# Meaningfully Partnering with Harm Reduction Organizations and Other Community-based Organizations

## *That Serve People Who Use Drugs*

NATIONAL COUNCIL
*for* Mental Wellbeing

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# Glossary of abbreviations

| ABBREVIATION | MEANING |
|---|---|
| **CBO** | Community-based Organization |
| **CDC** | Centers for Disease Control and Prevention |
| **HCV** | Hepatitis C Virus |
| **NYC DOHMH** | New York City Department of Health and Mental Hygiene |
| **OD2A** | Overdose Data to Action |
| **OUD** | Opioid Use Disorder |
| **PSA** | Public Service Announcement |
| **PWLLE** | People with Lived and Living Experience |
| **PWUD** | People Who Use Drugs |
| **RFP** | Request for Proposals |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **SOR** | State Opioid Response |
| **SSP** | Syringe Services Program |
| **TTA** | Training And Technical Assistance |

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## Overview and methodology

The National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), conducted an environmental scan and a series of key informant interviews to identify ways in which health departments can meaningfully involve people with lived and living experience (PWLLE) in overdose surveillance and prevention. These information-gathering activities identified a range of recommendations and strategies, which are summarized in this and other tools that comprise a package of actionable suggestions and resources for health department staff.

To inform these tools, National Council project staff conducted a mixed methods review, including key informant interviews, a literature review and an environmental scan. Manuscripts were reviewed if their content applied to ensuring the inclusion of PWLLE in the context of health departments' overdose surveillance and prevention efforts. Due to the limited availability of peer-reviewed literature related to this subject in the U.S., the review also included international research. Additional web-based content was gathered, including webinars, educational videos, implementation guides and reports.

Between January 2023 and March 2024, project staff conducted key informant interviews with 26 employees of 17 health departments, public health agencies, universities and harm reduction organizations that engage in overdose surveillance and prevention efforts. Represented organizations and departments are located in 15 states: Alabama, Arizona, Colorado, Georgia, Illinois, Kansas, Kentucky, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Washington and Wisconsin. To facilitate the interviews, staff developed a semi-structured interview guide. The approximately hour-long interviews took place using Zoom videoconferencing software and were recorded and transcribed with the consent of the participants. A $75 electronic gift card was provided to each key informant who completed the interview.

## Intentionally including PWLLE: A series of tools and resources

1. **Overview: Ensuring the Inclusion of People With Lived and Living Experience in Health Departments' Overdose Surveillance and Prevention Efforts**
2. **Hiring People With Lived and Living Experience Within Local and State Health Departments**
3. **Engaging People With Lived and Living Experience in Overdose Data Collection, Interpretation and Dissemination**
4. **Meaningfully Partnering With Harm Reduction Organizations and Other Community-based Organizations That Serve People Who Use Drugs**
5. **Annotated Resource List**

# Background

Collaboration between health departments and community-based organizations (CBOs) is vital to public health. Partnerships with harm reduction organizations and other CBOs that are led by and serve people with lived and living experience (PWLLE) are critical to effective overdose prevention and response programming. Such partnerships encourage more effective responses to community challenges such as drug overdose. As the inclusion of PWLLE continues to rise as a public health priority, many health departments have been working more intentionally to foster this inclusion through the development of partnerships with local groups and organizations.

Organizations that serve the health and social needs of people who use drugs (PWUD) and PWLLE, including harm reduction services and programs, syringe services programs (SSPs), drug user unions and other CBOs, historically have been underfunded across the country, despite the undeniable need for programs that reduce harm for PWUD. Programs frequently must maintain their services through volunteer efforts, donations, fundraisers and crowdsourcing, rather than diversified, flexible and sustained funding from government, foundations or private sources. With minimal access to resources, funding and infrastructure, harm reduction organizations often must be innovative when navigating the complex funding landscape at state, federal and private levels (National Alliance of State and Territorial AIDS Directors, 2022). By actively partnering with harm reduction organizations and other CBOs, health departments can support these programs with a more sustainable source of funding, which can remove a significant burden from these types of organizations.

Working with harm reduction organizations and CBOs inherently prioritizes the involvement of PWLLE. Harm reduction programs are based on this understanding and affirm PWUD as the central agents of reducing harm due to substance use, deserving of the autonomy and empowerment to support themselves and each other by using strategies that work for them and their communities (National Harm Reduction Coalition, 2020). CBOs and harm reduction organizations led by PWUD embody this understanding by employing community-representative PWLLE as staff and volunteers to lead their organizations and programs. Many of these organizations are led by and serve the same communities, unequivocally supporting the harm reduction philosophy. By partnering with these organizations, health departments not only expand how they engage with PWLLE who are accessing services, but also how they prioritize PWLLE as valued partners in overdose prevention and response efforts.

**Recommendations for strengthening partnerships between health departments and community-based organizations**

This **report** developed by the Centers for Disease Control and Prevention (CDC) Foundation includes information on core values for partnerships, assessing partnership preparedness, public health system dimensions for action, the spectrum of community engagement and additional resources.

