HEPConnect

From Project Launch to Grant Awards:
Creating the HepConnect Initiative
Harm Reduction & Community Education Program | Fall 2019

What is HepConnect?
HepConnect is a five-year, multi-million-dollar initiative aimed at addressing the increase in hepatitis C (HCV) infections funded by Gilead Sciences. In partnership with local organizations, the HepConnect initiative will develop and implement evidence-based solutions to meet the needs of people most affected by the opioid crisis. Harm Reduction Coalition leads the Harm Reduction and Community Education project which focuses on the prevention of hepatitis C through direct prevention services and community education initiatives, including syringe access. The other two projects are Screening and Linkage to Care and Strengthening Healthcare Infrastructure. The project focuses on five key states impacted by drug use and hepatitis C: Indiana, Kentucky, Tennessee, West Virginia, and North Carolina.

Our Strategy
We’ve known about the funding and resource constraints faced by harm reduction providers and people who use drugs working directly with community members at risk of hepatitis C in this region. Harm Reduction Coalition proposed re-granting the vast majority of the funds to organizations in the five states to establish or scale up harm reduction services and community education. To further support harm reduction projects and programs, we committed to hiring several full-time staff members based in the region to lead the project and offer capacity building, training, and onsite technical assistance to organizations both funded and not funded through this initiative.

“Harm Reduction Coalition has been fortunate to have the opportunity to support the work of harm reduction advocates and programs in this region for several years, and we’ve taken lessons and inspiration from the resourcefulness and resilience of the dedicated people - very much including people who use drugs - working to reduce drug-related harm in these communities. It’s an honor to be able to deepen both our commitment and our relationships, and continue uplifting innovative harm reduction work across the five states.”

— Daniel Raymond, Deputy Director of Planning and Policy, Harm Reduction Coalition

The United States is experiencing rising rates of hepatitis C virus (HCV) infections; in greater Appalachia, the increase in injection drug use has led to a more than three-fold rise in HCV infection rates.

CDC: 2016 Hepatitis Surveillance Report

Harm reduction services in this region vary widely by state and even county — the HepConnect Initiative lifts up what has already been started and doubles down with funding and added capacity from Harm Reduction Coalition to improve and expand existing syringe services programs and create fertile ground with supportive communities for new programs.

Improving access to harm reduction programs also increases access to overdose prevention resources, including naloxone — several of the states rank highest in the nation for overdose mortality, so while this initiative focuses on hepatitis C, building harm reduction doubles as overdose prevention resources.

Age-Adjusted Death Rates for Overdose per 100,000 people

2016 CDC Data

- 8.1 - 12.2
- 12.4 - 18
- 19.4 - 23.2
- 23.4 - 30.9
- 31 - 57.8
Our Values
Harm Reduction Coalition has been providing capacity building and training in the region since before the 2015 HIV outbreak in Indiana catapulted risks associated with increased injection drug use of opioids to national attention. We were confident that there were harm reduction champions in the region that we wanted to learn from and support. As part of the process to create a request for proposals, we added several components that would center the experience and insights of community experts to ensure that our grant-making was addressing the key issues:

**Spotlight on local providers and people who use drugs:**
We collaborated on state launch events in all five states, including reaching out to harm reduction providers and people with histories of drug use to either sit on the panel discussion and/or to be the spotlight speaker to bring their lived experience into the room.

**Survey the landscape:**
We hosted listening sessions in each of the states to learn more from local providers, elected officials, health departments, social service providers, people who receive harm reduction services, and other community members to tell us what was happening in their state to promote (or inhibit) harm reduction services and community education to challenge stigma associated with drug use.

**Consult local providers and people who use drugs:**
We conducted nearly 60 in-depth phone interviews to learn more about local dynamics, funding limitations, training and capacity building needs, and access to harm reduction services to inform both the request for proposals and technical assistance provision.

**Center people who use drugs:**
We held a separate consultation with people who use drugs to discuss what meaningful accountability and inclusion looks like in programs and projects to inform our grant review scoring guide and discussion.

