NACCHO

National Association of County & City Health Officials

Request for Proposals

Addressing High-Risk Substance Use through STI Clinics: Strengthening Connections to Treatment and Behavioral Health Services

Release Date: May 14, 2019

Due Date: June 25, 2019

For questions about the Request for Proposals (RFP), contact Samantha Ritter, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at sritter@naccho.org or 202-756-0162.

I. Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO) is accepting proposals for *Addressing High-Risk Substance Use through STI Clinics: Strengthening Connections to Treatment and Behavioral Health Services*, a pilot project to assess the intersecting epidemics of sexually transmitted infections (STIs) and high-risk substance use (HRSU) and identify models for connecting STI clinic patients to substance use disorder (SUD) treatment and other behavioral health (BH) services. There are three critical elements of this project: intervention, partnership between the STI clinic and SUD treatment and BH services, and evaluation.

STI clinics selected for this pilot project will implement an intervention utilizing the SBIRT framework, or screening, brief intervention, and referral to treatment. The sites' SBIRT or SBIRT-informed intervention will contain three key components: (1) assess HRSU among their STI clinic patient population, (2) administer a screening tool for HRSU among STI clinic patients, and (3) implement a brief intervention and referral/linkage model to connect patients to SUD treatment and/or BH services.

The success of this intervention, and the response to increasing STI rates among individuals that use high-risk substances, depends upon enhanced collaboration and coordination among STI programs and clinics and SUD treatment and BH services. A critical element of this pilot project is the process by which individuals who are identified by the STI clinic as warranting additional services for HRSU are linked to care through SUD treatment and BH services. While these services may exist within local health departments (LHDs), it is more common that such services are provided through external community partners; regardless of where such services reside, applicants are required to submit a letter of commitment (LOC) from their proposed SUD treatment and BH services partner(s) that demonstrates an intent to partner on this project, outlines the proposed linkage process, and if relevant, provides evidence of previous collaboration.

Evaluating the feasibility and benefits of implementing SBIRT and SBIRT-informed interventions for HRSU in STI clinics is a critical component of this pilot project. NACCHO's primary objectives include increased knowledge of HRSU and sex and drug-linked behaviors and outcomes among STI clinic patients, increased knowledge of potential models and promising practices for the administration of SBIRT or SBIRT-informed interventions for HRSU in the STI clinic setting, and increased referral and linkage to SUD treatment and/or BH services among STI clinic patients receiving the selected SBIRT or SBIRT-informed intervention. Selected sites are expected to collect and report process and outcome measures designed to assess the implementation of the intervention and the effect of the intervention among the priority population(s).

NACCHO will provide funding and technical assistance (TA) to selected sites. This project is supported by a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

Due Date for Letter of Intent (optional)	Friday, May 31, 2019 at 11:59 PM PT
Due Date for Proposal	Tuesday, June 25, 2019 at 11:59 PM PT
Project Period	August 1, 2019 – July 31, 2020
Estimated Number of Awards and Funding Amount	A total of $300,000 is available to support pilot sites. An estimated two (2) to four (4) awards will be made. Award amounts will be dependent on the number of awards made. The maximum award amount is $150,000.

Eligibility	Eligible applicants include LHD STI clinics. LHDs must be active NACCHO members. To confirm membership status or to become a dues-paying NACCHO member, visit http://www.naccho.org/membership.
Contract Terms and Method of Payment	NACCHO will establish cost-reimbursable subawards with selected sites. All federal regulations included in 45 CFR 75 will be mandated for awardees.
Informational Webinar	An informational webinar will be hosted for potential applicants on June 3, 2019, at 3pm ET. Visit this link for more information and to register. Questions may be submitted in advance to kkelley@naccho.org.

II. Background

Intersection between STIs and HRSU

For this project, HRSU is defined as the use of illicit drugs and the non-medical use of prescription drugs that have a high risk for adverse outcomes, including dependence, morbidity, and mortality. HRSU includes, but is not limited to, opioids (e.g., prescription, heroin, fentanyl), methamphetamine, and crack/cocaine. HRSU does not include more commonly used substances, such as alcohol, marijuana, or tobacco.

