

# Strengthening Syringe Services Programs Capacity Through Direct Program Funding

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NASTAD

## Section A: Organization-Specific Questions

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### Organization Type\*

#### Choices

Community Based Organization

Medical Clinic

Health Department – if we can add more than one option we'll include FQHC. Or maybe we should do other and explain an integrated PH/FQHC.

Tribal

Faith Based

Other

### Other Organization Type

If you answered "Other" above, please describe your Organization Type here.

Character Limit: 250

### Mission Statement\*

Please provide a summary of your organization's mission statement (2-3 sentences).

Character Limit: 500

Our mission statement is to "Protect the health of ALL people in Tillamook County."

### Total Organizational Budget\*

Rounded to nearest dollar. Current fiscal year.

Character Limit: 20

Is this the overall PH budget or is it harm reduction budget.

### Geographic Area Served\*

Please select all that apply.

#### Choices

Region

Rural

Statewide

Suburban

Urban

Tribal

### Fiscal Sponsor?\*

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Are you applying under a Fiscal Sponsor? If Yes, please complete Fiscal Sponsor information. If **No**, you may skip this section.

\*A Fiscal Sponsor is a 501(c)(3) organization that may be acting as your financial agent if you do not have 501(c)(3) designation. Please upload a letter from your fiscal sponsor indicating approval to apply for grant funding in the appendix.

**Choices**

Yes

**No****Fiscal Sponsor Organization Name***Character Limit: 50***Fiscal Sponsor EIN***Character Limit: 9***Fiscal Sponsor Street Address***Character Limit: 50***Fiscal Sponsor City***Character Limit: 50***Fiscal Sponsor State***Character Limit: 2***Fiscal Sponsor Zip Code***Character Limit: 10***Fiscal Sponsor Contact Name**

First &amp; Last Name

*Character Limit: 50***Fiscal Sponsor Direct Phone Number***Character Limit: 10***Fiscal Sponsor Email Address***Character Limit: 254*

## Section B: Project-Specific Questions

**Project Name\***

Name of project you are looking to fund. If no project, just note "General Operating: Syringe Access Programming".

*Character Limit: 100*

We want to fund 1 FTE for a CHW for harm reduction services and MAT. This would be a new position that

would add to the work we're already doing so that we can maximize outreach and impact for our most vulnerable populations. We would also like to purchase a small mobile clinic, under 25 feet so that we can expand harm reduction services and offer STI and other communicable disease screenings and treatment in addition to other services such as wound care.

We already have a harm reduction program so would this be considered a project or "General Operating: Syringe Access Programming"

**Amount Requested\***

Maximum \$150,000. Additionally, please use the Budget Template to create a proposed budget for this project. You will be asked to submit the completed proposed budget in Section E of the application.

*Character Limit: 20*

**Request Summary\***

Provide a summary of the syringe service grant request in 2-3 sentences. *300 word / 1800 character limit.*

*Character Limit: 1800*

We want to fund 1 FTE for a CHW for harm reduction services and MAT. This would be a new position that would add to the work we're already doing so that we can maximize outreach and impact for our most vulnerable populations. We would also like to purchase a small mobile clinic, under 25 feet so that we can expand harm reduction services and offer STI and other communicable disease screenings and treatment in addition to other services such as wound care.

## Section C: Syringe & Harm Reduction Program Profile

**Years of SSP Operation**

Please indicate the number of years your program has been providing syringe access services.

*Character Limit: 2*

April of 2021, 20 months.

**General Program/Participant Profile\***

Please include as much of the following information as your program collects:

- Age
- Sexual Orientation
- Gender Identity
- Race and ethnicity
- Socio-economic status
- Self-identified sexual orientation
- Self-identified HIV status
- Disability status
- Housing status

*Character Limit: 500*

Also ask about risk behaviors such as sharing supplies, overdoses witnessed, Narcan deployed, substances used in the last 30 days, how many people they're exchanging for, if they have insurance, if they have any urgent medical concerns, if they've had testing for HIV, Hep C, and other STI.

