

# CALIFORNIA OVERDOSE PREVENTION AND HARM REDUCTION INITIATIVE, ROUND 2

APRIL 2024



**THE CENTER**  
*at Sierra Health Foundation*



California Department of  
**PublicHealth**

## BACKGROUND

The California Overdose Prevention and Harm Reduction Initiative (COPHRI) will promote the health and safety of people who use drugs by supporting a range of harm reduction services operated by state and locally authorized syringe services programs (SSPs). This funding opportunity is available to SSPs that were not previously awarded funding through COPHRI supported by the California Department of Public Health, Office of AIDS (OA) through The Center at Sierra Health Foundation.

COPHRI funding for SSPs is organized in collaboration with The Center, an independent 501(c)(3) nonprofit organization that works to pursue the promise of health and racial equity in communities across California.

## FUNDING OPPORTUNITY

<b>Total Funding Available:</b>	<b>\$19,950,000</b>
<b>Individual Award Amount:</b>	<b>Up to \$570,000</b>
<b>Anticipated Number of Awards:</b>	<b>35</b>
<b>Contract Period:</b>	<b>May 1, 2024 to June 30, 2027</b>
<b>Application Deadline:</b>	<b>May 20, 2024 at 1:00 PM PST</b>
<b>Announcement of Awards:</b>	<b>June 2024</b>

In the Budget Act of 2023 - 2024, the California Legislature and Governor Newsom enacted a new, four-year funding program as part of the state’s overdose response efforts. COPHRI will support harm reduction services throughout the state by funding SSP operations, technical assistance and capacity building, and program evaluation. Because SSPs conduct the majority of overdose education and naloxone distribution (OEND) activities in California, COPHRI in particular is intended to provide resources for OEND staffing and other costs.

As the first allocation of these new state resources, **this funding opportunity will support core harm reduction services**, including but not limited to:

- Training on overdose prevention and response including naloxone distribution for people who use drugs and other people who may witness an opioid overdose.
- Safer drug use education.
- Distribution of safer drug use equipment including syringes and other injection equipment, safer smoking equipment and other materials designated by CDPH/OA as necessary to prevent communicable disease transmission, drug overdose, injury, or disability.
- Navigation to substance use disorder treatment providers.
- Community outreach services including street or mobile outreach and drop-in centers.
- Wound care and prevention.
- Telehealth or remote services for people unable to reach a SSP service location.

- Case management and healthcare coordination.
- Drug checking services.
- Integration of relevant medical or public health services in harm reduction settings.
- Other low-barrier health and social services that support health and safety for people who use drugs.

The overall **goals** of this funding opportunity are to:

- Reduce the incidence of fatal and nonfatal drug overdose.
- Reduce the incidence of infections related to injection drug use including HIV, hepatitis B and C, systemic bacterial infections and skin and soft tissue infections.
- Ally with people who use drugs to design and deliver low-barrier services and other initiatives that promote people’s health and safety in relation to drug-related harm and the negative effects of public and institutional policies targeting people who use drugs.
- Ensure multi-year funding sustainability for SSPs to deliver services in their role as an essential part of the continuum of care around drug use and health.
- Support connections to primary health care, substance use disorder treatment and other health care as appropriate.

## SCOPE OF WORK

Activities supported through COPHRI are meant to represent the core work of harm reduction safety net services in California, including health care and administrative staffing, office rent, equipment, vehicle leasing, reasonable capital improvements and similar costs. Recognizing that the circumstances of drug use, drug policy and social conditions vary across the state, we encourage applicants to consult with the participants they serve and to adapt their proposals to reflect the true local needs as appropriate.

Examples of activities that may be supported by this funding opportunity include:

- Costs related to continuing or expanding work previously funded under CHRI.
- Full or part-time harm reduction workers to provide safer drug use education and supplies access through community outreach and other settings.
- Staffing for overdose education and naloxone distribution services.
- Licensed professional staff (e.g. LCSW, RN, NP, etc.) to provide clinical physical or mental health care services.
- Supervisory and administrative staff (executive and program directors, accounting services, etc.).
- Equipment and software directly related to the project.
- Costs related to building and sustaining peer-driven services, including wages and job training/skills building costs.
- Health care, social services or entitlements navigators, case managers or care coordinators.
- Costs related to partnering with independent professionals or health care providers (e.g.

medical malpractice insurance, co-location expenses, etc.).

- Office/building rent.
- Vehicle leasing, insurance and repairs.
- Other transportation costs for staff and participants.
- Costs associated with participant advisory committees or similar efforts to involve participants in decision making.
- Skills building / capacity building / technical assistance services provided by third parties.

