REQUEST FOR PROPOSALS

The Harm Reduction Funding Initiative
Clean Syringe Exchange Program

The Alliance Healthcare Foundation and The California Endowment are committed to funding programs that provide a continuum of care to injection drug users (IDUs) and their families while promoting harm reduction, treatment services, and community referrals. The Alliance Healthcare Foundation and The California Endowment are requesting proposals from non-profit organizations to:

- **implement a clean syringe exchange program;**
- **provide active referrals to treatment, health and social services;**
- **promote the reduction of high-risk behavior; and**
- **encourage rehabilitation.**

One agency will be selected to receive maximum funding of $362,134 for the implementation of a one-year pilot program.

DEADLINE: **Full Proposal – January 18, 2002**

CONTACT: **E. Thomas Brewer, MSW, MPH**
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BACKGROUND

The Alliance Healthcare Foundation (AHF) and The California Endowment (TCE) seek to improve the quality and overall health of our community through grantmaking. In the fall of 1999, AHF and TCE entered into a two-year funding initiative to develop programs that would establish a continuum of care for injection drug users (IDUs) and their families in San Diego County. Acknowledging that social perceptions and stigmas related to drug use and injection drug use have created barriers to educational, health, social, and treatment services, funding has been committed to develop systems of care that will be readily accessible, without bias, and offer a breadth of services to this target population.

Both AHF and TCE manage the funding initiative. AHF is responsible for program development and implementation processes, including oversight, grant monitoring, technical assistance, and program evaluation. TCE works with AHF to identify gaps in funding and potential funding areas.

AHF and TCE have based their targeted grantmaking to injection drug users on AHF's 1994 needs assessment of injection drug use in San Diego [1], data collected from San Diego County's

AIDS Epidemiology Report, January, 2000 [2], and San Diego County's 1999 HIV prevention request for proposals [3]. In January 2000, County epidemiological AIDS statistics reported that the cumulative number of IDU-AIDS cases was 17%. Of recently diagnosed AIDS cases, 21% of cases reported injection drug use as the mode of transmission. Forty-three percent (43%) of Caucasian women, 45% of African American women, and 6% of all men reported injection drug use as the mode of disease transmission. Nine percent (9%) of cases were of men who identified as men who have sex with men, as well as IDUs. Of men most recently diagnosed with AIDS, 19% reported injection drug use as their mode of transmission. Analysis of the data clearly indicates a rise in HIV transmission among injection drug users. In 1998, the County's HIV Prevention Community Planning Board conducted an epidemiological review of HIV disease, resulting in the establishment of new funding priorities that specifically targeted injection drug users, particularly among people of color.

Since the fall of 1999, AHF and TCE have awarded over $1 million in grants to provide community outreach services, wound care clinic services, a regional Harm Reduction Center, and treatment and sober living services to injection drug users and their families. At this time, the funding partnership intends to expand the initiative by offering funding for the implementation of a clean syringe exchange program.

Clean syringe exchange programs can legally operate in the State of California as described below:

> In October 1999, Governor Gray Davis signed Assembly Bill (AB) 136, which exempts from criminal prosecution public entities and their agents and employees who distribute hypodermic needles or syringes to participants in clean needle and syringe exchange projects authorized by the public entity pursuant to a declaration of a local emergency due to the existence of a local public health crisis.
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> An ever-increasing number of cities and counties throughout California have authorized clean needle and syringe exchange programs in their jurisdictions. The public health crisis in each jurisdiction is the same: the spread of the Hepatitis C virus (HCV) and human immunodeficiency virus (HIV), exacerbated by the shared use of needles and syringes by injection drug users. [4]

On November 27, 2001, the San Diego City Council declared a local health emergency through a Resolution, which authorizes the implementation of a one-year clean syringe exchange pilot program. The City's Resolution falls in-line with the U.S. Surgeon General report on March 17, 2001 that stated: "Syringe exchange programs as part of a comprehensive HIV prevention strategy are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs [4]."

In San Diego County, it is estimated that there are between 25,000 to 28,000 injection drug users [4]. In a recent profile of injection drug users, the Centers for Disease Control and Prevention reports that the majority of IDUs are males between the ages of 25-35. In 1997, San Diego County Health and Human Service Agency's Office of Alcohol and Drug Services stated that of persons admitted for drug treatment, 21% reported injection drug use as their primary substance use problem.

Since 1990, San Diego has been classified as a "high intensity drug-trafficking area" and has ranked first in the nation for the production and use of methamphetamines[4]. It is estimated that 20% of methamphetamine users in San Diego, compared to 15% nationally, prefer mode of injection [4].

