



National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

**Evaluating the Integration of STI
Services in Harm Reduction Settings**

National Association of County and City Health Officials (NACCHO)

Release Date: April 10, 2023

Due Date: May 17, 2023

For questions about the Request for Applications (RFA), contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at kkelley@naccho.org.

Summary Information

Project Title: Evaluating the Integration of STI Services in Harm Reduction Settings

Proposal Due Date and Time: 5/17/23

Informational Webinar: 4/19/23, 3-4pm ET; register [here](#)

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 5 NU38OT000306-05-00

Funding Amount: Up to \$50,000 per jurisdiction

Estimated Period of Performance: 12 months

Point of Contact for Questions: Kat Kelley (kkelley@naccho.org)

Key Dates

Event	Date
RFA Release	4/10/2023
Informational Webinar for Prospective Applicants	4/19/2023
Application Submission Deadline	5/17/2023
Anticipated Award Notification	6/9/2023
Project Period Starts	8/1/2023

Overview

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities.

In partnership with the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention (DSTDP), **NACCHO is pleased to offer a funding opportunity to evaluate the integration of sexually transmitted infection (STI) services in harm reduction (HR) settings.** Through this opportunity, NACCHO will fund up to 5 county, city, or tribal health departments, healthcare facilities, or community-based organizations to evaluate STI/HR integration strategies or models.

Please see the *Eligibility & Contract Terms* for more information on eligible organizations before beginning your application as eligibility is restricted to organizations providing specific types of STI and HR services through specific integration models. Please note that NACCHO is also soliciting applications for a funding opportunity to evaluate the integration of HR services in STI settings. For additional information, visit [here](#). If your organization provides both harm reduction and STI services, please consider:

- the setting in which they are provided (e.g., if integrated services are located within the broader STI clinic vs. HR program);
- users' perception of organization's priorities and population served (e.g., if the community perceives your facility to primarily be an STI clinic or HR program); and
- which program is more established (e.g., do you provide a range of STI services but only a few HR services or vice versa).

If you are still unsure about which funding opportunity you should apply to, please contact Kat Kelley (kkelley@naccho.org) with a brief description of your organization and the STI and HR services that you provide. If it is determined by NACCHO that you are eligible for both, you can apply to both funding opportunities, using the same information for each application.

Background

The United States is experiencing a [syndemic](#) of STIs and substance use, characterized by record high rates of overdoses and STIs. In 2021, the United States reached a grim milestone: more than 100,000 overdose deaths in a year.¹ Meanwhile, STI case rates continue to rise each year and congenital syphilis has resurged, posing an urgent public health threat. Substance use and STI trends are closely intertwined, with people who use drugs (PWUD) disproportionately impacted by STIs. While this trend has been seen for years, the evidence base continues to grow: recent surveillance data indicated that many people diagnosed with STIs report illicit substance use and a recent study revealed that pregnant people engaged in substance use were at significantly higher risk for a congenital syphilis outcome.^{2,3,4,5} Several studies have also demonstrated that prevalence of substance use is high among STI clinic clients and that rates of STIs are high among participants of HR programs.^{6,7}

STIs and substance use share many risk factors, including social determinants of health such as poverty, unemployment, and unstable housing. Shared barriers to accessing health services—such as lack of health insurance, transportation barriers, or fear of stigma and discrimination—also increase risk for both STIs and substance use. Notably, these factors inequitably affect PWUD but also LGBTQ+ people, and Black, Indigenous, and other people of color—populations that are consequently disproportionately impacted by STIs and substance use. Interpersonal and individual factors also contribute to shared risk for STIs and substance use. Sex and substance use may occur or be associated with similar physical or social settings, STIs may be higher among the sexual networks of PWUD, and certain substances can increase libido and reduce sexual inhibitions. Finally, the criminalization of substance use builds on these existing trends for several reasons: a criminal record can exacerbate the aforementioned social

¹ CDC. (2021, November 17). *Drug Overdose Deaths in the U.S. Top 100,000 Annually*. [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

