

## Eligibility Questions:

### BENCHMARKS:

Question 1. Harm reduction services have received scant public funding in the past, yet this RFP puts agencies that have already been providing HR (with very limited support from the city) at a competitive disadvantage. The Attachment Eligibility Questionnaire says applicants must meet a minimum of two IHARP benchmarks, but the RFP says you cannot meet more than eight. Can you clarify this further?

**Answer:** “The purpose of this funding opportunity is to increase capacity for organizations that currently do not have sufficient capacity to provide fundamental services to people who use drugs. The requirement for applicants to meet a minimum of 2 benchmarks but no more than 8 is to ensure that applicants have some level of experience providing support or care to people who use drugs, while also ensuring that they can benefit from IHARP funding, training, and technical assistance, to work towards achieving other/remaining benchmarks.”

### ALCOHOL:

Question 2. Can substance abuse be alcohol use only?

**Answer:** “Yes. Note that IHARP benchmarks focus both on opioid use and alcohol use. In your application, please be specific about the aspects of IHARP training, funding, and technical assistance that will allow you to address the needs of your program participants.”

Question 3. We are interested in applying for the IHARP application but we are wondering if alcoholism is considered part of PWUD. Our community of undocumented day laborers, although there is drug use, there is 90% alcohol use. Our work would focus around alcoholism as the primary drug. Would our application be competitive enough?

**Answer:** “Yes, we will consider your application and we encourage you to apply. In your application, please be specific about the aspects of IHARP training, funding, and technical assistance that will allow you to address the needs of your program participants.”

### GEOGRAPHIC AREAS:

Question 4. In describing the geographic areas served, are borough and neighborhood information sufficient? Or must we include zip code as well? Our outreach catchment covers large sections of the city and many different zip codes but with the boundaries as they are (by street) it isn't always clear what the zip codes are for certain sections of the catchment. Any direction you could give would be helpful...

**Answer:** “In addition to indicating the borough, please attempt to indicate the UHF code and UHF neighborhood name for each geographic area by using these documents to match the ZIP codes with the UHF code and UHF neighborhood name.

<https://www.nyc.gov/assets/doh/downloads/pdf/tracking/uhf42.pdf>

<https://www.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf>”

Question 5. If we are not among the geographic areas with high overdose mortality rates, yet we serve a very vulnerable population, can we still apply?

**Answer:** “Yes. We will consider your application and we encourage you to apply. In your application, please be specific about the aspects of IHARP training, funding, and technical assistance that will allow you to address the needs of your program participants.”

#### **Program Scope questions:**

#### **TRAINING:**

Question 6. Will training and/or technical assistance activities include working with individuals with SMI and De-escalation techniques that don't identify law enforcement as an initial response?

**Answer:** “The IHARP training curriculum will include a module on responding to mental health crises and connecting participants to mental health support services, but we will not discuss de-escalation techniques in-depth. Please note that you can propose to use IHARP funding to cover the costs of additional training that would meet the needs of your staff and participants. Please see the budget templates and slides from the bidders' conference for additional information and examples. Additionally, one no-cost training option that might be of interest is "Principles of De-escalation" by the National Health Care for the Homeless Council (NHCHC) ([https://nhchc.talentlms.com/catalog/info/id:176.cms\\_featured\\_course:1](https://nhchc.talentlms.com/catalog/info/id:176.cms_featured_course:1))

Question 7. How many staff should be trained?

**Answer:** “Please refer to the table on page 10 of the RFP for information about which staff members are expected to attend all or part of the training curriculum. Applicants must identify staff members who will participate in IHARP activities, including the training curriculum, in the Organizational Chart that must be submitted as part of the RFP application.”

Question 8. Is training open to staff/peers not included on the budget?

**Answer:** “Yes. Please see the answer above. Applicants will identify staff who will participate in IHARP activities, including the training curriculum, in the Organizational Chart that must be submitted as part of the RFP application. Staff members attending trainings do not need to be individually included in the proposed IHARP budget.”

#### **HARM REDUCTION WORK:**

Question 9. Can an organization be eligible for IHARP funding to provide case management and referral, not actual harm reduction clinical work? Additionally, if an organization is not an OOPP, there's no expectation that it would distribute naloxone, right?

**Answer:** “Please refer to the IHARP benchmarks for information about what organizations are expected to achieve through participation in the initiative. The focus is on providing essential resources, supports, and services to participants who use drugs, including harm reduction tools, messaging, and connections to appropriate substance use-related or adjacent services.

Dispensing naloxone to participants and training them in its use is one of the IHARP benchmarks. Organizations that are not already dispensing naloxone can either become an Opioid Overdose Prevention Program (OOPP) or partner with an existing OOPP. We will provide technical assistance to support organizations in this decision and process.”