Therefore, a comprehensive system of care with a continuum of services specific to injection drug users is essential to improving the health of our community. The first step in this continuum of care is the provision of clean syringes. Through linkages (e.g., agreements to receive and make referrals) with other service providers, the clean syringe exchange program will ensure that IDUs seeking services will have access to appropriate and timely care and treatment.

Harm Reduction Funding Initiative

Program Description

Both the AHF and TCE are interested in jointly funding a clean syringe exchange program. Only proposals that follow the recommendations and program outline as prepared by the City of San Diego Clean Syringe Exchange Program Task Force's Final Report will be considered.

High priority will be given to proposals which:

- Describe a one-year period with clearly specified goals and objectives;
- Propose specific and measurable objectives that are related to behavioral risk reduction, behavior change maintenance, and provide positive reinforcement to individuals for their successful behavior change;
- Demonstrate commitment to injection drug users, the philosophy of harm reduction, and rehabilitation;
- Develop linkages between existing community resources and harm reduction projects to maximize access to the continuum of services for substance users, particularly injection drug users;
- Address language, cultural and other barriers that may impede service delivery (as applicable); and
- Demonstrate agency's experience with external evaluators, as well as multi-level evaluation designs.

Evaluation Description

The AHF will identify, through an interview process, the local evaluation sub-contractor. The local evaluator will work with the lead external evaluator, the John Hopkins University School of Public Health, in the design of appropriate indicators and methods to collect data. The implementing agency will work with the evaluation teams in integrating the evaluation plan into daily program activities.

PROGRAM TEMPLATE

The following are program elements recommended by the City of San Diego's Clean Syringe Exchange Program Task Force. These program elements are based on site visits conducted in the spring of 2001 by the Task Force to clean syringe exchange programs in Baltimore and Los Angeles. Recommendations were developed after observing these programs (see Task Force's Final Report, which was included in the packet). Proposals that include the following program elements will be considered for funding.

A. Mobile Unit

The task force recommended a mobile system with the use of a small motor home for the following reasons: reduced visual impact of the program on the neighborhoods and the ability to process participants and deliver services in an efficient and confidential manner.

The contractor shall:

- Purchase a small motor home;
- Purchase vehicle insurance and liability coverage;
- Provide regularly scheduled motor home maintenance;
- Hire program staff to include: 1 FTE Program Coordinator, 2 FTE Outreach Workers. **All program staff must be solely funded through this grant**;
- Provide flexible hours of operation;
- Provide intake, syringe exchange, counseling, case management and referral services on-site. Services shall be conducted inside the mobile unit with the door closed;
- Collect data on-board the motor home;
- Provide counseling services to include harm reduction, hepatitis C, sexually transmitted diseases, and HIV prevention and education messages; and
- Provide health, social and treatment service referrals.

B. Participant Identification

The task force recommended a laminated identification card be issued to participants of the program in order to track participants and enable them to provide proof of participation to police officers.

The contractor shall:

- Develop a unique identifier system for program participants;
- Create laminated identification cards for program participants; and
- Include the times and locations of program services on the back of the identification cards.

C. Documentation Procedures

The task force recommended an on-site computer for real-time documentation of participant characteristics to facilitate monitoring and evaluation activities.

The contractor shall:

- Design and create a database program to collect demographic information to include: age, date of birth, gender, ethnicity, zip code, primary language, drug of choices, and number of years injecting;
- Purchase a laptop computer to be used on the mobile unit for data collection;
- Input intake data directly into the laptop during program service hours; and
- Develop and implement a policy on how to secure and store the laptop.

D. Consistent Enrollment and Education Messages

The task force recommended a standardized script that describes guidelines for participation in the program and provides a consistent risk-reduction educational message.

The contractor shall:

- Establish prior to program implementation, protocols for client participation;
- Develop standardized script to be used by staff for intake and exchange services; and
- Develop and establish program participant guidelines and rules (e.g., no drug use or drug dealing are to take place during or after accessing services in the neighborhood; that participants are expected to behave in an orderly fashion while waiting for services and to leave the vicinity immediately after receiving services; and that participants are expected to take care of the area by not littering or engaging in other antisocial behavior).

E. Risk Reduction Services

The task force recommended that risk reduction services and kits be provided in the vehicle. These kits shall include a one-time baseline harm reduction kit with two sterile syringes. The number of syringes exchanged per visit shall be sufficient to provide the typical client with a clean syringe for each injection for one week. Based upon the types of drugs commonly used in San Diego (methamphetamine, heroin, heroin/cocaine combinations), no more than 50 syringes shall be exchanged per visit.

The contractor shall:

- Count syringes being exchanged;
- Provide on a client's initial visit a pre-packaged baseline harm reduction packet (items shall be identified in consultation with AHF), which shall include no more than two (2) syringes;
- Provide ongoing clients with pre-packaged risk reduction and hygiene kits as needed (items shall be identified in consultation with AHF); and
- Provide and distribute risk reduction materials.