² CDC. New data show that STDs remain far too high. Accessed March 16, 2023. <https://www.cdc.gov/std/statistics/2020/default.htm>

³ CDC. Syphilis Surveillance Supplemental Slides, 2016-2020. Accessed March 16, 2023. <https://www.cdc.gov/std/statistics/syphilis-supplement/default.htm>

⁴ Carlson JM, Tannis A, Woodworth KR, et al. Substance Use Among Persons with Syphilis During Pregnancy — Arizona and Georgia, 2018–2021. *MMWR Morb Mortal Wkly Rep* 2023;72:63–67. DOI: <http://dx.doi.org/10.15585/mmwr.mm7203a3>

⁵ Kidd SE, Grey JA, Torrone EA, Weinstock HS. Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:144–148. DOI: [http://dx.doi.org/10.15585/mmwr.mm6806a4external icon](http://dx.doi.org/10.15585/mmwr.mm6806a4external%20icon)

⁶ Salway, T., Ferlatte, O., Shoveller, J., Purdie, A., Grennan, T., Tan, D. H. S., Consolacion, T., Rich, A. J., Dove, N., Samji, H., Scott, K., Blackwell, E., Mirau, D., Holgerson, N., Wong, J., & Gilbert, M. (2019). The Need and Desire for Mental Health and Substance Use-Related Services Among Clients of Publicly Funded Sexually Transmitted Infection Clinics in Vancouver, Canada. *Journal of public health management and practice: JPHMP*, 25(3), E1–E10. <https://doi.org/10.1097/PHH.0000000000000904>

⁷ Feaster, D. J., Parish, C. L., Gooden, L., Matheson, T., Castellon, P. C., Duan, R., Pan, Y., Haynes, L. F., Schackman, B. R., Malotte, C. K., Mandler, R. N., Colfax, G. N., & Metsch, L. R. (2016). Substance use and STI acquisition: Secondary analysis from the AWARE study. *Drug and alcohol dependence*, 169, 171–179. <https://doi.org/10.1016/j.drugalcdep.2016.10.027>

determinants of health; fear of criminalization or the associated stigma can deter people from seeking health services; and access to sexual health and HR services in certain correctional settings may be limited.^{8,9} For additional information on the relationship between STIs and substance use, check out [this recent webinar](#) held by NACCHO and partners.

These factors demonstrate the importance of addressing STIs and substance use collaboratively. STI service providers interact with people who would benefit from harm reduction services and vice versa. Linking and integrating STI and harm reduction services provides opportunities to provide more holistic care for clients/participants, better reach people who face heightened barriers to services and who have fewer touchpoints with public health and healthcare systems and can ultimately improve both sexual and mental/behavioral health outcomes.

Models for STI/HR integration are as diverse as the organizations that provide these services, but common strategies include:

- a “one-stop-shop” approach where services are co-located and can be accessed simultaneously (can be full or part time, scheduled or ad hoc, provided by one agency or in partnership with other agencies);
- satellite and mobile services, which often involve providing services in non-clinical and non-traditional settings to meet people where they are; in terms of integrated services, this might look like a HR program parking its mobile van outside or near an STI clinic; an STI service provider offering services on-site at a HR facility; lab services sponsored by a health department or clinical organization to complement field-based rapid testing or street medicine; or hosting HR or safer sex supplies (e.g., via a vending machine or medication locker); and
- client navigation, case management, and/or referrals, which can range from providing information or a brochure about services, conducting a formal written or electronic referral for services, offering supports to ensure uptake of services (e.g., transportation subsidies or supporting a client in conducting a call to schedule the referral), or intensive case management or client navigation programs.

Please see Eligibility & Contract Terms for more information on which integration models are eligible for this funding opportunity.

Recognizing the importance of STI/HR integration to address the syndemic of STIs and substance use, NACCHO launched a project in 2022 to better understand models and strategies for integration and factors that affect implementation. This involved an environmental scan of published and gray literature and a survey and series of focus groups with organizations providing integrated STI/HR services. Building on this work, this project aims to support the evaluation of STI services in HR settings.

