# Frequently Asked questions

1. **What does a planning/capacity building project look like?**

Activities for a planning and capacity building project should be oriented around laying the groundwork right up to the point of actual implementation. Implementation of services can be included in a planning/capacity building proposal, but it is not required. However, it is required that the proposal indicates a commitment to sustainability and eventual implementation following the grant period. A planning and capacity building project will be prioritized for the diversion and syringe service program activities. Activities can include community and stakeholder education; development of program policy and procedures and general operations plan for implementation; formal agreements with key stakeholders and providers; policy analysis and coalition building.

1. **What does this work look like if we have extended or are issued future stay at home orders?**

We continue to monitor stay at home orders and are committed to responding to the concerns surrounding COVID-19. We also believe there is opportunity for creative work in this area including use of digital technologies for community engagement, education, advocacy and coalition-building. Overdose also continues to be an issue in our communities and people who use drugs will need harm reduction services now more than ever. Harm reduction is an essential service and we will continue to support services that are able to operate and expand during this time.

1. **Can we purchase/are you supplying PPE for COVID?**

Yes, you can include purchase of PPE in your budget proposal. We do not supply PPE. However, PPE cannot be the sole or primary component of your proposal. It should be considered as an associated expense but not the featured intervention.

1. **What does SSP implementation and capacity building project look like for SSPs?**

We can support activities that lay the ground work for a syringe service program to be opened in a particular jurisdiction. This includes community education and coalition building for syringe service programs with clear deliverables that show evidence of meaningful engagement as well as community and stakeholder support. Activities may also include the development of a service plan including needs assessment and articulation of your approach to fill those needs, policies and procedures, staffing needs, outreach and recruitment methods, monitoring mechanisms, fundraising strategy, and budget. Service plans can also be used as effective organizing tools and should therefore have a dissemination strategy that includes stakeholder education and advocacy. We can also support efforts to educate and collaborate with stakeholders on the development of a model ordinance. Funding cannot be used for any lobbying activities, including drafting and lobbying for the passage of local legislation.

1. **What are consequences to deliverables not being met?**

Inability to meet deliverables can jeopardize payment. However, we understand that plans can be disrupted by forces beyond our control. We urge continuous communication with Pitt-PERU when encountering roadblocks. Pitt-PERU and Vital Strategies can work with you to strategize and troubleshoot around roadblocks and amend project activities, timeline and deliverables if deemed necessary.

1. **What does a racial equity lens/approach look like? What does that mean?**

A racial equity toolkit is available here: <https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf>

A racial equity approach proactively seeks to first understand the racial inequities present in your jurisdiction including an analysis of how Black, Latinx, and other populations of color are impacted by overdose and drug policy in your jurisdiction of interest. Decision making and community engagement efforts should be intentional in their inclusion of people of color. There should be clear goals, objectives, and strategies for addressing the inequities present in addition to a plan for monitoring as well as responding to lack of progress or an exacerbation of inequities.

1. **Besides racial equity, can rural equity be considered?**

Yes, rural equity can be considered. ‘Health equity’ is also part of the framework for this project and so proposals that identify and seek to address inequities by other domains outside of race (e.g. income, neighborhood, urbanicity, gender, etc.) are encouraged. Proposals should be able to show evidence of these inequities through data and discuss how they seek to address them.

1. **Would you entertain an application that demonstrates a strong relationship with law enforcement for a diversion program, in which law enforcement would not be in favor of syringe/needle exchange?**

Yes. We are evaluating proposals on the specific harm reduction activity they are seeking to address. Therefore, views, positions, work, etc. related to other harm reduction activities not being put forth in the proposal are not relevant. A successful and feasible pre-arrest/pre-booking diversion program is not dependent on law enforcement’s position and views on syringe services.

1. **With regard to Capacity building, may we ask for supply monies to increase the amount of people we are able reach? As well as for supplies we do not currently have?**

Yes. If the supply request is explicitly and clearly related to the proposal’s objectives and activities, the request is acceptable. If these are service supplies to be provided to clients or patients (e.g. syringes, naloxone, etc.) then a ‘planning/capacity-building’ proposal must have implementation and delivery of services as part of the proposal objectives and activities. All budget lines much have a clear link to the proposed activities.

1. **Do we have to support all three types of initiatives to qualify?**

No. You only have to choose one of the listed harm reduction activities. You are, however, able to choose more than one but reviewers will be assessing the proposal for feasibility.

1. **If we are a CCE or have a CCE in our coalition and/or county, can we still request funding for naloxone?**

Yes. However, the proposal, in its discussion of resources and the budget, should briefly explain why naloxone is not available or sufficient through the CCE as part of the rationale for including naloxone in the budget request. Within the discussion of sustainability, the proposal should also elaborate on how the coalition will seek to fund and sustain the program, including access to naloxone.

# Resources

* **Racial equity -** <https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf>
* **Harm Reduction Coalition resources and toolkits -** <https://harmreduction.org/our-resources/>
* **Pre-arrest/pre-booking diversion** - <https://www.leadbureau.org/>
  1. <https://www.katalcenter.org/community_based_pre_arrest_diversion>
* **Syringe Service Programs -** <https://www.cdc.gov/ssp/index.html>; <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>
* **Naloxone Distribution -** <https://harmreduction.org/?s=naloxone>
  1. [Leave Behind: https://www.nycremsco.org/wp-content/uploads/2018/02/2018-07-REMAC-Advisory-OD-Leave-Behind-Kits.pdf](https://www.nycremsco.org/wp-content/uploads/2018/02/2018-07-REMAC-Advisory-OD-Leave-Behind-Kits.pdf)