## Defining harm reduction organizations and other CBOs

Harm reduction aims to reduce the negative consequences associated with using drugs by putting the lived and living experience of PWUD at the center of community-led strategies, practices and interventions (National Harm Reduction Coalition, n.d.; Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Harm reduction is a decades-long movement for social justice built by and for PWUD, and it can and should be adapted to reflect both individual and community needs (National Harm Reduction Coalition, n.d.). Though there is no single way to implement or define harm reduction, **harm reduction organizations** are those that embody the following key principles, which contend that harm reduction:

1. Is guided, in all aspects, by PWLLE of drug use.
2. Embraces people's inherent value and treats them positively, with dignity and respect.
3. Is deeply committed to engaging and building communities, particularly those that have been impacted by systemic harm.
4. Promotes, in all aspects of its work, equity, social justice and rights by incorporating and acknowledging power differentials based on race, gender, sexual orientation, class and language, among others.
5. Presents the lowest barriers to accessing noncoercive services and support.
6. Focuses on individually determined definitions of positive change in one's quality of life.

According to the National Community-based Organization Network (University of Michigan School of Public Health, n.d.), a **community-based organization,** or CBO, is an organization "that is driven by community residents in all aspects of its existence," meaning that:

1. The majority of its staff and governing body are local residents/community members.
2. Its offices are situated in the community.
3. Community members identify and define priority issue areas addressed by the organization.
4. Community members co-develop solutions to address those priority issue areas.
5. Community members are intimately involved in program design, implementation and evaluation in leadership roles.

Partnerships between health departments and community organizations can vary significantly in function and impact, but there are several areas where health departments can play a critical role in facilitating meaningful community collaboration and local change. While health departments can partner with organizations and provide services directly, they also can support organizations in numerous other capacities, including (Mace et al., 2021):

- Providing grants and funding.
- Providing technical assistance.
- Providing policy advocacy and education.
- Sharing resources.
- Sharing data.
- Facilitating connections between community organizations and other stakeholder groups.

This allyship in supporting community health can help promote the credibility and validity of harm reduction programs (National Harm Reduction Coalition, 2020). Collaboration can enhance care coordination and service linkages, establish relationships between service providers, expand and improve access to services, increase awareness, improve resources and reduce overall harm, which all can positively influence local efforts to address overdose (Mace et al., 2021).

**The spectrum of community engagement to ownership**

This **tool**, developed by Facilitating Power, charts a pathway for strengthening community engagement and includes developmental stages for increasing community ownership that discuss impact, goals, community messaging, activities and resource allocation within each stage.

> ***"We just got a really huge grant where we are sitting in between [a university] and the state health department. I feel really small in that space. They are two huge groups with lawyers, and they're not realizing they're working with a community-based organization led by people who use drugs. ... Some of this stuff is really tough."***
>
> *— Harm reduction advocate*

Although there are innumerable benefits to collaboration between health departments and harm reduction organizations, challenges also can exist. Governmental systems usually function with a level of bureaucracy that is incongruent with how small CBOs and harm reduction organizations function. These incongruities can lead to culture clashes and loss of autonomy in organizations, underlining the importance of communication and acknowledging power imbalances. Examples of how these incongruities can present themselves include (National Harm Reduction Coalition, 2020):

- Strict regulations
- Time-consuming reports
- Complex data requirements
- Lengthy payment processing
- Administrative burdens
- Audits
- Funding variability between state and local departments
- Ongoing communication requirements
- General bureaucratic limitations

Differentials in legitimized power and expertise are real, and it is important for health departments to acknowledge this and work to find ways of minimizing imbalance.

> ***"Aligning our goals, acknowledging power differentials and trying to figure out ways to minimize those power differentials is super important."***
>
> *— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County*

In addition to acknowledging and working to minimize power differentials, health departments and their organizational partners can work to prevent and mitigate challenges during collaboration by prioritizing open communication, clear expectations, commitments to flexibility and mutual support, ongoing and timely reporting of achievements and needs, and shared interest in learning from both parties (National Harm Reduction Coalition, 2020).

## Partnering with harm reduction organizations and CBOs

### Honor different strengths

CBOs and harm reduction organizations undeniably have unique strengths to contribute to these partnerships, such as their long-standing, trusted community relationships and their ability to create innovative solutions to complex challenges. Health departments should find ways to leverage these strengths. Health departments and their partner organizations can strategize together by communicating needs, strengths and gaps, and then determining which partnership roles are better suited for health department staff and which are better suited for harm reduction organizations and CBOs. Having a clear understanding of what different groups bring to the table and how to leverage that expertise can result in more effective overdose prevention programming.

> ***"Harm reduction is about bending and twisting and finding ways through, and getting to people that the health department can't get to, because they can't do the stuff that we're going to do. The bottom line is we have a history of doing what's right, not what's legal."***
>
> *— Harm reduction provider*

> ***"It's key for a government to understand its place and to know that there's only so much we could and should be doing. And then we need to lean into community and community partnerships, because they're trusted and they're the ones doing the work, so … we don't need to recreate what our organizations do."***
>
> *— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County*

Health departments, as administrative government units concerned with jurisdictional health, can support CBOs in the following ways:

- Infrastructure development and role sustainability
- Project management and coordination
- Finance and contracts
- Stakeholder communication
- Resource sharing
- Provider and stakeholder relationship building
- Funding
- Training and technical assistance

CBOs and health departments have different positions within communities. CBOs' position allows them to:

- Reach underserved populations
- Provide culturally competent services
- Employing PWLLE as on-the-ground service providers

Additionally, these differences in position are reflected in the communities of people accessing their services. The people who are using harm reduction and CBO services are often not the same people who have access to public health services through health departments, perhaps due to stigma or the difference in services provided. It is important to encourage CBOs to continue to lean into trusted relationships with community members, as these relationships are the crux of community health and impact. Collaboration with health departments can alleviate some of the administrative burden on CBOs, allowing them to shift their focus toward leveraging their expertise in engaging with community members.