Goals & Requirements

⁸ Strathdee, S. A., Bristow, C. C., Gaines, T., & Shoptaw, S. (2021). Collateral Damage: A Narrative Review on Epidemics of Substance Use Disorders and Their Relationships to Sexually Transmitted Infections in the United States. *Sexually transmitted diseases*, 48(7), 466–473. <https://doi.org/10.1097/OLQ.0000000000001341>

⁹ Murali, V., & Jayaraman, S. (2018). Substance use disorders and sexually transmitted infections: A public health perspective. *BJPsych Advances*, 24(3), 161-166. doi:10.1192/bja.2017.14

This RFA is intended to support **evaluation** of STI/HR integration models to develop programmatic guidance for other agencies interested in pursuing this type of collaboration. More specifically, **the goals of this project are to:**

- Evaluate the feasibility of STI/HR integration models and strategies and factors that affect program operation and activities.
- Evaluate the effectiveness of STI/HR integration models and strategies and factors that affect program outcomes.

To achieve these goals funding recipients will be required to conduct a mix of evaluation activities, including participating in cross-site evaluation activities conducted by NACCHO and CDC and conducting site-specific evaluation activities that are tailored to sites' own goals and integration models. The three major components of this project include:

- **Cross-Site Evaluation (quantitative):** Participate in cross-site evaluation by providing what will be referred to as "standard indicators" to NACCHO and CDC monthly. NACCHO and CDC will finalize the cross-site evaluation framework with input from funded sites. Standard indicators will include but are not limited to:
 - total number of clients seen per month by organization
 - total number of clients eligible for integrated services per month
 - total number of clients offered integrated services per month, of those that are eligible
 - total number of clients receiving integrated services per month, disaggregated by service type (e.g., total number of clients per month receiving STI testing by test type; total number of clients per month receiving HR services by service type)
 - total number of positive STI tests out of total conducted, by STI type
 - total number of individuals with positive STI test results who receive treatment, by STI type*

Please consider whether and how you can access this data. Are you able to track the number of clients that come in for HR services and receive STI services or vice versa? Does this data exist, or will you need to start collecting it? Will you have access to it or will a partner agency need to provide it. Being able to answer these questions will be critical to submitting a strong application.

Please note that you will not be required to provide any client-specific or identifying data.

**As outlined in Eligibility & Contract Terms, organizations must offer chlamydia, gonorrhea, and/or syphilis testing and an associated treatment protocol. If you cannot provide this data, please detail in your application (under Project/Evaluation Plan): what alternate indicator can you provide related to uptake/completion of the treatment protocol.*

- **Cross-Site Evaluation (mixed methods):** Participate in additional, cross-site evaluation activities (e.g., surveys, interviews or focus groups, or requests for qualitative syntheses of previous activities or lessons learned) conducted by NACCHO and CDC seeking to address:
 - What does it take to initiate and sustain STI/HR integration? What resources are needed (staffing, financial, partnerships)?
 - What does it cost to maintain STI/HR integration? What resources are needed (staffing, financial, partnerships)?

- What have funded sites learned through implementation and through monitoring program improvement and quality assurance efforts? How has implementation changed since it was initiated? Why were those changes made? How have they gone?
 - How feasible is the implementation of various STI/HR Integration models? What barriers and facilitators affect feasibility? How is this affected by organization type, workflow, staffing models, and clientele?
 - How effective are various STI/HR integration models in terms of increasing uptake of “new” services (e.g., HR services among STI clinic clients or STI services among HR program participants)? What barriers and facilitators affect effectiveness? How is this affected by organization type, workflow, staffing models, and clientele?
 - Who and how many people are being reached with integrated STI/HR services? Has the clientele changed since the implementation of integrated efforts? How does uptake of services vary among clients (e.g., are certain client populations more likely to access integrated services)?
- **Site-Specific Evaluation:** Conduct or participate in site-specific evaluation activities. This may include additional evaluation activities to achieve your organization’s own evaluation goals, or it may include providing specific information based on your organization’s integration models/strategies. See *Eligibility & Contract Terms* for further information on eligible organizations and integration models.

