REQUEST FOR PROPOSALS

NATIONAL HARM REDUCTION TECHNICAL ASSISTANCE AND SYRINGE SERVICES PROGRAM MONITORING AND EVALUATION FUNDING OPPORTUNITY

DEMONSTRATION SITE APPLICATION

RELEASE DATE: NOVEMBER 7, 2019

PROPOSAL DUE DATE: December 6, 2019
Part I. Overview Information

A. Funding Opportunity Title
National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity

B. Funding Agency
Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Hepatitis, STD and TB Prevention and the Opioid Response Coordinating Unity (ORCU)

C. Catalog of Federal Domestic Assistance (CFDA) Number
93.488 -- National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity

D. Federal Award Identification Number
CDC-PS19-1909
NU65PS923686-01-00

E. Number of Awards
8

F. Award Amount
$100,000.00 per award

G. Dates of Importance
RFP Technical Assistance Webinar: November 14, 2019 at 2:00 PM EST
Due Date of Application: December 6, 2019 at 11:59 PM EST
Estimated Notification Date: Jan 10, 2019
Estimated Award Date: February 1, 2020

H. Executive Summary
The opioid crisis has had substantial infectious disease consequences, particularly related to injection drug use (IDU). Comprehensive syringe services programs (SSPs), are a proven effective component of community-based programs preventing the spread of infectious disease from IDU. In 2019, the Centers for Disease Control and Prevention (CDC) appropriated $5 million for the Infectious Disease and the Opioid Epidemic initiative to respond to this public health threat. This three-year program will strengthen the capacity and improve the performance of SSPs throughout the United States by supporting enhanced technical assistance (TA) to ensure the provision of high-quality, comprehensive harm reduction services, and supporting the development and implementation of best practices for patient navigation from SSPs to community-based health and social services. Furthermore, this program will improve the capacity of SSPs to conduct process monitoring and evaluation to ensure their program goals and objectives are met, and it will demonstrate the usefulness and feasibility of a national IDU surveillance system to monitor drug use patterns, health consequences of IDU, and access to prevention and health services. These strategies and activities will strengthen capacity of organizations to implement comprehensive, sustainable SSPs, improve services provided, and improve national understanding of drug use patterns and access to prevention and intervention services to prevent infectious disease consequences of the opioid crisis.
NASTAD, in partnership with AIDS United, was selected to manage this grant-making and technical assistance initiative. In coordination with CDC, NASTAD is charged with soliciting, selecting, issuing, and monitoring subawards of $100,000 each to eight (8) sites to successfully build patient navigation programs that link clients of SSPs to community-based programs that address the medical and psychosocial needs of people who inject drugs (PWID), to effectively track navigation work and outcomes, and to develop guidance on replicating successes that can be used in the Harm Reduction TA toolkit that will result from this funding opportunity.

Part II. Funding Opportunity Description
A. Background
The opioid crisis has led to increases in overdose\(^1\), hepatitis C\(^2\), hepatitis A\(^3\), and hepatitis B virus incidence in people who inject drugs (PWID)\(^4,5\). Steep declines in HIV infection resulting from injection drug use (IDU) have stagnated\(^6\), and increases in endocarditis\(^7,8\) indicate the need to strengthen interventions that can prevent transmission of infectious disease.

SSPs can provide a range of health and social services that address the comprehensive needs of PWID, including access to sterile syringes, naloxone, testing and treatment for infectious disease, and medication-assisted treatment (MAT) for substance use disorder. The coverage of SSPs in the US is not sufficient\(^9\), and many SSPs are under-resourced and are unable to offer comprehensive services\(^10\). Public support for these programs is low\(^11\), and despite the ongoing opioid crisis, SSPs have been closed due to public pressure stemming from a lack of support of these programs\(^12,13,14\).

The CDC seeks to address the rising rates of infectious disease related to the opioid crisis through a four-part program intended to strengthen the capacity of SSPs to serve PWID, engage them in care,

\(^1\) CDC. *Drug Overdose Death Data*, 2016. 2017; Available from: https://www.cdc.gov/drugoverdose/data/statedeaths.html
\(^12\) Brazil, *Orange County’s only needle exchange shuts down after Santa Ana denies permit*, in Los Angeles Times. 2018.
\(^14\) Hedger, *2nd Indiana county ends needle exchange, with 1 official citing moral concerns*, in IndyStar. 2017, USA Today.
and to contribute surveillance data to inform prevention efforts for PWID. By enhancing the technical assistance provided to SSPs, strengthening referrals from SSPs through patient navigation, improving monitoring and evaluation of SSPs, and demonstrating the usefulness and feasibility of an IDU surveillance system, the capacity of SSPs to effectively prevent injection-related harms among PWID and in their communities will improve.