### ***RACIAL AND HEALTH EQUITY***

Organizations awarded contracts through this funding opportunity will be required to demonstrate specific ways in which they will promote equitable access to services offered by the project, including but not limited to approaches designed to ensure that Black/African American, Indigenous, and other people of color (BIPOC), people of all genders and 2S/LGBTQ+ people can access services safely and free of discrimination.

The applicant's work in this area should be explained in the funding proposal and must include specific and measurable approaches to assess and resolve inequities in access to services for groups that have been historically underserved or routinely faced discrimination in health care and social welfare settings.

### ***MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS***

Projects funded by COPHRI are expected to embody a *'Nothing About Us Without Us'* ethos in which people who use drugs are afforded opportunities for meaningful input and leadership in how harm reduction services are designed and implemented. An organization with a deep commitment to this approach typically creates multiple avenues for participation. Examples of meaningful involvement might include:

- Recruiting and supporting participants for membership in the organization's board of directors.
- Support for a participant advisory board with formal decision-making power.
- Involving participants in participatory budgeting.
- Creating employment pathways for participants that include opportunities for professional development and advancement.
- Leadership development training to support meaningful involvement in multiple areas.
- Involving participants in designing and interpreting periodic surveys to give feedback to the organization or in community-based participatory action research projects.

## FUNDING INFORMATION

Applicants must submit their proposed budgets in the template provided. All items budgeted must be inclusive of all costs, including taxes and fees in U.S. dollars. Applicants must abide by standard funding restrictions as described in Appendix A.

Budgets must also include funds for harm reduction supplies sufficient to meet the program’s plans for expanded services. While the CDPH/OA Harm Reduction Supply Clearinghouse can provide a baseline level of harm reduction supplies to California SSPs, it has not received funding to accommodate the growth in services statewide that COPHRI will produce.

Contracts awarded to SSPs will be deliverable-based, meaning contractors need to demonstrate progress on process measures (e.g., number of people reached with overdose prevention services and number of outreach events).

Consistent with a fixed price, deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each negotiated deliverable, rather than payment for actual time and material costs incurred during the agreement period.

**Payment schedule:** Payments will be issued on a semi-annual basis commencing with contract execution and will be based on the completion of a set of agreed-upon deliverables as defined in the contract. Each contract will be divided into eight payments as follows:

June 2024 upon contract execution	9%
August 2024 based on start-up report	16%
February 2025 based on annual narrative and financial report	16%
August 2025 based on semi-annual financial report	16%
February 2026 based on annual narrative and financial report	14%
August 2026 based on semi-annual financial report	15%
February 2027 based on annual narrative and financial report	14%

## PROJECT TIMELINE

Contracts awarded under this initiative will be dated May 1, 2024 to June 30, 2027. Contracts will support project activities through May 31, 2027, with the remaining period to June 30, 2027, being meant for project close-out and final reporting.

Because COPHRI is funded by a one-time appropriation from the State of California, carry-over

of funds are not allowable after June, 2027. Any funds not used by that time will be forfeited and must be returned.

## ELIGIBILITY CRITERIA

This funding opportunity is intended to support state and locally authorized syringe services programs throughout the state of California that were not previously supported by this initiative. If your organization received a funding award through COPHRI in March 2024, you are not eligible to apply.

Applicants must meet the following eligibility conditions (*A and either B or C*):

- A. Be a public or private nonprofit organization with 501(c)3 status **or** a fiscal sponsor with a 501(c)3 status that may legally conduct business within the state of California. Community-based nonprofit organizations, local health departments, federally qualified health centers, tribal health centers, hospitals and other entities that offer syringe services are generally eligible to apply.

**AND**

- B. Be a syringe services program (SSP) authorized by a local government or CDPH/OA pursuant to California Health and Safety Code 121349 **or** for physician-led programs, operate under the direction of a physician through their ability to dispense syringes as defined in Business and Professions Code 4145.5.

**OR**

- C. Be able to demonstrate that SSP authorization status is currently under review with CDPH/OA or a local government, subject to confirmation by CDPH/OA.

## PROPOSER'S WEBINAR AND OFFICE HOURS

We have scheduled a proposers' webinar to review the funding opportunity and application process and to answer questions. Webinar attendance is recommended for all applicants. The webinar will be recorded and shared with eligible organizations by email.