> ***"I don't think the state can actually hire someone like me and get the best work from them. I think someone like me needs to work on the ground, in the community."***
>
> *— Louise Vincent, Founder and Executive Director, North Carolina Survivors Union*

> ***"It is difficult to ask things of harm reduction organizations that they're not really funded or have the infrastructure to do. Here [at the health department], we have an army of folks who do payroll, contracts and communications. There, they've got a one- or two-person team that's the executive director, operations and human resources, who may also take care of the front desk. And I'm like, 'I need this report done by then.' From an equity perspective, that executive director probably gets paid nowhere near what is commensurate for the work they do, right? I think that taking those things into consideration and having grace is so very important."***
>
> *— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County*

## Build relationships and trust between key stakeholders

When looking to partner with harm reduction organizations and other CBOs, health departments need to consider how they will build relationships and trust among those organizations, PWLLE and other community stakeholders. In this role, health departments should speak out as harm reduction champions and educate local stakeholders to overcome stigma and misperceptions about drug use and harm reduction. Harm reduction education often starts with creating buy-in, acknowledging past histories and building — or rebuilding — trust between health departments and harm reduction organizations, drug user unions, other PWLLE and the communities they serve. All of this takes time.

> ***"Even though it's a local health department, sometimes they didn't know some of the key players in that community or there was bad blood that went back a very long time between agencies and the local public health department over all sorts of stuff. … And it's just a matter of trying to play the role of bringing people together, which is very time-consuming … because you've got two groups that don't have a lot of trust for each other and you're trying to get them to sit down and actually work together and share funding."***
>
> *— Andrés Guerrero, Overdose Prevention Unit Manager, Colorado Department of Public Health and Environment*

Building this trust and working collaboratively also requires asking what is needed and coming from a place of curiosity, rather than making assumptions and dictating policy and programming from the top down.

> ***"The fact that we have trusting relationships [on the county side] because of the people with those agencies, we're not coming in and saying, 'We're going to do this for you.' We're coming in and saying, 'We want to walk alongside you or support you and give you the resources and work with you collaboratively to make it work for you.' It is also important that we have individuals with lived/living experience that come from the community working in government, that lead the effort on our behalf. ... So, it's a great example of how to empower agencies, work with agencies via people's lived experience and where that has instant credibility based upon those long-term relationships."***
>
> *— Brad Finegood, Strategic Advisor, Public Health – Seattle & King County*

Someone who is known and trusted by the community or organization can vouch for health department staff and can let them in, introduce them and help give them credibility. It is helpful to find someone who can serve as a bridge between the health department and the harm reduction organization or CBO, to help speed up the process of building trust and rapport. Health departments can also serve as the connector of disparate stakeholders, including CBOs, public safety, local providers, etc., who are at times at odds with each other but are working toward the same goal of increased safety and better wellbeing for the communities they serve. When it comes to preventing and addressing overdose and contributing to solutions, the roles of all community stakeholders are interconnected.

