

NC Community-Powered Overdose Prevention RFP

A Partnership Between Vital Strategies and Frontline Solutions

BACKGROUND

The overdose crisis is affecting US communities everywhere, and overdose fatalities are at an all-time high in Black, Indigenous, and Latine communities. This national trend is mirrored in North Carolina.¹ Over the last two decades, 37,000 lives were lost to drug overdose in North Carolina, and overdose rates continue to rise sharply (40% increase in overdose deaths in 2020), especially for Black, Indigenous, and Latine people. From 2019 to 2020, data shows that there has been a 66% increase in overdose death rates among Black/African American people, a 93% increase among American Indian/Indigenous people, and a 65% increase among Latine/Hispanic people.²

Vulnerability to overdose among these communities is compounded by harms caused by the War on Drugs. Responses to drug use have historically been rooted in coercion and punishment, especially for Black, Indigenous, and Latine communities. As a consequence, despite the exponential increases in overdose in Black, Indigenous, and Latine communities, people who use drugs (PWUD) from these communities are not receiving a proportionate level of resources, care, and support. Progress against the still-rising rates will require taking a unified approach and addressing the root causes of overdose deaths and disparities, including systemic and structural racism, houselessness, lack of investment in rural communities, low access to quality medical care, stigma, and the hyper-policing, surveillance, and criminalization of Black, Indigenous, and Latine communities.

Harm reduction is a practical and justice-centered approach that focuses on reducing the negative consequences of drug use while respecting the rights of people who use drugs. It encompasses numerous strategies centered on meeting people where they are in their journey. For many Black, Indigenous, and Latine communities, harm reduction practices are similar to the ways that people have kept each other safe in the face of racism, colonization, and other systems of oppression. Any action taken to address overdose

¹ [North Carolina Department of Health and Human Services \(NC DHHS\), “North Carolina Reports 40% Increase in Overdose Deaths in 2020 Compared to 2019; NCDHHS Continues Fight Against Overdose Epidemic” \(Press Release: March 21, 2022\)](#)

² [NCDHHS Opioid and Substance Use Action Plan Data Dashboard](#)

must involve community members and the voices of people who use drugs. This is resistance and resilience rooted in culture and tradition. For Indigenous communities in particular, even the very act of practicing and revitalizing culture can be harm reduction.

Who is Vital Strategies?

Vital Strategies is a global health organization that believes every person should be protected by a strong public health system. Our overdose prevention program works to strengthen and scale evidence-based, data-driven policies and interventions to create equitable and sustainable reductions in overdose deaths. Work across seven U.S. states is supported by funding from the Bloomberg Philanthropies Overdose Prevention Initiative, launched in 2018, and by targeted investments from other partners.

Who is Frontline Solutions?

Frontline Solutions is a Black-owned and Black-led consulting firm that helps organizations to plan, innovate, learn, and transform. Over the last 19 years, we have partnered with some of the United State's most passionate grassroots advocates for social change and many of its largest foundations. Our team is as adept at helping movement organizers formalize organizational systems and practices as working with leaders of high-profile philanthropic institutions to navigate cultural shifts towards racial equity, trust-based and reparative grant-making, and community partnership.

FUNDING OPPORTUNITY

Vital Strategies is partnering with Frontline Solutions to **request proposals from organizations led and powered by Black, Indigenous, and Latine communities in North Carolina that are seeking to adopt or deepen the use of harm reduction principles³ to reduce the incidence of negative health effects and the number of fatal overdoses among Black, Indigenous, and Latine people who use drugs (PWUD).**

This funding initiative will award grants of \$25,000 and \$50,000, with total funding available set at \$500,000. Funding will be for one year, with projects starting in January 2025. Organizations can only apply for one grant funding amount.

³ For the purpose of this grant, alignment with harm reduction principles will be based on [the National Harm Reduction Coalition's Principles of Harm Reduction](#).

FUNDING ELIGIBILITY

Organizations applying for this grant opportunity must be:

- A 501(c)(3), a business, a Tribal government, or a fiscally-sponsored organization
 - If your organization neither holds a 501(c)(3), business, or Tribal government status nor is fiscally sponsored, yet maintains sound fiscal recordkeeping practices, we invite you to contact us. We are open to considering alternative demonstrations of fiscal responsibility on a case-by-case basis.
- Engaged with under-resourced communities in North Carolina, prioritizing predominantly Black, Indigenous, and Latine communities, rural areas, and/or communities struggling to access opioid settlement funds

FUNDING PRIORITIES

This RFP is focused on reducing harm and deaths by overdose of drug use in Black, Indigenous, and Latine communities across North Carolina. Priority applicants will demonstrate the following:

- Led and powered by people who are Black, Indigenous, and/or Latine
 - Our priority for this RFP is based on the most recent statewide data about the rate of overdose deaths disproportionately impacting communities of color. However, we know that current data collection methods may not represent the full picture in other communities of color. If your community is not currently included, but you believe it would benefit from this grant, please contact us.
- Work in contexts that allow them to engage with people who use drugs. However, they **do not need** to have a history of engagement in activities and issues related to drug use.
- Committed to addressing the root causes of social and racial injustice at a community level.
- Supportive of a person-centered and non-punitive approach to drug use.
- Willing to enhance their own knowledge and understanding of overdose prevention and harm reduction through technical assistance sessions.

PROJECT GUIDELINES

We are interested in receiving applications from organizations that represent a diversity of approaches to working with and reducing harm for people who use drugs. Below are a number of examples—by no means exhaustive—that speak to the different types of organizations that offer unique perspectives and strategies for furthering this work.