F. Prevention Education

The task force recommended that a variety of printed educational materials be available on the mobile unit for distribution to participants.

The contractor shall:

- Distribute culturally appropriate and relevant written materials to the target population;
- Offer materials that contain information on reducing the risk of HIV and HCV infection, as well as other infectious diseases associated with injection drug use (e.g., endocarditis, sepsis, abscesses at injection sites);
- Develop standardized prevention and education messages (scripts) for program staff to use;
- Ensure program staff are culturally competent to work with target population; and
- Provide printed health, social and treatment service referrals.

G. Case Management and Referrals

The task force recommended case management be an integral part of the services provided through the program, including active referrals into detoxification and recovery programs.

The contractor shall:

- Develop case management policies and procedures (e.g., number of clients to be served, case load, content, frequency, follow-up, termination and documentation);
- Develop charting system for case managed clients;
- Develop community outreach guidelines and activities;
- Establish mechanism for active referrals to include: medical care, emergency food and clothing, housing, counseling, detoxification services, and treatment programs;
- Provide intensive client-centered case management services (e.g., 1-on-1 counseling or small groups that address risk reduction activities, social, health service needs, and treatment options, if appropriate, as well as active referrals); and
- Conduct community outreach.

H. Training of Staff

The task force recommended written guidelines for the selection and training of program staff.

The contractor shall:

- Develop job descriptions and scopes of work for program staff;
- Hire staff that are culturally competent and have relevant work experience(s) with the target population;
- Establish written guidelines for staff training to include: cultural sensitivity, sensitivity to neighborhood issues; how to collaborate with City officials, Harm Reduction Funding Initiative grantees, evaluators and law enforcement, and a process for on-going trainings; and

- Establish written guidelines for EOP and potential staff relapse issues.

I. Safety Protocols

The task force recommended training to all staff in universal precautions for handling medical waste and recommended the program follow the Centers for Disease Control and Prevention recommendations.

The contractor shall:

- Develop and implement written protocols on the proper collection and disposal procedures for used needles, syringes, and other hazardous waste materials;
- Develop and implement written protocols on program staff handling and attire while working with bio-hazardous waste (e.g., use of latex gloves, no open-toed shoes);
- Provide hepatitis A, B and tetanus vaccinations to program staff;
- Develop and communicate with staff procedures of how to proceed in the event of an accidental needle stick based on CDC recommendations;
- Document how implementing agency will manage and dispose of bio-hazardous waste appropriately and according to code.

J. PROGRAM EVALUATION

The task force recommended the identification of external evaluators to work with program staff to determine effectiveness at reducing sharing of injection equipment, services used by participants, and to the extent possible, trends in criminal activity at the sites. External evaluation shall be conducted by John Hopkins University's School of Public Health and a local institution(s) to conduct the process evaluation.

The contractor shall:

- Subcontract with John Hopkins University's School of Public Health to develop an evaluation model to address the following questions:
    1. Has needle sharing among participants been reduced?
    2. What has been the impact of the syringe exchange program on the frequency and type of drug use by participants?
    3. How frequently do participants use the syringe exchange program and what services do they utilize, including treatment, medical care, etc.?
    4. Trends in criminal activities associated with drug use (e.g., breaking and entering, robbery, drug possession, etc.) in the surrounding neighborhood.
    5. Tracking of place of residence of syringe exchange program participants.
- Subcontract with local evaluation team to collect data for process evaluation. Data to be collected shall include: the number of participants enrolled; demographics (age, gender, zip code, drug of choice, etc.); frequency of use of the program; types of services provided during the visit; HIV/HCV/STD testing; number of referrals provided; the number of referrals accepted by the participants; the number of individuals referred into treatment by the program and length of stay in treatment; and how participants heard about the program shall be collected.
- Provide quarterly reports to AHF.

K. LOCATION OF THE PILOT CLEAN SYRINGE EXCHANGE PROGRAM

The task force, based on recommendations from Police Department staff, recommended that two areas of the City where drug use levels are high enough to warrant establishing such be evaluated for participation in the pilot program.

The contractor shall:

- Implement the program within the boundaries of the City of San Diego and must comply with the following criteria:
    1. The program shall not be implemented within three (3) blocks of any school; and
    2. The process for determining the two sites citywide shall be done with the concurrence of the Councilmember representing the District within which the site would be located.
- Collaborate with AHF staff to identify program sites and work with neighborhoods, community leaders and community groups (e.g., churches, neighborhood groups, community planning groups);
- Provide residents surrounding program sites contact information through which to register comments or concerns once the program is implemented;
- Designate the Program Coordinator as the contact person for community concerns;
- Document all concerns in a written log;
- Respond to concerns within five working days; and
- Note in writing how the concern was resolved along with any other relevant information.