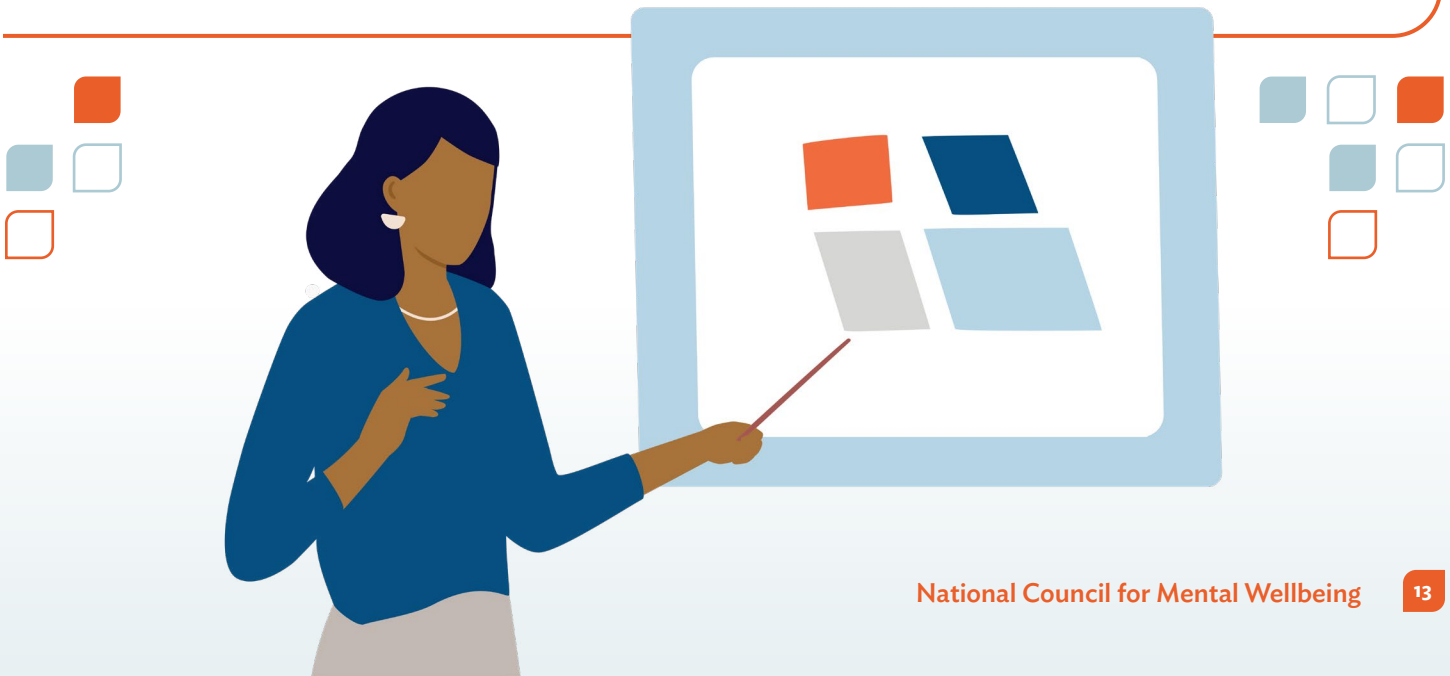
> ***"Oftentimes we know our boundaries as a health department, of what we can and cannot do. But sometimes there are nonprofits or advocacy organizations that can carry [out] the work that we can't do in coordination with us. And I think they're able to more directly connect with the community and tell us what they need or if there is advocacy or policy work that we want changed. ... And then we'll work to make those things happen together. ... I think community engagement, intentional community engagement, is really important, both in terms of building relationships with other organizations, but also actually going outside and talking to people on the ground and getting that feedback, and then directly giving that feedback back to leadership."***
>
> *— Yarelix Estrada, Drug Checking Manager, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, New York City Department of Health and Mental Hygiene (NYC DOHMH)*

Successful relationship-building initiatives must include shared language between the stakeholders involved and the communities served, informed by PWLLE in the community. Stakeholders will be more successful in their endeavors if they hold each other accountable to bridging these language differences and speaking the language of the group being addressed. For example, health departments use the term "surveillance" to mean the collection and analysis of public health data, whereas PWLLE may interpret it to mean watching a person for criminal or legal purposes.

## Serve as harm reduction educators

Health departments can continue to promote evidence-based approaches to overdose prevention by using recovery-oriented harm reduction strategies when training and educating local stakeholders. Recovery-oriented approaches address stigma and misperceptions around drug use while strengthening the belief that PWLLE can engage in behavior change. As public health educators, health departments can help the public understand basic, evidence-based overdose prevention methods, including harm reduction. Providing communities with accurate, evidence-based information and methods before emergencies happen is key, including information about how to prevent an overdose, treat an overdose and connect people with local supports and services.

> ***"For somebody in the general public, [if] they need help, they're not going to dig for a lot of stuff. They're going to go to whatever's easily accessible. So, I think educating the general public so that they're able to deal with the things that are going on, instead of it being an absolute catastrophe before they reach out for help. I was able to give people this one-pager that's got a bunch of resources on it. So, 'Hey, if you're worried about your kid, you can go here. Access Arizona's health care cost containment system. They have a treatment locator … ."***
>
> *— Earl Harris, Substance Use Program Supervisor, Maricopa County Department of Public Health*



**Prescription for hope: overcoming nevada's opioid epidemic**

This **documentary**, which aired on PBS, brings awareness to the ongoing opioid epidemic while presenting solutions for recovery.

Historically, public health has used awareness and messaging campaigns, including public service announcements (PSAs), around health issues affecting communities. For example, in 2018, the state of Nevada put together an opioid documentary that aired on PBS and local news stations, which later evolved into additional documentaries on chronic pain, recovery stigma, neonatal abstinence syndrome and other topics. Alongside those documentaries, they created PSAs and brought in stakeholders, including providers and people with both professional and lived/living experience, such as peers and people working at SSPs. As a part of an additional documentary, "Road to Recovery," Nevada featured numerous PWLLE, including one person who had used drugs shortly before their interview, aimed at destigmatizing substance use and recovery.

> ***"That was the best thing that we could have done to destigmatize drug use, because there's a perception, I had it too, that drug use is chaotic, and that people are constantly in crisis. Or if they're not living in chaos, in crisis, they're face down in the ditch. So, to see somebody who, frankly, just looked like me on a bad day, having a conversation. ... She wasn't dirty, she wasn't disheveled. I think that that did a lot for showing what drug use looks like."***
>
> *— Elyse Monroy, Public Health Diversity Advisor, Opioid Program Lead, Nevada Public Health Training Center, University of Nevada, Reno*

Health departments can also partner with CBOs and harm reduction organizations by directly funding their work, in addition to funding direct service providers. By doing so, health departments can operationalize some of their values of supporting grassroots service delivery and their beliefs around strategic roles and responsibilities. By providing funds to harm reduction organizations and CBOs, health departments are recognizing the expertise of service providers and acknowledging that, in some service areas, these providers are better positioned and better prepared to provide services than the health department itself.