**Articulate values:**
The grant review committee was recruited to incorporate lived experience, regional ties, and diversity of age, race/ethnicity, gender, geographic location, and type of provider to ensure that the committee was bringing a variety of experiences and perspectives that would center our values.

“Being acknowledged as someone worth spotlighting reaffirmed that the work I do must go on. For so long, it felt like taboo. Being a spotlight speaker was the first time I was asked how I felt about these public health issues than have intertwined in my life— for as long as I can remember. I also felt scared to get in front of people that make decisions... Even though I brought up some pretty tough subjects, I felt more connected to a national movement that cared about drug user health... I felt relieved to not be alone and I felt like I had more strength to carry on the mission.”

— Sara Alese, Tennessee Recovery Alliance
March 31
National Launch Event (Washington, DC)

April 25
Kentucky State Launch & Community Listening Session (Louisville, KY)

May 14
Indiana State Launch & Community Listening Session (Nashville, TN)

June 5
West Virginia State Launch & Community Listening Session (Morgantown, WV)

June 24
Theory of Change and All Day Planning Meeting to Create Basis for Project Evaluation (Oakland, CA)

June 24
Request for Proposals Launched & Instructional Webinar & Website with Frequently Asked Questions (FAQ)

June 14 - June 22
Synthesis of Themes from Phone Consultations, Community Listening Sessions and Data Review to Create Request for Proposals

July 22
Last Day to Submit Questions for the FAQ

July 31
Request for Proposals Deadline

August 6
Consultation with the National Drug Users Union on Meaningful Inclusion & Accountability of PWUD

August 9
Selection Committee Members Confirmed

August 23
Selection Committee Members Receive Proposals to Score

September 4
Scored Proposals Due

September 8 & 9
Full Day Grant Review and Decision Making

September 16
All Applicants Informed of Award Decisions

October 1
National Announcement of Awards
The HepConnect initiative was our opportunity to do grant-making in a way that many of us in our former direct service lives have hoped for: to create a process that funded what actually needed to be funded to do the work, offer capacity to support the broader policy and systemic issues that makes the work difficult, and the center the expertise of people who use drugs through the process. We said that if organizations run by people who use drugs with limited infrastructure didn't get funded through this process, we will have failed. We committed to really listening to the various community needs first before we decided what the request for proposals would look like to set it up for success.”

— Dr. Taeko Frost, Sr. Director of Innovation & Strategy
Harm Reduction Coalition | Project Director for the Launch of HepConnect

Information → RFP

Through the phone consultations, state launch events, community listening sessions, and special consultations with people who use drugs, we heard a clear pattern: there aren’t enough resources to build and sustain basic harm reduction services (e.g. harm reduction supplies, funding for staff time) to meet the existing need and part of that is because the community support and structure for funding is limited. Therefore, the funding would be most useful to meet immediate needs (supplies and programming) and a parallel initiative to support community education, coalition building, and regional support to build supportive environments for these programs to operate within. This theme was particularly salient in places where programs have either been shot down or not given a chance to start up because of uncertainty or stigma related to services that involve resources for people who use drugs. To support both aspects of the regional needs, we created two funding categories:

**Educate:**
Offering new strategies to engage, educate, and mobilize the community to build support for harm reduction.

**Provide:**
Providing new or expanded harm reduction services for people who inject drugs.

Request for Proposals Release

The Request for Proposals was released on June 24th and organizations were given 5 weeks to submit their applications for consideration. Organizations could apply for one or both categories, up to $150,000 per category, for a maximum of $300,000 per organization. Harm Reduction Coalition hosted a one-hour instructional webinar that reviewed each step of the application process on the day the RFP was released. The instructional webinar was recorded and hosted on the website along with the application templates and an ongoing updated list of Frequently Asked Questions (FAQ). When the applications closed on July 31st, there were over 120 unique applications totaling over $15 million of requests.
The Selection Process

A total of 16 selection committee members were assigned up to 20 applications each to review as a primary or secondary reviewer in the Provide or Educate category. Each category had at least one person per state included in the review. Three of the committee members were Harm Reduction Coalition staff members who had deep experience in the region and/or in grant-making. Selection committee members were provided their assignments and a scoring guide to complete per application over the course of two weeks prior to the in-person grant review.