- A mostly Black, Indigenous, and/or Latine-serving residential reentry program that wants to incorporate harm reduction and overdose prevention education, resources, and support.
- An organization providing infectious disease testing and referrals to clinical services for Black, Indigenous, and/or Latine communities that wants to start integrating safe drug use supplies alongside safer sex supply distribution.
- An experienced Black, Indigenous, and/or Latine harm reduction practitioner seeking to launch their own organization.
- A Black, Indigenous, and/or Latine-led organization focused on building statewide public health infrastructure that wants to establish a harm reduction or overdose prevention campaign.
- A Black, Indigenous, and/or Latine consultant or independent contractor working with harm reduction and/or overdose prevention programs who wants to expand operations.

Examples of harm reduction-oriented activities include **but are not limited to:**

- Incorporating the distribution of naloxone, hygiene products, and other safer drug-use supplies into existing direct services.
- Harm reduction programming with an evaluation component.
- Incorporating drug education curriculum into youth development programming.
- Media campaigns that shift the narrative around harm reduction and reduce the stigma of drug use.
- Community-rooted evaluators who can lift up alternative approaches to assessing public health and safety.
- Culturally-based programming in Indigenous communities including ceremony, talking circles, language revitalization, traditional singing and dancing, drum circles, cultural activities such as beading and fishing, etc.

SELECTION CRITERIA

Proposals will be evaluated using the following criteria:

- **Alignment with Harm Reduction Principles:** The proposal demonstrates strong alignment with harm reduction principles.⁴
- **Commitment to Racial Equity:** The proposal demonstrates a strong commitment to increasing support for and reducing negative health effects among Black, Indigenous, and/or Latine people who use drugs.
- **Organizational Leadership:** The proposal clearly demonstrates how organizational leadership and decision-making authority center Black, Indigenous, and/or Latine people.
- **Community Engagement:** The proposal demonstrates a deep awareness of community assets, needs, and ways to connect with people who use drugs.
- **Project Goals & Objectives:** The proposal clearly articulates the goal(s) of the project and the people who will be involved in and impacted by project activities.
- **Budget & Workplan:** The budget and work plan are clearly aligned with project goals and objectives.

GRANTEE EXPECTATIONS

- Increased understanding and knowledge of harm reduction among program staff and leadership through the grant.
- Execution of project and deliverables proposed in application questions and interview.
- Engagement in up to six 2-hour technical assistance sessions and a one-day in-person convening. Offerings include but are not limited to:
 - Trainings on harm reduction, overdose prevention, and racial equity in the context of North Carolina
 - Workshops on issues like fundraising, communications and storytelling, leadership and governance.
- Quarterly progress reports

⁴ For the purpose of this grant, alignment with harm reduction principles will be based on [the National Harm Reduction Coalition's Principles of Harm Reduction](#).

SELECTION PROCESS + KEY DATES

Vital Strategies & Frontline Solutions will determine grant awards based on proposals received by the due date below. Based on an initial review, we will select finalists to sit for interviews.⁵ Organizations can only apply for one grant funding amount, either \$25,000 or \$50,000.

Wednesday, September 18, 2024	RFP Launch
Thursday, September 26, 2024	RFP Informational Webinar ⁶ (register)
Thursday, October 10, 2024	RFP due at 11:59PM EST⁷
Mon., Oct 14 - Fri., Oct 25, 2024	Review proposals
Thursday, October 31, 2024	Finalists selected and invited to interview
Wed., Nov 6 - Fri. Nov 15, 2024	Finalist interviews
Friday, November 22, 2024	Grant decisions made & awardees notified
Mid-December 2024	Public Announcement of Grantees

Click [here](#) to apply for a grant.

Questions? Contact Brandon Williams at bwilliams@frontlinesol.com.⁸

⁵ Interviews are a means for promising applicants to share more about who they are, the communities they serve, and their proposed projects. No new questions will be required to participate.

⁶ The informational webinar will be recorded and uploaded to the RFP website.

⁷ We recognize that the application submission deadline may not be possible for some Indigenous organizations and Tribal governments that require approval from leadership to apply for grants. If this applies to you, please contact Brandon Williams at bwilliams@frontlinesol.com to discuss possible alternative arrangements.

⁸ Responses to frequently asked questions (FAQs) will be posted on the RFP website after the informational webinar.

APPENDIX A: KEY CONCEPTS & DEFINITIONS

Harm reduction: Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Racial equity: an aspirational pursuit insisting that all people—regardless of their racial and ethnic group identification, skin color, or physical traits—should have equal opportunity to experience well-being in society. The social construct of race has been used to sustain a false hierarchy of human value that favors some groups over others (privileging “whiteness”) and determines access to resources and opportunities. The pursuit of racial equity, grounded in principles of fairness and justice, demands taking action to address the impact of historic systems as well as to remove present-day barriers to equal opportunities. Achieving racial equity means that an individual’s identity would not be predictive of their day-to-day experiences or life outcomes.

Low barrier: eliminating as many barriers as possible to care, such as intake procedures or drug abstinence requirements.

Person-centered: focusing on the individual and unique goals of a person to provide customized support.

Medications for Opioid Use Disorder (MOUD): medications that can be used to treat opioid dependence. As the gold standard treatments for opioid use disorder, buprenorphine (Suboxone) and methadone help to reduce cravings and relieve symptoms of withdrawal and are proven to reduce fatal overdose. Both medications are recognized as essential medicines by the World Health Organization. Learn more about MOUDs [here](#).