**PROPOSERS' WEBINAR: Friday, April 26, 2024 from 1:00 to 2:30 PST (Pacific Time)**

**\*Registration Required\***

**REGISTRATION**

**LINK: [https://us06web.zoom.us/webinar/register/WN\\_sfG4qU4ISJ2bPxwsJJdt-Q](https://us06web.zoom.us/webinar/register/WN_sfG4qU4ISJ2bPxwsJJdt-Q)**

**OFFICE HOURS SESSION #1:**

**Thursday, May 2, 2024, from 10:00 to 11:30am PST (Pacific Time)**

**LINK: <https://us06web.zoom.us/j/88063042274>**

## OFFICE HOURS SESSION #2:

Monday, May 13, 2024, from 1:00 to 2:30pm PST (Pacific Time)

LINK: <https://us06web.zoom.us/j/89253409480>

## SELECTION AND EVALUATION CRITERIA

Applicants are expected to submit complete proposals that closely align the scope of work and objectives described above. The Center reserves the right to request additional information or revisions to applications and to deny funding for incomplete or misaligned applications.

In general, applicants should:

- Provide a detailed description of exactly what they will do to implement the proposed project, including who will be involved, what they will do, what will be accomplished and the project timeline.
- Demonstrate capacity to carry out the proposed activities.
- Include substantive plans for the meaningful involvement of people who use drugs in the conduct of the project and to address racial equity goals.
- Ensure that the proposed budget is accurate, includes only allowable expenses and does not duplicate other sources of funding.

## APPLICATION DENIAL APPEAL PROCESS

The Center does not provide a protest or appeal process against award decisions made through this funding opportunity and applicants submitting responses to this RFA may not appeal The Center's award decision. All decisions are reviewed and approved by OA and will be final.

## COMPLIANCE

If awarded, contractors will need to complete pre-award compliance requirements before funding is disbursed. This includes the following:

**Insurance Requirements:** There will be insurance requirements under these contracts, which are described in Appendix B. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to [insurancecompliance@sierrahealth.org](mailto:insurancecompliance@sierrahealth.org) with "COPHRI" in the subject line.

Additionally, The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and State funds. To learn more, [view the “Insurance for Nonprofits” recording on YouTube](#). Refer to Appendix B for more information on insurance requirements.

## **CONTRACT REPORTING REQUIREMENTS**

Awarded organizations will be required to submit semi-annual financial reports, annual narrative and financial reports, a cumulative final report and to participate in periodic point-in-time surveys of participants in partnership with the National Harm Reduction Coalition, The Center and OA.

The Center will provide funded partners with report templates and will coordinate with the OA Harm Reduction Unit to ensure that our reporting requirements do not duplicate OA data collection related to participation in the California Harm Reduction Supply Clearinghouse or other initiatives.

### ***FINANCIAL REPORTS***

Every six months awarded organizations will submit financial reports on their actual expenditures and are required to submit financial reports for the duration of the contract period.

Financial reports will be submitted via an online portal. In addition to the financial report submitted, backup documentation should be provided at the time of submission. This may include a detailed expenditure listing or General Ledger (G/L). These documents must include the description of the expense incurred, vendor, category, date of expense and the exact amount allocated to the grant (OR allocation methodology). Receipts/invoices are not required at the time of financial report submission but should be kept on file in case of a desk review/audit.

### ***ANNUAL NARRATIVE REPORTS***

Awarded organizations will submit an annual narrative report describing progress toward project objectives and noting successes, challenges and future plans.

### ***CUMULATIVE FINAL REPORTS***

Awarded organizations will submit cumulative final reports which are due on June 15, 2027. The cumulative report will include a narrative report and financial report. The narrative report will detail the activities and work completed throughout the COPHRI contract period. The financial report will provide confirmation of the budget spend-down through the end of the COPHRI contract period.

This narrative report may include the following, but is not limited to:



- Summary of project
- Major accomplishments
- Major barriers

The required contract reports must follow the timeline below.

Report Name	Report Period	Due Date
Start-up report	05/01/2024 – 06/30/2024	07/15/2024
Annual narrative and financial report 1	05/01/2024 – 12/31/2024	01/15/2025
Semi-annual financial Report 2	01/01/2025 – 06/30/2025	07/15/2025
Annual narrative and financial report 2	01/01/2025 – 12/31/2025	01/15/2026
Semi-annual financial Report 3	01/01/2026 – 06/30/2026	07/15/2026
Annual narrative and financial report 3	01/01/2026 – 12/31/2026	01/15/2027
Cumulative Final Narrative and Financial Report	05/01/2024 – 05/31/2027	06/15/2027

### ***POINT-IN-TIME SURVEYS***

Awarded organizations will be required to recruit program participants to complete a point-in-time survey, which will be administered a total of two times during 2025 and 2027 in collaboration with the National Harm Reduction Coalition (NRHC) and other project partners. Participants who respond to the survey will be compensated for their time with supplementary funding through NHRC.