# Key considerations for health departments when developing requests for proposals

This section reviews some key considerations for health departments when providing funds to CBOs and harm reduction organizations through grants and other funding mechanisms. These considerations uplift the expertise of PWLLE and detail ways that, through the grantmaking and funding process, health departments can prioritize this expertise while de-prioritizing other, more traditional qualifications historically prioritized in awarding grants and other funds.

**Grants life cycle overview**

For a general summary of the grants life cycle in public health and the specific roles of applicants and funders at each stage, see this **webpage** from the CDC.

## Bring key stakeholders together

When developing a request for proposals (RFPs) to provide harm reduction organizations and CBOs with health department funding, connect key stakeholders in overdose prevention and harm reduction education initiatives by requiring that proposed deliverables engage PWLLE and include their input. Some health departments require proposals to include advisory committees that engage various types of stakeholders, including PWLLE, or involve PWLLE as a required part of their diversity, equity and inclusion work.

> ***"So, if somebody applies for one of our grants … a component that they have to have [is] input from people who have lived experiences, kind of as an advisory committee, and those people have to be compensated appropriately."***
>
> *— Andrés Guerrero, Overdose Prevention Unit Manager, Colorado Department of Public Health and Environment*

For *state* health departments funding *local* health departments, this can be a particularly important requirement if local health departments have not established connections with local community organizations or those led by PWLLE. In this case, state health departments can work closely with local health departments to create those relationships, by providing extra support and technical assistance as part of their funding.

***"We're having to do a lot of the kind of coaching and connecting with different agencies to say, 'Hey, you've never worked with your local health department, but if they want this funding, they actually need your input on it and they would like to talk to you.' So, I think that was the big change, and it did have a really positive impact. I think that the impact was felt because we're able to see greater engagement with the activities that we're funding. And the grantees were letting us know that 'Hey, we've got people coming in for services that we didn't really know were in this area.'"***

*— Andrés Guerrero, Overdose Prevention Unit Manager, Colorado Department of Public Health and Environment*

Health department funding opportunities also can include requirements or recommendations for partnering with at least two local agencies and organizations that may not traditionally work closely together. For example, if a CBO applies for state health department funding, its proposal must include partnering with a local law enforcement agency and the local health department, to put all those groups in the same room at the same time.

## Reduce administrative barriers

In the development phase of an RFP, health departments can take steps to ensure the application process is open and accessible to a wide variety of programs led and staffed by PWLLE. Experienced proposal writers might be PWLLE, and savvy businesses are led and staffed by PWLLE. Oftentimes, however, organizations that are doing some of the most effective work in substance use services are minimally staffed and do not employ proposal writers or development staff.

***"There are a lot of people who are extraordinarily capable of the work but lack the resources and support to execute some of the more tedious and monotonous pieces, so they get passed over. People who need the funding the most, because they have these fantastic ideas and they're doing the work and working with the people already, but they don't have the funding or the capacity to just sit down and put it on paper, or apply for the grant, or go through all of the legal jargon."***

*— Louise Vincent, Founder and Executive Director, North Carolina Survivors Union*

Health departments have a lot of power in the RFP-writing stage to ensure their processes are open and accessible to all.

1. **Interrogate long-held beliefs** that certain aspects of the RFP process are required "because it's always been this way."

2. **Simplify the RFP process and relieve the organization of extra hurdles,** which can open pathways to awards for organizations that otherwise may have been unable to apply.

3. **Minimize administrative burden** by requiring only the necessary elements of an application and keeping each of these elements as concise as possible.

    a. Consider abandoning the requirement for a written application and allowing organizations to apply by interview or by submitting short videos. Some programs may be better able to demonstrate their abilities in these alternative formats, compared to a traditional written proposal.

4. **Think critically about organizational requirements** made explicit in the RFP, and explore the possibility of removing those that are unnecessary.

    a. For example, requiring that an organization to have been in business and had 501(c)(3) status for a minimum number of years may disqualify good candidates who have been working under a fiscal sponsor and may not have received 501(c)(3) status until recently.

    b. Other barriers that smaller organizations have faced include minimum insurance policies held or various human resources policies and procedures that may not be relevant.

5. **Offer enough time for organizations to put together their proposals.** Keeping in mind the multiple competing priorities of these small agencies, offer long enough timelines for organizations to develop their applications while simultaneously attending to their other obligations.

    a. For example, many small, grassroots harm reduction organizations are staffed minimally; the same people who are handing out supplies and doing HIV and Hepatitis C Virus (HCV) testing and tabling at local events are the people tasked with writing grant applications.

> ***"I don't do [administrative work] well. It gets sent back six times. And it destroys the energy I have to do the things that I actually am good at."***
>
> *— Louise Vincent, Founder and Executive Director, North Carolina Survivors Union*

In addition to finding ways to reduce administrative burden, offer administrative support. When developing an RFP, health departments may want to consider questions such as:

- Does the health department offer any training or technical assistance (TTA) in grant writing or the application process?
- Are there supports or resources that organizations can use when developing their proposals?
- Will the health department accept alternate submission formats (e.g., videos, interviews, bulleted lists)?

## Be flexible with funding

Wherever possible, reduce restrictions so that organizations can direct funding to where they need it most, and remove any caps on indirect rates, which can impact an organization's ability to invest in administrative needs such as technology and staff.

