

# Harm Reduction Training Requests for Proposal

**Background:** In collaboration with harm reduction partners and advocates, the Office of Homeless Services is seeking a 501 (c) 3 organization to provide harm reduction education and training for homeless shelter service providers. The successful applicant will provide information about the needs, goals, and strengths of people with substance use disorders, mental health conditions and those experiencing homelessness through a social justice, trauma informed, empowerment, and participant autonomy lens.

Harm reduction content will include principles of community accountability: how participants interact with each other, how they interact with the programs, and how they interact with the community outside of the shelter.

Proposals must integrate harm reduction and recovery principles.

**Purpose:** To develop and conduct Harm Reduction training for homeless service providers in Philadelphia that focuses on social justice, trauma, empowerment, and participant autonomy.

**Audience:** Executives, Administrative, Direct Service and Support staff, and participants in OHS' emergency shelter system. Goal is to train 250 individuals total over the course of the contract period.

**Timeframe:** 12 months.

**Funding:** Up to \$35,000.

**Learning Objectives:** To understand the Harm Reduction (HR) model of care; to understand the role social determinants like traumatic life events (emotional and physical), mental health, substance use, criminal justice, institutionalization, and other factors play in how participants present to services; to be able to define: Social Justice; Harm reduction recovery as opposed to abstinence-based recovery; Bodily and decisional autonomy; Understanding support not punish concept; What is safety: de-escalation and conflict resolution; Choices and decision making; Promoting independence; The role of rules and regulations; Crisis situations; and Drugs and paraphernalia.

## Required Components

1. **Registration:** Marketing, managing registration, securing a training location, and providing snacks.
2. **Training:** Should be interactive (not simply lecture style), face to face, with groups no larger than 50. The training must include people with expertise and people with lived experience in the substantive areas, including persons with lived experience in the shelter system and with drug use.
  - a. We believe the best training team would be those people with direct experience and a clear understanding of the root causes of poverty, and the connections between classism, racism, sexism, transphobia, homophobia, and homelessness. There should also be understanding of issues regarding substance use disorders, mental health conditions, physical disabilities, and trauma. The training should have scenarios that roleplay how to interact with a person in a trauma-informed way.

b. Training must include cognitive, behavioral and affective skill-building aspects, and use the following principles as its North Star:

- Recognizes that each person has their own recovery and that it exists on a spectrum of improved health and functioning. We support "any positive change" in a person's life.
- Understands harm reduction conceptually as a model that promotes accountability to oneself, to each other as individuals and to the broader community.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm and entry into recovery.
- Advocates for drug users and people in recovery routinely have a real voice in the creation of programs and policies designed to serve them. They are essential stakeholders and their buy-in is required.
- Recognizes that the realities of **poverty, class, racism, homophobia, transphobia, social isolation, past trauma, sex-based discrimination**, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the harm and danger nor the benefit associated with licit and illicit drug use rather understanding the true reasons substances have the role they do in the human condition.

c. Please see the Appendix for proposed Cognitive, Affective, and Behavioral Goals.

**3. Evaluation:** Evaluation of the training, using pre and post-testing and one subsequent follow up to gauge level of comprehension and utilization of the knowledge that was gained based on the curriculum offered.

### **Proposal Submission Requirements**

**1. Narrative Response:** Respondents submit a proposal not to exceed 5 pages, single spaced, in response to the following questions:

- a. Capacity and Experience – If training is to be provided by one agency, describe the relevant past experience in curriculum development and training relative to harm reduction. If the training team will be comprised of individuals, identify the members of each member of the proposed training team, and describe their relevant past experience in curriculum development and training relative to harm reduction. Describe how the team is representative of experiences of **poverty, class, racism, homophobia, transphobia, social isolation, past trauma, sex-based discrimination**, and other social inequalities.

- b. Describe your philosophy about harm reduction and the training you propose to offer to r to the homeless housing provider community in terms of training. You are encouraged to review the training goals in the Appendix here to focus your response.
- c. Provide a project plan and timeline for how you would complete the trainings in a 12-month period.
- d. Describe briefly how you propose to evaluate, which may include format (interviews, surveys, etc.) and sample questions. The training team should provide a mechanism for evaluating the training process, including pre/post tests. Evaluation would include a brief report at the end of the training process giving qualitative and quantitative feedback which informs future steps. The evaluation should be outcome based, rather than a process evaluation.

**2. Budget:** Use the chart below to create your requested budget.

Activity	Budget Narrative	Rate (\$ per hour or day or session)	Time in hours or days (please specify)	Total \$
Training Development	e.g. 8 hours to develop curriculum and talking points			
Training Time	e.g. 2 trainers x 5 sessions x \$250 per session			
Materials	e.g. binders and copying for 250 trainees	N/A	N/A	
Subtotal - Cost / Session	-----	N/A	N/A	
Refreshments / session	e.g. 5 sessions x \$100 per sessions	N/A	N/A	
Total				

**3. Attachments**

- a. Include a sample of relevant training content. Examples include PowerPoint, outline, video, and/or YouTube link.
- b. Include resumes for all proposed trainers.



### **Proposal Review**

Proposals will be reviewed by a Committee whose composition will include the following: City staff (Office of Homeless Services, Department of Behavioral Health), non-profit shelter providers, Continuum of Care Board representatives, and people with lived experience.

### **Time and Place of Submission of Proposals**

Please email submissions to Fred Gigliotti, Director of Emergency and Temporary Housing, at [Frederick.gigliotti@phila.gov](mailto:Frederick.gigliotti@phila.gov).

Please email questions regarding this opportunity to Roberta Cancellier, Deputy Director for Housing Services, at [Roberta.cancellier@phila.gov](mailto:Roberta.cancellier@phila.gov).

**Proposals will be due by close of business on Friday, April 24, 2020**

## **APPENDIX –**

The Office of Homeless Services worked with local stakeholders with experience in harm reduction principles and practices to design this Request for Proposals. The Goals below are intended to be a guide for entities responding to this RFP.

### **Cognitive Goals**

Understand community accountability and provision of tools for reducing conflict.

- Understand how knowledge transfer and teaching can increase self-knowledge and lead to self-sufficiency for many clients and empathy for facility staff.
- Understand issues and concerns of drug use (chaotic/problematic and recreational) and mental health, including: barriers to service, criminalization, health and wellness issues, and poverty/homelessness.

### **Affective Goals**

- Demonstrate how working with people with substance use disorders and mental health conditions fits into existing cultural competency skills.
- Help training participants recognize benefits of making shelter services accessible and physically and emotionally safe for clients with substance use disorders and mental health conditions.
- Increase empathy for people with substance use disorders and mental health conditions.
- Challenge common stereotypes, stigma and discrimination against people with substance use disorders and mental health conditions.

### **Behavioral Goals**

- How to use professional, respectful language and approach when interacting with people living in the facility.
- Protocols on communicating information about people who are using to staff and shelter participants.
- How to effectively and respectfully manage conflict and de-escalate issues between shelter participants around substance use and mental health.
- How to create and implement harm reduction policies and practices in a shelter setting.