## **IMPORTANT APPLICATION GUIDELINES**

To help us process your application, please follow these submission guidelines:

- Submit your application before the deadline date in case you need help with any of the application components.
- Applications are due no later than **1:00 pm PST (Pacific Time) on May 20, 2024.**
- Submit your application through The Center’s online portal.
- Respond to all sections in the application.
- Upload all attachments listed under the “Application Checklist” below.

**Send questions related to this funding opportunity, including issues related to the application system, to [harmreduction@sierrahealth.org](mailto:harmreduction@sierrahealth.org) with the subject line: COPHRI Application Help.**

**Note: Questions received on the day of the application deadline may not receive a response. We encourage you to email us before the application deadline date.**

## APPLICATION CHECKLIST

- Review the entire RFA
- Required Application Attachments
  1. Proposed project budget completed in The Center’s Proposed Budget Template (template is available in the online portal for download)
  2. Applicant organization’s W-9
  3. 501(C)(3) Determination Letter

## APPENDIX A – FUNDING RESTRICTIONS

The following will **not** be funded:

- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Naloxone/Narcan. Please contact the California Department of Health Care Services [Naloxone Distribution Project](#), which provides intranasal and injectable naloxone at no cost to groups engaged in overdose prevention services, including harm reduction organizations.
- Fourier-transform infrared spectroscopy (FTIR), gas chromatography – mass spectrometry (GC-MS), or other advanced drug checking technology or operational costs. Note that drug test strips are allowable as a basic harm reduction supply, though please consider obtaining fentanyl test strips at no cost from the California Department of Health Care Services [Naloxone Distribution Project](#).
- Purchase of properties or vehicles.
- Direct payments to individuals to enter substance use disorder treatment or continue to participate in prevention or treatment services.
- Out-of-state travel.

## APPENDIX B – INSURANCE REQUIREMENTS

Organizations awarded COPHRI funds must submit evidence of required insurance coverage to The Center prior to the release of the first payment. Awarded organizations will receive an e-mail from “The Center@Sierra Health Foundation” via TrustLayer requesting the same insurance documents as indicated below.

A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

If you would like additional information or resources around insurance or around expanding insurance coverage as a best practice, please reach out to [insurancecompliance@sierrahealth.org](mailto:insurancecompliance@sierrahealth.org).

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### **Commercial General Liability**

- Each Occurrence must be greater or equal to \$1,000,000
  - Coverage Trigger: Occurrence must be present
- General Aggregate must be greater or equal to \$2,000,000
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- Personal and Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present which states: The Center, Sierra Health Foundation, The State of California, its officers, agents, employees and servants.

### **Automobile Liability (if operating vehicles in the course of the project)**

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present which states: The Center, Sierra Health Foundation, The State of California, its officers, agents, employees and servants.

### **Worker’s Compensation and Employer’s Liability**

- Statutory Limits must be present
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000
- Employer’s Liability Disease – each employee must be greater or equal to \$1,000,000
- Employer’s Liability Disease – policy limit must be greater or equal to \$1,000,000
- Waiver of Subrogation Endorsement must be present

### **Additional Requirements**

- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- When applicable: 10 or more Passengers being transported in any one vehicle will require
  - State of California Class B driver's license
  - Auto liability in the amount of \$5,000,000 per occurrence for bodily injury and property damage combined.

- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement # 21-10394.**
- Endorsements requested by the State must be physically attached to all requested certificates of insurance and not substituted by referring to such coverage on the certificate of insurance.

## APPENDIX C – APPLICATION FOR FUNDING

### APPLICATION FOR REFERENCE ONLY SUBMIT YOUR APPLICATION VIA THE [ONLINE APPLICATION](#)

#### California Overdose Prevention and Harm Reduction Initiative Application

Be sure to read the COPHRI guidelines and instructions in the Request for Applications (RFA) carefully before beginning your application. Required fields and attachment uploads are marked with \* (red asterisk).

If you have questions, send an e-mail to [harmreduction@sierrahealth.org](mailto:harmreduction@sierrahealth.org) with the subject line: COPHRI Application Help.

#### **INSTRUCTIONS**

Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with \*.