B. Purpose
SSPs play a critical role in linkage to care for clients with opioid use disorder (OUD). SSPs serve as a bridge to other health services, including HCV and HIV diagnosis and treatment and MAT for substance use. The majority of SSPs offer referrals to MAT and other ancillary services, but often do not have the capacity to ensure that the referrals are carried out if desired by the participant. Patient navigators will guide clients through the healthcare system as needed, including assisting with setting up appointments, having a firm knowledge of what is needed to be seen (i.e. ID, insurance) and at times even attending appointments with clients.

The primary focus of the SSP patient navigation program is to successfully link clients of SSPs to community-based programs that address the medical and psychosocial needs of PWID, especially to treatment for substance use disorder and care and treatment for infections related to IDU, including viral hepatitis, HIV, and bacterial infections including endocarditis. SSP clients may need a series of linkages in order to successfully access their desired program. That may include assistance with getting identification, or Medicaid or other insurance. SSP clients should be linked to programs that are non-judgmental, able to serve active PWID, and otherwise culturally competent to meet the needs of this community.

SSPs are an ideal place to work with people who inject drugs around accessing substance use treatment, including medication assisted treatment (MAT) for those with opioid use disorder. Patients receiving MAT experience significant reductions in opioid use, criminal activity, and—most importantly—opioid overdose.

Compared to other forms of treatment based solely on counseling, psychotherapy, social support, or behavioral therapy, MAT stands out as the only form of treatment that has displayed consistent and remarkable effectiveness at keeping clients with OUD alive. For the purpose of this project, patient navigation is defined as an SSP-based service delivery intervention designed to promote access to timely care and treatment of co-morbidities experienced by people who inject drugs by providing assistance to access resources and eliminating barriers to care. Patient navigators may be current SSP staff, peer navigators, health department employees, or anyone else who has knowledge of the local healthcare system and how to navigate through it. Navigators may assist SSP clients in accessing medication-assisted treatment for opioid use disorder or other treatment for substance use, care and treatment for viral hepatitis, HIV, or other infectious diseases related to substance use, and other co-morbidities experienced by persons who use SSPs including bacterial infections, mental illness, and homelessness.

C. Eligibility Information
Eight (8) SSPs will be selected to participate in this project. All SSPs must be located in areas where accessing MAT is possible, with support from a patient navigator. Participating SSPs must not have a formal patient navigation program already in place but should have the capacity to start one quickly once resources have been made available. Additionally, programs must be located in a jurisdiction that has a determination of need concurrence from CDC.
need-for-ssp.html) and our hope is that programs will represent diverse parts of the US, from urban, suburban, and rural jurisdictions.

SSPs located in jurisdictions with higher than national rates of acute hepatitis C and/or HIV associated with injection drug use are strongly preferred.

D. Program Expectations
Sites funded through this initiative will be required to work collaboratively with NASTAD and AIDS United throughout the project period. Sites are expected to participate in the site evaluation process and collect data on patient navigation activities. As this is a demonstration project, it is understood that SSPs may be able to collect and report information at different levels, based on their size, and the size of the community in which they are located. All programs are expected to track barriers and facilitators to data collection. Examples of data to be collected and be reported, where and when reasonable, are listed below:

In aggregate:
- Patient navigator(s) characteristics: gender, training, education, background, experience with navigation, experience with PWID
- Number, demographics* of SSP clients
- Number, demographics of SSP clients who use opioids vs. other drugs (methamphetamine, cocaine, etc.)
- Number, demographics of SSP clients who initiated referral to care/treatment for infectious disease through patient navigator(s)
- Other types of navigation (a) requested and (b) received

Anonymous, De-Identified Process data (when appropriate and not at risk for identifying clients):
- Patient Navigator action (i.e. did they provide information about a referral, did they set up an appointment for the client, did they take the client to an appointment?)
- Key dates when actions occurred (date of client request, date of PN action, etc.)
- What barriers were encountered and how were they addressed?
  - Barriers clients encountered
  - Barriers PNs encountered
- Number, demographics of SSP clients who asked to be referred to MAT through patient navigator
- Number, demographics of SSP clients who completed MAT linkage (e.g. attended 1st referral appointment)
- Ongoing status updates on client outcomes and progress

Success Stories and Lessons Learned
Patient navigators should be in regular communication with NASTAD, who is responsible for organizing monthly calls and providing technical assistance. In addition to providing data and tracking outcomes, patient navigators should be prepared to share success stories, which will be included in quarterly reports. Please note that intensive technical assistance will be provided where necessary to assist sites to develop data collection tools and practices.

*Demographics herein refers to age, sex, race, ethnicity, drug use characteristics (i.e. primary drug of choice/use), and any known HIV/HCV status

E. Selection Process
Final selection of sites will be based on:
- Letter/s of support from local MAT providers that are willing to accept referred SSP clients into medication assisted treatment.
- Demonstrated ability to implement patient navigation.
- Demonstrated ability to collect and transmit data required by the project.
- Demonstrated ability to engage successfully with SSP clients.