HRSU is on the rise in the United States. In 2017, more than 70,000 Americans died from an overdose, representing a two-fold increase over the previous decade and a 10 percent increase since 2016.[i,ii] Studies have identified an association between HRSU and sexual risk behaviors. For example, among adolescents, HRSU is associated with a higher number of sexual partners and lower rates of reported condom use.[iii, iv] A recent analysis published in *Morbidity and Mortality Weekly Report* found that drug use, particularly methamphetamine, more than doubled among heterosexuals with syphilis from 2013-2017.[v] STI clinics have also reported increases in STI rates that they attribute to opioid use.[vi] Confronting these intersecting epidemics will require collaboration on all fronts, including among STI programs, SUD prevention and treatment programs, and BH services.[1] LHDs play a critical role in addressing these issues in their communities, and STI clinics offer a potential opportunity to identify people engaged in HRSU and connect them to care, treatment, and other SUD and BH services. Reported rates of SUD among STI clinic patients range from 17 to more than 50 percent, and compared to the general population, STI clinic patients are more likely to be young, people of color, low-income, and/or uninsured—populations that also face increased risk for SUD and/or barriers to accessing healthcare. As STI clinics and SUD and BH providers serve overlapping populations challenged by poverty, stigma and mistrust of the healthcare system, unstable housing, and lack of health insurance, there is a pressing need to unite and leverage resources and create and expand partnerships between STI and BH services, within and external to LHDs.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is an evidence-based practice for the delivery of early intervention and treatment to people with SUD and those at risk of developing SUD.[vii] It includes three distinct components:

[1] Behavioral health disorders refer to mental health disorders and SUDs that affect wellness. Behavioral health care is used to describe services that encompass screening, prevention, care, treatment, and recovery services for mental health disorders and SUDs, including opioid use disorder. This may include inpatient and outpatient treatment, such as psychiatric care, individual and group counseling, and medication-assisted treatment, as well as harm reduction counseling, case management, care coordination, and other support services in promoting health and recovery.

- *Screening* to identify individuals exhibiting risky substance use behavior, assess the severity of substance use and context of use, and identify the appropriate level of treatment.
- *Brief intervention* that focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- *Referral to treatment* which provides those identified as needing more extensive treatment with access to specialty care. In the context of this project, patients will ideally be actively linked to treatment, rather than passively referred.

SBIRT for alcohol use is considered to be one of the most efficacious and cost-effective interventions and is supported by recommendations from the U.S. Preventive Services Task Force. However, findings related to the effectiveness of SBIRT for illicit substance use are mixed. This project seeks to expand the existing evidence base for the feasibility and benefits of implementing SBIRT and SBIRT-informed models for HRSU in the STI clinic setting, and to develop a better understanding of how STI, SUD, and BH resources at the local level can be leveraged and coordinated to improve health outcomes associated with these co-occurring epidemics.

Additional resources related to the project background are available in the Further Reading section at the end of this document.

III. Awardee Responsibilities

Selected sites will be responsible for implementing effective (evidence-based/informed) tools and practices to (1) assess HRSU among their STI clinic patient population, (2) administer a screening tool for HRSU among STI clinic patients, and (3) implement a brief intervention and referral/linkage model to connect patients to SUD treatment and/or BH services. Applicants should propose a priority population(s) for this project, based on HRSU types/behavior and/or patient demographics (e.g., individuals that report injection drug use, adolescents that report any HRSU, and MSM that report methamphetamine use). Applicants must include a LOC to partner from a HRSU treatment or BH service provider in the community that details the proposed linkage process and, if relevant, evidence of previous collaboration. This RFP assumes that the majority of treatment providers or BH services will be provided outside of the LHD, and thus external referral and linkage will be required; however, LHDs that provide these services are also eligible to apply, and letters of commitment should be secured from the relevant divisions or bureaus within the LHD. Specific awardee responsibilities include:

- Assess inclusion of substance use questions in existing intake forms and screening processes and determine additional screening tools, questions, and protocols for HRSU.
- Determine criteria for providing the selected SBIRT or SBIRT-informed intervention, based on screening results.
- Finalize selection and/or adaptation of an SBIRT or SBIRT-informed intervention for identifying STI clinic patients that meet a determined threshold for HRSU, providing a brief intervention, and referring patients to SUD treatment or BH services.
- Prepare for intervention implementation, including but not limited to:
    - Work with the SUD/BH partner(s) that provided a LOC to partner to confirm roles and responsibilities, establish formal partnership agreements, if necessary, and strengthen the relationship to support successful project implementation.
    - Develop protocols and workflows for intervention implementation.
    - Develop project workplan.
    - Conduct staff training.
    - Develop patient education materials.