> ***"Everyone wants a pretty snazzy project, and nobody wants to pay for the water."***
>
> *— Louise Vincent, Founder and Executive Director, North Carolina Survivors Union*

Health departments may need to keep in mind organizations' small operating budgets, which might not allow them to bill the health department on a reimbursement-only basis. To cover up-front expenses and ensure payment of staff salaries, organizations may need to receive the funds at the beginning of the contract period, so there is no delay in payment for their funded staff positions. Work with your health department's contracting and finance departments to prioritize up-front payment structures.

> ***"Naloxone distribution will always be something that I yell at the [funder] about. They have an entire strategy. They have an entire activity in our work plan that's naloxone distribution, but they won't let us spend money on naloxone. Seems kind of counterintuitive. But the last year of the grant, we're now able to buy naloxone. So, we'll do that. But yeah, it's like, if you want me to be targeting naloxone distribution, I need you to let me use the funding that you're giving me to be able to meet the needs of our jurisdictions."***
>
> *— Earl Harris, Substance Use Program Supervisor, Maricopa County Department of Public Health*

### California harm reduction supply clearing house

This **fact sheet** includes information about clearinghouse supplies provided to SSPs in California, as well as the state law that allows for the possession of harm reduction supplies.

One way some states have unburdened CBOs is by offering supplies (e.g., naloxone and fentanyl test strips) free of charge through a state "clearinghouse," allowing organizations' budget lines for supplies to be substantially reduced and those funds to be moved over to other budgetary needs. The California Department of Public Health was one of the first state health departments to implement a clearinghouse such as this, with other states following suit, including Maryland, Oregon and Missouri.

These health department-run clearinghouses often can purchase bulk supplies at lower cost, which enables organizations to purchase and distribute a greater amount of supplies. Oregon's harm reduction clearinghouse, for example, has been able to supply a total of 212 organizations, including CBOs, substance use disorder facilities, harm reduction programs, health clinics and law enforcement agencies (Save Lives Oregon, n.d.).

### Example from the field.

The Missouri Institute of Mental Health is tasked with supplying free naloxone and fentanyl test strips to agencies and individuals that serve people at risk of opioid overdose in Missouri. Despite a political landscape unevenly supportive of harm reduction, the group has been able to distribute a large amount of supplies through community partnerships, educational institutions and direct community engagement. They have carefully defined priority populations and groups. These groups, including harm reduction and mobile street outreach providers, receive their desired volume of resources first, while less impacted groups are deprioritized.

They also maximize their impact by offering treatment providers TTA, so they can transition from intranasal naloxone to the more inexpensive injectable naloxone. For more information about Missouri's naloxone clearinghouse, see their **webpage** (University of Missouri–St. Louis Addiction Science Team, n.d.).

## Braid different types of funding streams

### CDC's overdose data to action (OD2A)

**OD2A** is a CDC cooperative agreement that provides funding to 90 health departments, aimed at reducing drug overdose and related harms.

One innovative way health departments could reduce the administrative burden on direct service programs is by pooling or "braiding" funding at the health department level, rather than asking programs to submit multiple funding requests with separate proposals and then sort out which activities can be expensed to which grant or funding stream. Instead, state or county health departments braid all the funding that is designated for a specific service type, such as mobile harm reduction, and organizations submit one proposal. This increases the administrative burden at the health department level, where accounting systems must be put in place to accurately allocate programmatic activities to the various funding streams — and health departments usually are much better equipped to do this.

> ***"We have OD2A, SOR [State Opioid Response], and now we have settlement [funds] over here, which are technically unrestricted. But OD2A can't fund treatment, but funds prevention. SOR funds treatment, doesn't fund data, but funds prevention. How are we supposed to be doing these things together? And also, how do we manage the fact that these two programs are on completely different cycles? So, technical assistance and training on how to better manage OD2A and SOR funds [is something I wish existed]. And then, also, knowing how to braid funding in a way that can support capacity building in this space specifically, ... technical assistance on how do you build capacity in communities within organizations that probably don't have the fiscal — who are really starting at nothing? That would be helpful. I wish that existed, and I don't know where to go."***
>
> *— Elyse Monroy, Public Health Diversity Advisor, Opioid Program Lead, Nevada Public Health Training Center, University of Nevada, Reno*

Federal agencies can support state and local health departments, CBOs and harm reduction organizations, and state and local health departments can support CBOs and harm reduction organizations by either braiding the funding for them at a higher level and/or teaching them how to braid the funding themselves in simple and minimally burdensome ways.

### CDC's overdose data to action (OD2A)

**SOR** is a SAMHSA grant program that provides funding to states and territories to address escalating opioid use, opioid use disorder (OUD) and overdoses.

## Ensure harm reduction organizations receive opioid settlement funds

Many states are using opioid settlement funds ($26 billion in total) to support their opioid recovery initiatives and other substance use and harm reduction programming and prevention work. Each state has a different format or plan for spending their allotted opioid settlement funds, primarily falling into three categories:

**State opioid settlement spending decisions**

A **map and list of state-by-state spending decisions** on opioid settlement funds.

- State-subdivision agreements (e.g., memoranda of understanding/agreement)
- Statutory trusts (i.e., state laws creating special opioid settlement funds)
- Allocation statutes (i.e., state laws for state/local allocation of funds)

Several states have set up grant portals for nonprofit organizations to apply for these monies as grant funding (Minhee, 2019).