To achieve these project requirements, **strategies and activities** will include:

1. Work with NACCHO, CDC, project partners (if applicable), and key stakeholders (as needed) to prepare for program evaluation:
 - Determine and implement or plan for any changes to current STI/HR integration model. **Please note that this funding opportunity is intended to fund the evaluation, not implementation, of STI/HR integration models. However, minor changes to existing service provision are allowable if they can be completed within 2 months of contract execution, while sites are finalizing their evaluation plans and workplans or during project implementation if the site has proposed a goal as part of the site-specific evaluation to evaluate how the change(s) affect feasibility or effectiveness of the integration model.** Sites are encouraged to reach out to NACCHO (kkelley@naccho.org) prior to applying to confirm that their proposed changes are allowable.
 - Develop evaluation plan with input from NACCHO, CDC, and, if applicable, partners
 - Develop project workplan
 - Identify data sources for required, standard indicators and any other indicators you plan to use
 - Establish new data collection mechanisms as needed (i.e., if you don’t currently collect any of the required, standard indicators)
 - Strengthen partnerships to support project implementation and evaluation
 - Develop scope of work with input from NACCHO
2. Implement and monitor project:
 - Implement workplan
 - Implement evaluation plan
 - Submit quarterly updates to NACCHO describing the status of implementation and findings from monitoring efforts

- If needed and desired, identify opportunities to improve program performance and adjust program implementation
3. Participate in evaluation activities conducted by NACCHO and CDC:
- Participate in cross-site evaluation (quantitative): Provide data (required, standard indicators) to NACCHO on a monthly or quarterly basis. *Initially, sites will be required to submit data monthly. Once it has been determined that data reports are accurate and complete, sites may transition to providing data on a quarterly basis.*
 - Participate in cross-site evaluation (mixed methods): Participate in NACCHO data collection activities, such as surveys, interviews or focus groups, or requests for qualitative syntheses of previous activities or lessons learned.
 - Conduct or participate in site-specific evaluation activities.

Support & Technical Assistance

NACCHO will work collaboratively with CDC and will provide ongoing support to awardees in the form of:

- Technical assistance via conference calls and/or webinars to facilitate project planning, implementation, data collection and analysis, and reporting;
- Review and discussion of project planning, as well as provision of technical assistance (as needed);
- Input and feedback on workplan and evaluation plan;
- Analysis and evaluation of data/findings;
- Provision of templates for workplan, evaluation plan, and reports.

Additionally, NACCHO will develop resources and materials based on project findings to disseminate broadly to health departments, STI programs and clinics, and HR programs across the country.

Benefits: Through this project, funded sites will contribute to evaluation of STI/HR integration models, which will be beneficial for the broader public health field, including sexual health and harm reduction programs. However, sites will also benefit directly. By evaluating their integration models, they can identify opportunities for program improvement and demonstrate program impact. Findings from this project will enable funded sites to strengthen their programs and can be shared with funders, authorizing agencies, policymakers, partners, staff, or clients/participants to support them in maintaining, expanding, and/or improving their programs and services.

Funding Overview & Timeline

Up to 5 organizations will be awarded \$50,000 to evaluate the integration of STI services in harm reduction settings. Applications must be submitted by May 17, 2023, at 11:59 PM PT, and selections will occur by June 9, 2023. See *Application Instructions* for further detail. All necessary information regarding the project and application process is outlined in this RFA.

NACCHO will host an optional informational webinar for potential applicants on April 19, 2023, from 3-4 PM ET, to review the RFA and respond to questions. Interested participants can register [here](#). Please note that no new information will be shared during the webinar and applicants do not need to wait for this optional webinar to begin or submit applications.

Eligibility & Contract Terms

This RFA is open to non-profit county, city, or tribal health departments, healthcare facilities, or community-based organizations that **currently provide or make available on-site*** at least one eligible STI and at least one eligible HR service. Implementation of this integration model must have started before March 1st, 2023.