- Establish monitoring and evaluation plans and data collection procedures (see Evaluation section below for additional detail).
- Implement selected SBIRT or SBIRT-informed model. By November 1, 2019, pilot sites should be ready to initiate intervention implementation. It is expected that timing may vary by site depending on workplans and start-up requirements.
- Conduct process and outcome monitoring and evaluation to assess the impact of project activities.
- Participate in monthly TA calls, which will be led by NACCHO and include CDC participation.
- Participate in quarterly all-site calls to share progress and discuss challenges.
- Submit final project deliverables, including:
    - De-identified data set in .DAT file with accompanying codebook or data dictionary;
    - Final report documenting experience, lessons learned, challenges, and sustainability considerations; and
    - Resources utilized or developed for intervention implementation, such as screening instruments, protocols, work flow diagrams, and patient education materials (Resources may be shared by NACCHO through its efforts to disseminate project findings. Approval for resources to be shared will be requested prior to dissemination.).

IV. Evaluation

Evaluation is a critical component of this pilot project. Sites are expected to submit quantitative and qualitative data necessary to evaluate implementation process, output, and outcome measures. In order to maximize the duration of the pilot study, it is anticipated that much of the data analysis will be conducted by CDC in the post-project period. CDC will analyze project data by site and across sites and will share and review data summaries with each of the project sites. Manuscript and abstract development will be considered at the end of the project and coordinated by NACCHO and CDC with the participating sites, as interested.

Primary objectives of interest for project evaluation include, but are not limited to:

- Increased knowledge of HRSU and sex and drug-linked behaviors and outcomes among STI clinic patients.
- Increased knowledge of potential models and promising practices for the administration of SBIRT or SBIRT-informed interventions for HRSU in the STI clinic setting.
- Increased referral and linkage to SUD treatment and/or BH services among STI clinic patients receiving the selected SBIRT or SBIRT-informed intervention.

Evaluation plans will be reviewed and finalized post award. Data reporting instruments will be developed and provided to support the development of a .DAT file with an accompanying codebook or data dictionary and qualitative data from each site. Awardees will be expected to track, collect, and submit quantitative and qualitative project performance data, which will include but are not limited to the following elements:

- STI clinic patient data:
    - Demographics (age, race, ethnicity, gender, housing status);
    - Sexual behavior (gender(s) of partners, number of sexual partners, sites of exposure, reports of transactional sex);
    - STI history;
    - Substance use (type, frequency, amount used, duration of use, connection to sexual behavior); and
    - Reason for visit, tests conducted at visit, and test results.
- Documentation of the intervention implementation:

- Number of STI clinic patients that were screened, received brief interventions, and were referred to SUD treatment and BH providers;
- Staff involved in intervention at each step;
- When the intervention occurred in patient flow;
- Duration of intervention;
- Location of referral/linkage;
- Type of care indicated through referral/linkage process;
- Degree of successful referral/linkage;
- Staff experience implementing the intervention (e.g., perceptions of feasibility, acceptance); and
- Synthesis of challenges and opportunities arising during implementation.

V. NACCHO Technical Assistance and Project Support

NACCHO, in collaboration with the CDC, will provide the following TA and support to awardees:

- Schedule and conduct monthly TA calls with each site and quarterly all-site webinars to foster peer-to-peer learning.
- Provide subject matter expertise for the identification, development, adaptation, implementation, and evaluation of SBIRT and SBIRT-informed interventions, including screening instruments, brief intervention protocols, and referral processes.
- Provide input and feedback on intervention protocols, work flows, workplan, and evaluation plan.
- Provide a final report template and other data collection tools.
- Analyze submitted data and develop site-specific data summaries to share with awardees.

Additionally, NACCHO will develop resources and materials based on project findings to disseminate broadly to LHDs and other STI and SUD stakeholders across the country.

VI. Proposal and Submission Information

Proposals should use single-spaced Times New Roman 11-point font and not exceed 10 pages in length. The project abstract and attachments do not count toward the total page limit.

- **Project Abstract** (not included in page limit)
  - Include project title, applicant organization name and address, project director name and contact information (telephone and email), requested funding amount, and 250-word (maximum) project summary.

- **Project Narrative**
  - Introduction
    - Provide an overview of the proposed project, including purpose, brief description, priority population(s), proposed partner(s), desired outcomes, and long-term goals.
  - Background
    - Describe the context for project implementation, including morbidity and mortality data related to STIs and HRSU in your jurisdiction and among your STI clinic patient population; STI clinic patient volume; and the priority population(s) for project implementation.
    - Describe the availability of SUD and BH services and resources in your community, focusing on those most directly related to your priority population(s) and offered by the partner providing a LOC for this project.