Funding will be obligated through contracts from NASTAD to selected sites and will be managed on a monthly cost-reimbursement basis; performance period for this contract is expected to be February 1, 2020 to September 30, 2020 with the potential for a no cost extension (NCE). Therefore, applicant organizations should be prepared to demonstrate that they have cash on hand to support the project in the period between incurring an expense and receiving reimbursement from NASTAD (typically 30 days).

In addition, an attempt will be made to distribute funding to SSPs located in jurisdictions with higher than national rates of acute hepatitis C and/or HIV associated with injection drug use.

**F. Application and Submission Information**

All information outlined below must be submitted via email to druguserhealthTA@nastad.org.

Application materials will NOT be accepted through fax, mail, or express delivery. The maximum narrative length should adhere to the amount listed in the RFP in a word processing program using 12-point font. Proposals should strive to provide complete information as these following questions serve as review criteria.

The total length of the application may not exceed six pages, including the project narrative and budget documents. Letters of commitment and other attachments are not included in the page limit.

**Part III. Application**

**A. Organization-Specific Questions**
- Organization type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/other ________)
- Organization’s DUNS Number
- Total organizational budget rounded to the nearest dollar (current fiscal year).
- Summarize the organization’s mission (two to three sentences).
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
- General Client Profile
  - Age
  - Gender
  - Race and ethnicity
  - Socio-economic status
  - Self-identified sexual orientation
  - Self-identified HIV status

**B. Project-Specific Questions**
- Total amount that can be requested ($100,000)
- Summary of project (two to three sentences MAXIMUM)
C. Program Profile

- Syringe access services in operation since (month/year)
- Annual syringe services program budget (This amount may be the same as your total organizational budget above if your organization is a stand-alone SSP).
- Epidemiologic data (examples include):
  - Data on drug-related HIV infection in your community
  - Data on drug-related HCV infection in your community
  - Data on drug-related endocarditis in your community
  - Data on drug overdose rates in your community
  - Other relevant community epidemiologic information
- Staffing: The questions below ask about staffing levels at your organization. Please indicate the number of staff who work on your SSP and the number who work in your organization as a whole. For some applicants, these numbers will be the same.
  - # of paid full-time staff at your SSP
  - # of paid part-time staff at your SSP
  - # of volunteers at your SSP
  - # of paid full-time staff at your organization
  - # of paid part-time staff at your organization
  - # of volunteers at your organization

D. Narrative

This section should provide a comprehensive description of how your organization will implement the proposed intervention consistent with the program model, a summary of the benefits anticipated for your organization and clientele, and an overview of the agency’s ability to successfully meet program expectations.

- Briefly describe your current operation including recent major accomplishments and specific challenges faced. Please do not tell us the value of syringe programs in general; instead describe your specific program. Please summarize any public health data that is specific to your geographic program area.
- Please describe how you plan to use the requested funds to create a program navigation program and describe the attributes you would prioritize when selecting patient navigator(s). Include specific goals, activities, and outcomes stated in measurable terms. Explain why this funding is critical to your program and what the additional value added will be if you receive funding.
- Describe the HIV, viral hepatitis, and overdose crisis in the area you intend to serve through the proposed project. This section should address:
  - Brief description of barriers related to meeting the need targeted by the project.
  - Brief description of how your organization would address these barriers.
  - Data on services provided that are related to the project, if any, and that can demonstrate the need for the project.
- Please describe how your organization would implement the selected intervention based on level of requested funding. This should include a proposal of how the project might be adapted to fit your organization and your ability to incorporate a new role within your program. Please describe how your organization meaningfully involves people who use drugs and people living with HIV and viral hepatitis and the outcome/impact your organization would like to achieve with the project.
• Please describe your organization’s experience and capacity to collect anonymous, de-identified client-level data and conduct data entry. Please reference the evaluation requirements in the Program Expectations section and clearly describe your organization’s ability to meet those requirements.

E. Attachments

Please include the following in your application:

- Completed budget template. Do not use any budget form other than the one provided by NASTAD.
- Organization’s current annual operating budget, including expenses and income.
- Completed Organizational Representation Table. Do not use any form other than the one provided by NASTAD.

If awarded, please be prepared to submit the following within a month:

- Most recent audited financial statements, including cover page and the auditor’s notes/findings. Negative audit findings will be considered in funding decisions.
- A list of your or your Fiscal Sponsor’s Board of Directors with professional or community affiliations. If the organization does not have a Board of Directors, please send your fiscal sponsor’s Board of Directors list. If neither is available, a letter of explanation is required.

F. Submission Dates and Times December 6, 2019, 11:59 PM

G. Proposal Assistance Webinar November 14, 2019, 2:00 PM EST

H. Additional Assistance throughout the Application Process email druguserhealthTA@NASTAD.org