**Annual Syringe Service/Harm Reduction Budget\***

This amount may be the same as your total organizational budget above if your organization is a stand-alone SSP

*Character Limit: 20*

**Paid Full-Time Staff at SSP\***

Indicate the number of full-time staff for your syringe service or harm reduction program only.

*Character Limit: 4*

*Does this mean full time on harm reduction or would our staff be included? Does this also include the Peers?*

**Paid Part-Time Staff at SSP\***

Indicate the number of part-time staff at your syringe service/harm reduction program only.

*Character Limit: 4*

**Volunteers at SSP\***

Estimate the number of volunteers supporting your syringe service or harm reduction program

*Character Limit: 5*

**Organization Composition: Paid Full-Time Staff\***

Please provide the number of paid full-time staff at the **entire** organization.

*Character Limit: 4*

**Organization Composition: Paid Part-Time Staff\***

Please provide the number of paid short-time staff at your **entire** organization.

*Character Limit: 4*

**Organization Composition: Volunteers\***

Please include the total number of volunteers in your **entire** organization.

*Character Limit: 4*

**Organization Composition: BIPOC Staff Members**

Please indicate the percentage of harm reduction staff that are BIPOC (Black, Indigenous, and people of color). Please use NASTAD's Representation Table to calculate this. You will be asked to submit the Representation Table as part of your application.

*Document submission is at the end of the application.*

*Character Limit: 3*

*We have zero....*

**Organization Composition: PWUD Board Members**

Please indicate the percentage of Board Members that are People Who Use Drugs (PWUD). Please use NASTAD's Representation Table to calculate this. You will be asked to submit the Representation Table as part of your application.

*Document submission is at the end of the application.*

*Character Limit: 4*

*Does this include peers and others folks we work with who are in recovery that help steer our work? OUR Tillamook coalition and the OUD Work groups that have formed since then Health council: program decisions Commissioners: financial decisions*

## **Section D: Project Narrative**

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**SSP Narrative Overview\***

Briefly describe your current SSP operation, 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.

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200 word/1272 character limit

Character Limit: 1272

Tillamook County Public Health is conducting an anonymous Syringe Services Program that consists of distributing sterile needles on a one-for-one exchange basis, providing a sharps container for safe disposal, and offering community resource information based upon need and recovery information when one is ready to take the step. Other harm reduction supplies such as alcohol swabs, condoms, lube are made available. Public Health also provides Naloxone training and product. Since April 2021, the program

- has collected 55,027 syringes through dec 2022
- 57 unique clients served
  - \_\_\_ total encounters including by proxy
- \_\_\_ individuals trained on Naloxone
- \_\_\_ lives saved
- \_\_\_ doses of Naloxone distributed
- OD statistics



### Planned Use of Funds Overview\*

Please describe how you plan to use the requested funds to support your SSP operation. 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.

200 word/1272 character limit

Character Limit: 1272

*We don't currently have any many funding for staff time around harm reduction. We are hoping to expand the existing program to maximize outreach and impact for our most vulnerable. We have secured funding for a second Overdose Awareness Day and a Fentanyl Awareness Campaign from OHA, however none of that funding can pay for staff time. To assure we can integrate the campaign to highlight the event in August, we need staff that can dedicate more than 2 hours a week.*

*We are also applying for funding for a small mobile clinic to expand harm reduction services and offer STI and other communicable disease screenings and treatment. We have the supplies and staff required, but need a private location with a handwashing station to ensure staff safety and client privacy.*

### Intersections of Overdose & Infectious Disease Overview\*

Please provide epidemiological data, such as drug-related HIV, viral hepatitis, endocarditis, and overdose, in the communities you intend to serve through the proposed project. This section should address the following:

- Brief description of barriers related to meeting the needs of your community
  - Resources / capacity (lack of local epi)
  - Lack of system to report local overdoses/ traditionally go under reported
- Brief description of how your organization would address these barriers.
  - Staff? / Expansion of point of care testing
- Data on services provided that are related to the project, if any, and that can demonstrate the need for the project.
  -

200 word/1272 character limit

Character Limit: 1272

### Implementation Proposal\*

Please describe how your organization would implement the selected intervention based on the 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. 200

word/1272 character limit

Character Limit: 1272

### Data Collection Capacity\*

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. *200 word/1272 character limit*

*Character Limit: 1272*

We use a unique identifier to anonymously track unduplicated client visits. In addition to demographic data (gender, race, veteran status, and housing), we will collect substance use data to better meet the needs of our clients. The registration process for the unique identifier requires no names or proof of identification for the syringe exchange clients. Clients will create a code composed of letters and numbers that they can reconstruct every time they return. The unique identifier or EX# will include their date of birth, first two letters of city they were born in, and first two letters of last name. At any time, clients can refuse to use a unique identifier and still receive services.

### **Meaningful Involvement of PWUD\***

Please describe how you ensure meaningful involvement of PWUDs within your programming. The description should include the following:

- Brief description of the role of people who have lived/living experience with drug use at all levels within your staff/board
- Brief description of how you elicit feedback on SSP implementation/operation and improvement from participants

- Brief description of meaningful incorporation of participants into programmatic development and ongoing improvement/adjustments

3500 character limit = 575 words or 1 single-spaced page.  
Character Limit: 3500

### Racial Equity\*

Please describe how you ensure meaningful involvement and representation of people of color and communities disproportionately impacted by drug use and criminalization

- Brief description of how your program identifies and responds to racial disparities to ensure equitable access to services.
- Brief description of how well your program's staff and Board makeup represent the communities in which you work and your overall participant profile.

3500 character limit = 575 words or 1 page single-spaced

Character Limit: 3500

### Optional: Anything else you'd like to share?

200 word/1272 character limit

Character Limit: 1272

Overdose Awareness Day mention?

## Section E. Supporting Document Uploads

To complete your application you must submit all requested financial data and documentation.

### Organizational Budget\*

Please include your organization's current annual operating budget, including expenses and income (with current SSP funding sources).

File Size Limit: 1 MB

### Completed Application Budget Template\*

Please include the proposed budget for this project, if awarded. You can access the template here.

File Size Limit: 1 MB

### Completed Representation Table\*

Please submit your organization's completed Representation Table. This is the same Representation Table featured in Section C of the application.

File Size Limit: 1 MB

Commented [SP1]: @Shelby Porter

### Optional: Letters of Support for your program

Please make sure letters are current (within 1-2 years)

*File Size Limit: 2 MB*

- Adventist (OUR Tillamook)

### Board of Directors\*

Please include a list of your organization's 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.

*File Size Limit: 2 MB*

*Is this Board of Directors?*

### IRS 501(c)(3) Determination letter\*

Include your organization's 501(c)(3) determination letter.

If you are not a 501(c)(3) please include an updated signed letter of agreement from your fiscal sponsor and a copy of its 501(c)(3) letter.

*File Size Limit: 2 MB*

### Audited Financial Statements\*

Most recent audited financial statements, including the cover page and the auditor's notes/findings. *Negative audit findings will be considered in funding decisions though will not be an exclusion criterion.*

*File Size Limit: 2 MB*

### Copy of Organizational Financial Policies/Procedures\*

Please include copies of your organization's financial policies and/or procedures.

*File Size Limit: 2 MB*

### How did you hear about us?

We'd love to know how you heard about our application.

*Character Limit: 100*

### We would like to stay in touch!\*

Please let us know if you would like to be added to NASTAD's Drug User Health TA Listserv. The listserv is a space for resource sharing, upcoming webinars and events, new funding or job opportunities, etc.

#### Choices

**Yes, I would like to join your mailing list!**

No thank you

**Commented [SP2]:** @Shelby Porter - government public health letter Donna G