#### **APPLICANT INFORMATION**

##### **Applicant Organization Information**

##### **Organization Name and Address\***

*Enter the organization's legal name.*

##### **Is the applicant organization a fiscal sponsor for this proposal?\***

*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.*

##### **Name of fiscally sponsored organization, if applicable.**

*Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.*

##### **Website URL (optional)**

##### **Tax Exempt ID # or Employer ID #\***

*Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.*

##### **Organizational Status\***

*Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Other.*

##### **Annual Budget\***

*What is the applicant organization's annual budget amount?*

##### **Proposal Contact Information (for questions related only to this proposal)**

**First Name\***

Last Name\*  
Title\*  
E-mail Address\*  
Office Phone\*                      Extension

**Applicant Organization CEO/Director Information**

First Name\*  
Last Name\*  
Title\*  
E-mail Address\*  
Office Phone\*                      Extension

**Program Contact Information**

First Name\*  
Last Name\*  
Title\*  
E-mail Address\*  
Office Phone\*                      Extension

**Additional Program Contact Information - optional**

First Name  
Last Name  
Title  
E-mail Address  
Office Phone                      Extension

**Data Contact Information – optional**

First Name  
Last Name  
Title  
E-mail Address  
Office Phone                      Extension

**Financial Contact Information - optional**

First Name  
Last Name  
Title  
E-mail Address  
Office Phone                      Extension

**PROJECT INFORMATION**

**Project Name\*** (10 words maximum):

**Brief Summary and Purpose of Project\*** (100 words maximum):

**Project Start Date:** May 1, 2024

**Project End Date:** June 30, 2027

**Total Amount Requested\*** \$ \_\_\_\_\_

Up to \$570,000 for each application.

**Geography (County-level)\***

Please indicate what percentage of each activity will be spent in which California counties. Total must add up to 100. (A list of all 58 California counties is in the online application).

**Focus Populations (Race/Ethnicity)\***

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (total must add up to 100).

- African American/Black: %
- American Indian/Alaska Native: %
- Asian-American: %
- Indigenous (e.g., Mixteco, Purepecha, etc.)
- Latino/Hispanic: %
- Middle Eastern or North African
- Mixed race: %
- Pacific Islander
- White: %
- Other: % [please specify]

**Focus Populations (Age Groups)\***

For the age groups that will be impacted, provide your best estimate of the percentage in each age group (total must add up to 100). *There are no age restrictions/limits for individuals served with these funds. Age is in years.*

- Under 5: %
- 5 - 9: %
- 10 - 14: %
- 15 - 19: %
- 20 - 24: %
- 25 - 54: %
- 55+: %

**NARRATIVE QUESTIONS**

1. **Organization Description.** Provide a brief overview of your organization (the entity that is carrying out the project), including: a) when it was established, b) its mission, c) whom you serve, and d) organization’s approach to racial and health equity. (200 words maximum)
2. **Project Activities.** Describe in detail your plan to use these funds, speaking specifically to project activities designed to reduce fatal opioid overdose, prevent disease transmission, support access to substance use disorder treatment and other health care, and otherwise promote the health and safety of people who use drugs. Include an implementation timeline where appropriate. (800 words maximum)
3. **Racial and Health Equity.** Describe what strategies you plan to use to promote equity in access to harm reduction services for people disproportionately impacted by the war on drugs, overdose, HIV, and viral hepatitis. (300 word maximum)

4. **Meaningful Involvement of People Who Use Drugs.** Describe how you will involve people who use drugs in the development, improvement, or management of harm reduction services through this project. (300 words maximum)
5. **Partnerships.** Describe specific examples of partnership or collaboration with other organizations or people that will support the work of the project, including relations with elected officials and local government agencies in your area. (300 words maximum)
6. **Monitoring and Evaluation.** Describe any specific, measurable, attainable, relevant, and time-bound (SMART) objectives for your project. Describe how you will document and evaluate project activities and progress toward these objectives, including your organization's capacity to meet data collection and reporting requirements. (400 words maximum)
7. **Organizational Capacity.** Describe the qualifications of the project leaders and key staff on the project. Explain how these staff members will carry out the activities identified above and support the evaluation and/or reporting requirements of this funding opportunity. If additional staff is needed, please tell us the positions that will need to be hired. (200 words maximum)
8. **Additional Funding.** Provide information about any additional funding that the organization plans to leverage to support this project. Please tell us how the funds will complement and/or expand the work for this project. (200 words maximum)
9. **Capacity Building.** Tell us about skills or capacity-building assistance, if any, that you feel would benefit your team and its work. (200 words maximum)

## **ATTACHMENTS**

- Proposed Project Budget\*
  - a. Budget template is available in the online application portal for download. Fill it in and upload it in Excel format.
- Applicant organization's W-9\*
- 501(C)(3) Determination Letter\*