In early September, the selection committee and team members of Harm Reduction Coalition met in Louisville KY for a 2-day grant review process. The grant review was facilitated by two Harm Reduction Coalition team members who offered an orientation to the project, the portfolio of grants, values elicited from consultations, and the approach for decision making. The selection committee met in separate groups (Provide & Educate) and then re-convened as the larger group to discuss the proposed grants to be awarded. By the end of Day 2, the review committee had made final selections on proposals to be funded, and guidance to Harm Reduction Coalition on a framework to finalize outstanding modifications to budgets for proposals that were funded at levels lower than requested.

All applicants were notified whether or not they received the award the following week. Harm Reduction Coalitions’ Grant Manager and Regional Director began the process of connecting with grantees to begin the contracting and technical assistance assessment process.

“Going into the selection committee process, I was nervous, excited, felt a little bit of imposter syndrome, but was eager to learn from the participatory process... walking out of the selection process, I felt touched by the experiences that were shared by people in the room and full of hope for the future of harm reduction as a movement and as a practice”

— Selection Committee Member on their experience

HepConnect Initiative Impact:

State launch events, community listening and consultation calls were synthesized in a theory of change, which informed the request for proposals, funding priorities and hiring process.

6 Launch Events

7 Community Listening Sessions

16 Selection Committee Members

$5.3m Awarded to 32 Organizations

44 Projects Funded
HEPConnect

The Outcome

Harm Reduction Coalition awarded more than $5.3 million in grant funding to 44 projects from 32 organizations under the HepConnect Initiative. You can learn more about the grantees here.

Grantees will use funds to provide new or expanded harm reduction services for people who use drugs (e.g., supplies, outreach sites and mobile vans, and testing materials) or to educate the community about harm reduction (e.g., public education, advocacy campaigns). Funding also supports staffing and creating positions, training, and support groups for people who use drugs. This represents the largest portfolio of harm reduction specific funding offered by a non-governmental organization in history.

“I'm thrilled to be part of this project to get harm reduction resources into communities in the region where I'm from — where they are deeply needed. Harm reduction is health care. HepConnect is providing education and tools people need to make their lives safer and better — and if that ain't health care, I don’t know what is.”

— Orisha Bowers, PhD, Regional HepConnect Director
Harm Reduction Coalition

“What members of the communities we are reaching are the experts in their own lives and their own work. It is an honor to be able to come alongside such phenomenal organizations in creating resources that uplift and support the work they are doing, while also holding space for networking, collaboration, and capacity-building for sustainability.”

— Logan Benton, LBSW, CCM, Grants Manager
Harm Reduction Coalition

What’s Next?

The HepConnect regional team will work with grantees and other providers in the region to build out their capacity and address any training needs on an ongoing basis. All grantees will be supported to attend a regional convening event with fellow grantees in early 2020 and the opportunity to attend the National Harm Reduction Conference in Puerto Rico in October 2020 [link] to meet other providers across the country. A third category of funding to support time-limited convenings and events to promote community education and networking will be released in 2020 for existing and new grantees to apply for as mini-grants.

“Communities in regions like Appalachia, the Midwest and the South are experiencing unprecedented outbreaks of HIV, hepatitis C, and overdoses from opioids. Without financial resources and legislative backing from state and federal governments, many of the hardest hit communities in these regions are unable to adopt comprehensive programs in a harm reduction framework. This is why the HepConnect program and the investment from Gilead Sciences is so critical right now. HepConnect offers not only a commitment, but a deep investment in strengthening the harm reduction infrastructure in these regions.”

— Monique Tula, Executive Director, Harm Reduction Coalition

To learn more, please visit harmreduction.org/hepconnect or e-mail hepconnect@harmreduction.org