Even though each state has a different plan for who distributes the funds, how that gets decided and how the funds get distributed, state health departments are often a part of these decisions. As such, health departments can play an important role in advocating for and supporting the provision of opioid settlement funds to harm reduction organizations and CBOs. For example, the Massachusetts Department of Public Health's Bureau of Substance Addiction Services contracted with RIZE Massachusetts, a nonprofit focused on creating and funding solutions to end the state's overdose epidemic, to create and implement a community grantmaking program awarding opioid settlement funds to local municipalities and CBOs. Importantly, these funds are unrestricted — unlike grant funds, which often are restricted — allowing CBOs to address and prioritize issues they identify as most urgent or in need of support (RIZE Massachusetts, 2024).

# Key considerations for health departments when funding harm reduction organizations and CBOs

## Reviewing funding proposals

In the review of applicants, there are several steps health departments can take to explicitly prioritize the expertise of PWLLE. Review committees should include a minimum number of PWLLE who are tasked with evaluating proposals. Create scoring formulas that:

1. Provide more points to applicant organizations that are led, or majority staffed, by PWLLE.

    a. For example, in Colorado, the state has mandated that, for all contracts awarded, PWLLE must be consulted, at a minimum. Organizations can do this in a variety of ways, such as by hosting an advisory committee. Regardless of the method, PWLLE must be compensated appropriately.

2. Prioritize organizations best equipped to do the work, not necessarily those best able to write a grant application.

3. Encourage mechanisms that offer higher scores for content, innovative ideas and connections to the field, rather than the writing of the proposal.

4. Be transparent around any formulas used to allocate funds across communities or organizations, or point to a set of values that guide decision-making around awards. This can help organizations understand how and why health departments made the awards they did and can minimize inter-organizational competition.

    a. For example, if a particular geographic area or community is experiencing a spike in overdoses, it can be explicitly communicated that these areas will be prioritized for overdose prevention funding. That way, the public has a way to understand and get behind funding decisions, even if those decisions do not directly benefit their own community.

Where possible, take funding risks. Even nominal awards to small organizations with minimal operating budgets can make a huge difference.

### Example from the field.

Hennepin County, Minnesota, which includes Minneapolis, ensures that PWLLE are part of the team that evaluates grant proposals they receive. Team members receive training from the contract management department on how to review a proposal. A budget is set aside for this, and people are paid for their time. Additionally, the county makes sure to address other hurdles that may come up, so that PWLLE can fully participate, sometimes paying for transportation or assisting with communication technology.

People often are selected not just based on their experience, but because they are from the specific communities being targeted by the RFP. Julie Bauch, the Opioid Response Coordinator for Hennepin County, explains this by saying, "The evaluation team must have people with lived experience from the community. … We could never ask Hennepin County staff to out themselves. But even if they did out themselves as a person with lived experience, it still has to be somebody from the community. So, that means that the money that we invest directly into the community at least has had some eyes laid on it by people with lived experience from that community."

## Supporting organizations during the funding period

### *Minimize the amount and type of reporting*

**Engaging PWLLE in overdose data collection, interpretation and dissemination**

Another tool in this series that discusses **methods for engaging PWLLE in overdose data collection, interpretation and dissemination activities.**

Health departments can support small CBOs that serve PWLLE by requiring minimally burdensome reporting. Health departments have found a variety of ways to do this. For example, some have identified what data elements other funders require of their grantees and asked for the same elements, minimizing the amount of time program staff need to disaggregate and re-aggregate their program data. Using the same age groupings of participants, for example, can save a significant amount of time for a program that does not have sophisticated data analysts on staff.

Requiring fewer data elements per report and requiring a smaller number of reports per year can also help minimize the time programs spend on these administrative tasks, allowing them to focus their time on providing key program services. The National Council for Mental Wellbeing, in its funding of harm reduction grantees during the COVID-19 pandemic, reduced the number of written reports due and instead held quarterly check-ins over videoconference to ascertain how programs were functioning and offer support if needed.

Health departments can also support their grantees by providing data to them, as needed. For example, if a program is identifying key areas to target mobile outreach, the health department may have access to data that the program does not, including emergency services utilization, and can feed it back to them in ways that can improve the responsiveness and effectiveness of their work. Data that is actionable to programs may be geographically specific, population specific or drug type specific.

> ***"We receive monthly reports for our targeted hot spots. These reports provide important information for our team and community partners to set up pop-up shops or reach out to health care clinics in those areas to provide prevention strategies."***
>
> *— Danielle Simpson, Overdose Prevention Program Administrator, Mobile County Health Department*

## *Training and technical assistance*

Health departments can play a critical role in ensuring their grantees' success by identifying the specific gaps and needs of their programs and offering tailored TTA and support. By pairing TTA resources with grants, health departments can be responsive to their grantees' needs, resulting in more effective service delivery.

Key to offering the right support is asking grantees about the areas in which they need support. Health department staff then are better able to assess who might be the right provider of TTA, and what type is appropriate. For example, if a group of newly hired staff needs orientation to basic harm reduction methods, virtual or live training sessions offered by local or national providers may be useful. When the health department is not able to provide TTA directly, it can provide a budget to help organizations pay for outside consulting, such as covering fees for a national training curriculum.

