomes, vaccination demonstration sites should be prepared to share success stories and client/program-level case studies on successful vaccine navigation efforts, which will be included in quarterly reports. Please note that intensive technical assistance will be provided where necessary to assist sites to develop and refine data collection tools and practices related to COVID-19 and other adult vaccination services.

\*Demographics herein refers to age, sex, race, ethnicity, drug use characteristics (i.e. primary drug of choice/use), and any known HIV/HCV status

### **E. Selection Process**

Final selection of sites will be based on:

- Letter/s of support from local COVID-19 and additional adult vaccination providers that are willing partner with SSP applicant organization.
- Demonstrated ability to implement vaccination referrals, create community partnerships to increase vaccination services, or implement onsite vaccination.
- Demonstrated ability to collect and transmit data required by the project.
- Demonstrated ability to engage successfully with SSP participants.

Funding will be obligated through contracts from NASTAD to selected sites and will be managed on a monthly cost-reimbursement basis; performance period for this contract is expected to be February 1, 2022 to January 31, 2022 with the potential for a no cost extension (NCE). Therefore, applicant organizations should be prepared to demonstrate that they have cash on hand to support the project in the period between incurring an expense and receiving reimbursement from NASTAD (typically 30 days).

In addition, an attempt will be made to distribute funding to SSPs located in jurisdictions with lower than national rates of COVID-19 vaccination and higher than national rates of COVID-19 transmission, acute hepatitis C and/or HIV among PWUDs.

### **F. Application and Submission Information**

All information outlined below must be submitted via email to [druguserhealthTA@nastad.org](mailto:druguserhealthTA@nastad.org).

Application materials will NOT be accepted through fax, mail, or express delivery. **The maximum narrative length should not exceed 6 pages in a word processing program using 12-point font.** Proposals should strive to provide complete information as these following questions serve as review criteria.

The total length of the application may not exceed six pages, including the project narrative. Letters of commitment, budget documents, and other attachments are not included in the page limit.

## **Part III. Application**

### **A. Organization-Specific Questions**

- Organization type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/other \_\_\_\_\_.)
- Organization's DUNS Number

- Total organizational budget rounded to the nearest dollar (current fiscal year).
- Summarize the organization’s mission (two to three sentences).
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
- General Client Profile
  - Age
  - Gender
  - Race and ethnicity
  - Socio-economic status
  - Self-identified sexual orientation
  - Self-identified HIV status

**B. Project-Specific Questions**

- Total amount that can be requested (\$200,000)
- Summary of project (two to three paragraphs MAXIMUM)

**C. Program Profile**

- Syringe access services in operation since (month/year)
- Annual syringe services program budget (This amount may be the same as your total organizational budget above if your organization is a stand-alone SSP).
- Epidemiologic data (examples include):
  - Data on COVID-19 transmission and rates in your community/among your participants
  - Data on drug-related HIV infection in your community
  - Data on drug-related HCV infection in your community
  - Data on drug-related endocarditis in your community
  - Data on drug overdose rates in your community
  - Other relevant community epidemiologic information
- Staffing: The questions below ask about staffing levels at your organization. Please indicate the number of staff who work on your SSP and the number who work in your organization as a whole. For some applicants, these numbers will be the same.
  - # of paid full-time staff at your SSP
  - # of paid part-time staff at your SSP
  - # of volunteers at your SSP
  - # of paid full-time staff at your organization
  - # of paid part-time staff at your organization
  - # of volunteers at your organization

**D. Narrative**

This section should provide a comprehensive description of how your organization will implement the proposed intervention consistent with the program model, a summary of the benefits anticipated for your organization and clientele, and an overview of the agency’s ability to successfully meet program expectations.

- Briefly describe your current operation, particularly any existing COVID-19 related or COVID-19 specific modification of service delivery or activities, recent accomplishments, and specific challenges. Please do not tell us the value of syringe programs in general; instead describe your specific program. Please summarize any public health data that is specific to your geographic program area.



- Please describe how you plan to use the requested funds to create a COVID-19 and other adult vaccination demonstration program. Include specific goals, activities, and outcomes stated in measurable terms. Explain why this funding is critical to your program and what the additional value added will be if you receive funding.
- Describe the COVID-19, HIV, viral hepatitis, and overdose crisis in the area you intend to serve through the proposed project. This section should address:
  - Brief description of barriers related to meeting the need targeted by the project.
  - Brief description of how your organization would address these barriers.
  - Data on services provided that are related to the project, if any, and that can demonstrate the need for the project.
- Please describe how your organization would implement the selected intervention based on level of requested funding. This should include a proposal of how the project might be adapted to fit your organization and your ability to incorporate a new role within your program. Please describe how your organization meaningfully involves people who use drugs and people living with HIV and viral hepatitis and the outcome/impact your organization would like to achieve with the project.
- Please describe your organization's experience and capacity to collect anonymous, de-identified client-level data and conduct data entry. Please reference the evaluation requirements in the Program Expectations section and clearly describe your organization's ability to meet those requirements.

#### **E. Attachments**

Please include the following in your application:

- [Completed budget template](#). Do not use any budget form other than the one provided by NASTAD.
- Organization's current annual operating budget, including expenses and income.
- [Completed Organizational Representation Table](#). Do not use any form other than the one provided by NASTAD.

If awarded, please be prepared to submit the following within a month:

- Most recent audited financial statements, including cover page and the auditor's notes/findings. Negative audit findings will be considered in funding decisions.
- A list of your or your Fiscal Sponsor's Board of Directors with professional or community affiliations. If the organization does not have a Board of Directors, please send your fiscal sponsor's Board of Directors list. If neither is available, a letter of explanation is required.
- Your federally approved NICRA if you have claimed indirect costs in your budget
- The IRS 501c3 determination letter if you are a non-profit.
- A completed Financial Risk Assessment Form which will be sent to you if you are selected for a subaward.

**F. Submission Dates and Times – November 29, 2021, 11:59 PM**

**G. Proposal Assistance Webinar – November 5, 2021, 3:30 – 5:00 PM EST**

**H. Additional Assistance throughout the Application Process email [druguserhealthTA@NASTAD.org](mailto:druguserhealthTA@NASTAD.org)**