- Approach
  - Describe your approach to completing the project requirements, which should include a description of the proposed SBIRT or SBIRT-informed intervention. Provide a timeline of intervention activities. Include information about expected patient flow, the utilization of health records systems, and staff roles and responsibilities in each of the three key components.
    - Screening: How will you identify HRSU among STI clinic patients? Include information about specific screening tools and intake processes. Describe any modifications that will be made to your existing forms, fields, or processes and the reason the modifications are necessary. Discuss how the selected screening tool and procedures are appropriate for your setting and priority population(s).
    - Brief Intervention: How will you engage and educate patients that meet the established criteria for receipt of the intervention? Describe the provision of counseling, motivational interviewing, or other brief intervention practice. Provide information from published literature, existing practice, or established evidence-based practices to justify intervention selection.
    - Referral to Treatment/Services: How will you support access to treatment/services for individuals accepting the offer of referral? Describe your proposed approach for actively referring (i.e., linking) STI clinic patients to SUD and/or BH services. Provide information about the relevant SUD treatment or BH services offered by the community partner(s) you will be working with, including demonstration that they are accessible to your priority population and that they implement evidence-based SUD practices.
  - Describe any challenges that you anticipate encountering through the implementation of this project and how you would resolve them.
- Evaluation
  - Describe a plan for project evaluation, which should reference the primary objectives and include the data elements listed in the Evaluation section above.
- Organizational Information and Capacity
  - Provide a description of your STI clinic, including staffing and services provided.
  - Describe existing efforts to address substance use in the STI clinic setting, and/or more broadly by the LHD or in collaboration with your community partners.
  - Demonstrate your readiness and capacity to implement the required project activities, including collecting and reporting required data elements. Successful applicants will demonstrate their ability to extract data from their health records system and modify existing health records fields and/or processes in a timely manner through a clear description of these processes.
  - Provide descriptions and expertise of key project staff, including their roles and responsibilities for project implementation.

- **Attachments** (not included in page limit)
  - Line-item budget with justification. The maximum award amount is $150,000. The budget period is 12-months.
  - Resumes/CVs for key staff.
  - Signed LOC with at least one community partner that provides SUD treatment or BH services appropriate for your priority population. The letter should:
    - Identify senior organizational leaders committed to the project;

- Identify the primary point of contact for the project;
- Provide evidence of any previous collaboration with the STI clinic or similarly positioned community partners; and
- Detail how the partner will work with the STI clinic to implement the selected intervention, specifically on referral and linkage to care.
- Provide evidence of commitment to collaborating with the STI clinic to achieve the objectives of this project

The deadline for proposal submission is June 25, 2019 at 11:59 PM PT. Proposals should be submitted as a single PDF in an email to Kat Kelley at kkelley@naccho.org with the subject line "HRSU and STI Clinic Proposal." Applicants will receive confirmation of their submission within one business day.

Letters of intent are not required but are preferred. The letter of intent is not binding and does not enter into the review of a subsequent proposal. The information that it contains allows NACCHO to estimate the potential review workload. Letters of intent should be submitted to Kat Kelley at kkelley@naccho.org by May 31, 2019 at 11:59 PM PT with the subject line "HRSU and STI Clinic Project Letter of Intent."

VII. Proposal Review and Selection Process

The review committee will consider the following criteria in the selection process. Criteria is organized by section under Project Narrative, however the proposal in its entirety will also be considered during the review process. The budget and LOC are not included in scoring criteria but are required for complete proposal submission. NACCHO will not review incomplete proposals.

- **Introduction (5 points)**
  - Strength and clarity of the purpose of the proposed project, including the priority population and expected outcomes.
- **Statement of Need (15 points)**
  - Strength and clarity of the description of the context for project implementation, including inclusion of data to detail the intersection or suspected intersection of STIs and HRSU in the local community and among STI clinic patients.
  - Demonstrated understanding of SUD treatment and BH services in the community and how proposed partner(s) is appropriate for the project's priority population.
  - Rationale for the STI clinic as a potential setting for enhanced HRSU screening, brief intervention, and referral to SUD/BH treatment and/or services.
- **Approach and Evaluation (40 points)**
  - Strength and clarity of the proposed approach for completing the awardee responsibilities as outlined in Section III.
  - The extent to which the applicant details how it will address all three intervention components (screening, brief intervention, referral to treatment/services) and includes information to demonstrate that proposed practices are evidence-based/informed.
  - Demonstrated awareness and understanding of potential challenges to project implementation and approaches to resolving challenges.
  - Strength and completeness of an evaluation plan that includes elements listed in the Evaluation section.
  - The extent to which the applicant's proposed goals and objectives align with and enhance those of the project.
- **Organizational Information and Capacity (40 points)**