Collaborative learning models are another way that health departments can help organizations learn and improve, by bringing together people and organizations facing similar challenges. In many of these cases, health departments do not need to be the experts or have the answers — they simply need to act as conveners, getting the right people together in a room to collectively address common concerns. For example, in its funding of harm reduction grantees during the COVID-19 pandemic, the National Council staffed three learning collaboratives on topics identified by grantees as priority areas for support. Grantees were not required to attend the three groups the National Council convened, but collaboratives were held monthly and offered to all grantees. Group topics included staff mental health support and burnout prevention, rural harm reduction methods, and human resources strategies in harm reduction organizations (National Council, n.d.).

Health departments often host conferences or convenings, which can be excellent opportunities to offer TTA to several organizations at once and capitalize on organizations' capacity to train one another. Conference participants frequently mention that they desire more unstructured or semi-structured time at conferences, so they can seek out colleagues who are doing similar work and share strategies, solve problems and network. Minnesota's Office of Addiction and Recovery, in partnership with the state's Department of Human Services and Department of Health, recently **convened naloxone providers across Minnesota** to inform a statewide naloxone saturation plan. Together, they brainstormed strategies and principles to ensure naloxon gets to the populations that need it most, in the quantities and formulations they need. This convening will serve as the basis for a statewide naloxone distribution plan (Minnesota Management and Budget, n.d.).

## Example from the field.

The Maryland Harm Reduction Training Institute hosts a **Syringe Services Program Academy** open to any SSP staff in the state. The academy offers a series of asynchronous, "on-demand," online courses on topics such as education and outreach, safer injection and basic wound care, and overdose prevention and response. The academy also includes two required live sessions devoted to "SSP 101" and "SSPs in Maryland," as well as optional live sessions on topics such as motivational interviewing.

People who work at an SSP in the state of Maryland and have contact with participants are required to complete the SSP Academy, though anyone who is interested can attend. The academy is free and aims to ensure that all SSP workers in the state have a minimum level of training that is consistent and high quality (Maryland Harm Reduction Training Institute, n.d.).

## Summary

Establishing partnerships with harm reduction organizations and CBOs is an integral part of engaging PWLLE in health departments' overdose prevention and surveillance efforts. Within these partnerships, it is important to honor the different strengths of these organizations and their community-based work, and to identify where health departments and CBOs can support each other to best serve their shared communities. Building relationships and trust between partners and the community is key to bringing stakeholders together. Directly funding harm reduction organizations and CBOs is a great way to establish some of these partnerships. When developing RFPs and funding these types of organizations, keep these key considerations in mind to make the partnerships successful: Reduce administrative barriers; be flexible with funding; braid together different types of funding streams; ensure harm reduction organizations receive opioid settlement funds; and support organizations throughout the funding period, including providing TTA.

# Appendix A. Resources

| TITLE | SOURCE | DATE | DESCRIPTION |
|---|---|---|---|
| Recommendations for Strengthening Partnerships Between Health Departments and Community-based Organizations | CDC Foundation | 2024 | This report provides recommendations for strengthening partnerships between governmental public health and communities, and it includes information on core values for partnerships, assessing partnership preparedness, public health system dimensions for action, the spectrum of community engagement and additional resources. |
| The Spectrum of Community Engagement to Ownership | Facilitating Power | 2020 | This tool charts a pathway for strengthening community engagement and includes developmental stages for increasing community ownership that discuss impact, goals, community messaging, activities and resource allocation within each stage. |
| Lessons Learned: Harm Reduction-Public Safety Partnerships | National Council for Mental Wellbeing | 2024 | This brief includes lessons learned from real-world pilots of harm reduction-public safety partnerships, with case studies and resources to learn more. |
| Prescription for Hope: Overcoming Nevada's Opioid Epidemic | Public Broadcasting Service | 2018 | This documentary brings awareness to the ongoing opioid epidemic and presents solutions for recovery. |
| Grants Life Cycle | Office of Financial Resources | 2021 | This webpage by the CDC provides a general summary of the grants life cycle in public health and the specific roles of applicants and funders at each stage. |
| Harm Reduction Supplies and the California Harm Reduction Supply Clearinghouse | The California Department of Public Health | 2022 | This fact sheet includes information about supplies provided to SSPs in California through the clearinghouse, as well as the state law that allows for the possession of harm reduction supplies. |

| TITLE | SOURCE | DATE | DESCRIPTION |
|---|---|---|---|
| Overdose Data to Action | CDC | 2024 | This webpage from the CDC describes the OD2A cooperative agreement that provides funding to 90 health departments, aimed at reducing drug overdoses and related harms, including links to information about funded health departments, success stories, prevention and surveillance strategies, resources and more. |
| State Opioid Response Grants | SAMHSA | 2024 | This announcement describes SAMHSA's 2024 SOR funding opportunity, which provides states and territories with funding to address escalating opioid use, OUD and opioid overdoses through increased access to medications for the treatment of OUD, among other strategies. |
| State Opioid Settlement Spending Decisions | National Academy for State Health Policy | 2024 | This resource is a map and list of state-by-state spending decisions on opioid settlement funds. |
| Tribal Opioid Settlements | Tribal Opioid Settlements | 2022 | This resource details the successfully negotiated settlements of several companies involved in manufacturing and selling opioids in the U.S., and the distribution of funds to tribes and tribal communities. |

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