**Includes the provision of services by a partner organization; includes full or part-time service provision (e.g., if the service is only offered certain days of the week); includes provision of services in close proximity (e.g., in a mobile van or outdoors next to the facility). If your organization offers services that do not meet this definition but that you believe are integrated enough to nearly achieve the effectiveness of co-location of services, please contact Kat Kelley (kkelley@naccho.org) to ask about your eligibility.*

Eligible harm reduction services: Applicants **must** directly distribute sterile syringes and/or naloxone.

Eligible STI services: Applicants **must** offer chlamydia, gonorrhea, and/or syphilis testing and an associated treatment protocol (e.g., on-site administration of treatment, provision of a script for treatment, or referral and follow-up to a specific provider).

Applicants should plan for 12 months of project implementation. Funded sites should plan to submit reports on standard indicators monthly. Funds may not be used to purchase syringes or other harm reduction supplies. Additional information on allowable expenses can be found in [this attachment](#). NACCHO standard contract language can be found [here](#) if needed.

Selection Criteria

Applicants will be reviewed and scored in accordance with the following criteria (out of 50 points):

1. **Appropriateness of Program, Model, and Population (25 points):** The organization/program, integration model, and population served align with the mission and goals of this funding opportunity. This may be assessed by the following application information:
 - Volume and nature of STI and HR services provided (organization and jurisdiction size will be considered—for example, lower volume may be expected in more rural settings)
 - Organization mission (in particular, whether the organization seeks to embody harm reduction principles)
 - Model: Extent to which service provision reflects meaningful integration of services
 - Population served: Applicant reaches populations that would benefit from HR/STI integration. Additional consideration will be given to applicants who use local public health, local epidemiology, or programmatic data to substantiate this section.
2. **Readiness and Feasibility of Project (15 points):**
 - If applicable, applicant can rapidly implement any proposed changes to current STI/HR integration model (see *Goals & Requirements* for further information on allowability of changes)
 - Applicant is already collecting information for the cross-site (quantitative) evaluation (i.e., the standard indicators) or details how they can quickly stand-up collection mechanisms
 - Applicant demonstrates commitment to and capacity for participating in all cross-site and site-specific evaluation activities
 - Applicant and/or partners have the staff and infrastructure needed to collect, manage, and analyze data needed for evaluation
 - Involvement of project partners, if applicable, and their willingness to participate in all project evaluation activities, is substantiated by letters of support

- Proposed project and evaluation can be conducted with available funding and within project period
3. **Impact & Other Considerations* (10 points):** The proposed project will likely achieve the project goals:
- Integration model is relevant to and replicable in other settings
 - Evaluation will likely provide relevant insights into feasibility and effectiveness of HR/STI integration and factors that affect implementation and effectiveness

*NACCHO may also consider factors such as:

- Diversity of applications in terms of geography, organization type/setting, proposed integration model and strategies
- Meaningful engagement of, inclusion of, and/or ability to reach priority populations for the prevention of STIs and substance use–related harms
- Innovation

Application Instructions

To apply for this funding opportunity:

- Complete the [Application Form](#)
- Complete the [Budget Template](#) and [Budget Narrative](#) template. See the [budget guidance](#) for additional instructions on developing the budget and budget narrative.
- Submit all documents required for a complete **Contracting Package**, including:
 - [Contract cover sheet](#)
 - [Certification of Non-debarment](#)
 - [FFATA Form](#)
 - [Vendor form](#)
 - [W9](#)
 - Proof of active registration with SAM.gov (*see question 4 in the contract cover sheet*)
 - Proof of fringe and/or indirect costs in the budget, if applicable (*see the contract cover sheet and budget guidance documents for more information*)
 - If applicable, letters of support from partner organizations
- Submit the application form, budget, budget narrative, and contracting package by May 17, 2023, at 11:59 PM PT by emailing sti@naccho.org with the subject line “Submission - Evaluating the Integration of STI Services in Harm Reduction Settings”