- Strength and clarity of the description of the STI clinic as a feasible setting for project implementation, including having a sufficient volume of STI clinic patients who are likely to be experiencing HRSU and would benefit from the proposed intervention.
- Demonstrated experience addressing SUD in the STI clinic setting, or in partnership with other community providers.
- Strength and clarity of the planned partnership with a SUD treatment provider and/or BH service provider, as documented in the required LOC.
- Demonstrated capacity and ability to collect and report required data elements, including the ability to extract data from the health records system or modify existing health records system.
- The extent to which key project staff are qualified to implement project activities.

VIII. References

[i] National Institute on Drug Abuse. (2019, January). *Overdose Death Rates.* Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

[ii] Centers for Disease Control and Prevention. (2018, December). *Drug Overdose Deaths.* Retrieved from https://www.cdc.gov/drugoverdose/data/statedeaths.html

[iii] Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Schootman, M., Cottler, L. B., & Bierut, L. J. (2011). Number of sexual partners and associations with initiation and intensity of substance use. *AIDS and Behavior, 15*(4), 869-874. doi:10.1007/s10461-010-9669-0

[iv] Clayton, H. B., Lowry, R., August, E., & Everett Jones, S. (2016). Nonmedical use of prescription drugs and sexual risk behaviors. *Pediatrics, 137*(1) doi:10.1542/peds.2015-2480

[v] Kidd, S. E., Grey, J. A., Torrone, E. A., & Weinstock, H. S. Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017. *MMWR Morbidity and Mortality Weekly Report*, *68*, 144–148. doi: http://dx.doi.org/10.15585/mmwr.mm6806a4External

[vi] https://www.courier-journal.com/story/news/local/2018/09/17/opioid-crisis-kentucky-std-rates-rise-due-drug-abuse/1146202002/

[vii] Substance Abuse and Mental Health Services Administration. (2017, September). *Screening, Brief Intervention, and Referral to Treatment (SBIRT).* Retrieved from https://www.samhsa.gov/sbirt

IX. Further Reading

Kim, T. W., Bernstein, J., Cheng, D. M., Lloyd-Travaglini, C., Samet, J. H., Palfai, T. P., & Saitz, R. (2017). Receipt of addiction treatment as a consequence of a brief intervention for drug use in primary care: A randomized trial. Addiction (Abingdon, England), 112(5), 818-827. doi:10.1111/add.13701

Woodruff, S. I., Clapp, J. D., Eisenberg, K., McCabe, C., Hohman, M., Shillington, A. M., . . . Gareri, J. (2014). Randomized clinical trial of the effects of screening and brief intervention for illicit drug use: The life shift/shift gears study. *Addiction Science & Clinical Practice, 9*(1), 8. doi:10.1186/1940-0640-9-8

Prendergast, M. L., McCollister, K., & Warda, U. (2017). A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates. *Journal of Substance Abuse Treatment, 74*, 54-64. doi:10.1016/j.jsat.2016.12.011

Banta-Green, C. J., Coffin, P. O., Merrill, J. O., Sears, J. M., Dunn, C., Floyd, A. S., . . . Donovan, D. M. (2018). Impacts of an opioid overdose prevention intervention delivered subsequent to acute care. *Journal of the International Society for Child and Adolescent Injury Prevention*. doi:10.1136/injuryprev-2017-042676 8

Bohnert, A. S. B., Bonar, E. E., Cunningham, R., Greenwald, M. K., Thomas, L., Chermack, S., . . . Walton, M. (2016). A pilot randomized clinical trial of an intervention to reduce overdose risk behaviors among emergency department patients at risk for prescription opioid overdose. *Drug and Alcohol Dependence, 163*, 40-47. doi:10.1016/j.drugalcdep.2016.03.018

Saitz, R., Palfai, T. P. A., Cheng, D. M., Alford, D. P., Bernstein, J. A., Lloyd-Travaglini, C. A., . . . Samet, J. H. (2014). Screening and brief intervention for drug use in primary care: The ASPIRE randomized clinical trial. *Journal of the American Medical Association, 312*(5), 502-513. doi:10.1001/jama.2014.7862