L. COOPERATION WITH LAW ENFORCEMENT

The task force recommended the establishment of cooperative relationships between the pilot program, Police Department staff, in particular with officers stationed at the nearest area stations.

The contractor shall:

- Cooperate with the Police Department;
- Meet with law enforcement officers to discuss implementation issues, explain the services being provided through the program and describe client participation guidelines; and
- Collaborate with the Police Chief to develop a policy statement related to no harassing of participants carrying the program identification card or confiscation of either identification cards or syringes. This policy shall also include a statement that officers will enforce drug possession and other drug laws if participants violate them.

M. COOPERATION WITH THE PROGRAM FACILITATION COMMITTEE

The City Manager shall appoint a Program Facilitation Committee once the program is in operation. The Committee shall meet no more than quarterly to review program status and other issues of relevance to program implementation. Members may include the Program Coordinator, representatives from the affected Police area stations, the City Manager's Office, the City Attorney's Office, the Mayor's Office, local medical experts with expertise in blood-borne infectious diseases and prevention and treatment, and AHF.

BUDGET TEMPLATE

The following table is a budget template based on April 2001 estimates of costs associated with operating a one-year pilot clean syringe exchange program. Agencies should follow this template as a guideline for proposal submission. The total amount of the budget cannot change. However, budget changes within line items are permissible. A budget narrative should accompany the proposed budget.

THE BUDGET

	FTE	Total Cost	In-Kind	AHF/TCE Request
PERSONNEL COSTS				
Program Staff				
Program Coordinator	1.0			$ 38,000.00
Outreach Worker	1.0			$ 23,000.00
Outreach Worker	1.0			$ 23,000.00
Benefits (21%)				$ 17,640.00
Consultants				
John Hopkins University				$ 50,000.00
Local Evaluation Consultant				$ 30,000.00
TOTAL PERSONNEL COSTS				$ 181,640.00
DIRECT OPERATING COSTS				
Mobile Unit (e.g., used small Winnebago)				$ 50,000.00
Gasoline				$ 3,500.00
Maintenance				$ 2,500.00
Secure parking lot fee				$ 750.00
Insurance & liability				$ 2,500.00
Laptop computer				$ 5,000.00
Office supplies				$ 1,000.00
Duplication costs				$ 2,000.00
Telephone				$ 1,000.00
Incentives				$ 3,000.00
Risk reduction, hygiene and wound kits				$ 15,810.00
Syringes				$ 45,500.00
Sharps containers				$ 300.00
Waste disposal				$ 888.00
Educational materials				$ 19,500.00
Subtotal				$ 153,248.00
INDIRECT COSTS (15%)				$ 27,246.00
TOTAL PROGRAM COST				$ 362,134.00

ELIGIBILITY

The funds being made available are intended to support an agency with a demonstrated capacity to serve their target populations and address harm reduction efforts in San Diego County.

Eligibility criteria include the following:

1. Non-profit 501(c)(3) agencies are eligible to apply, including social service agencies and health care centers; local governmental entities are not eligible to apply.

2. Applicants must be located in and serve people in the City of San Diego.

3. Applicants are encouraged to develop collaborative efforts between service providers (e.g., treatment providers, health clinics), with a clear designation of the applicant organization, which will assume fiscal and programmatic responsibility for the project.

4. Applicants must be operated so that they do not discriminate in hiring staff or providing services on the basis of race, religion, sex, age, sexual orientation, national origin, disabilities, or drug use history.

5. **All program staff must be solely funded through this grant.**

APPLICATION PROCEDURE

Submit an eight-to-ten page full proposal to the Alliance Healthcare Foundation by January 18, 2002. An original and two copies of the complete proposal must be received no later than 5:00 pm at the Alliance Healthcare Foundation. Faxed applications will not be considered.

APPLICATION GUIDELINES

Only those applications that meet established guidelines will be considered and reviewed.

Full Proposal: January 18, 2002

Text should be 8-10 pages, use 1.5 spacing with a 12-point font and one-inch margins. Alliance Healthcare Foundation staff are available to respond to questions as you develop your full proposal.

Your full proposal should include the following:

- Grant application coversheet;
- Identification of the sponsoring organization and primary contact person;
- A short description of the project and the target population;
- A description of the problem to be addressed and a statement of need for the proposed project;
- An explanation of the conceptual or theoretical framework underlying the project;
- A description of measurable project objectives;
- A detailed description of the proposed project, including the specific strategies or structures that will be used;
- A detailed description of agency background and service information;
- A short description of agency capacity to provide services;

- The names and qualifications of the people responsible for the development and implementation of the project (program staff);
- A description of responsibilities and qualifications of program staff;
- A line-item budget accompanied by a budget narrative using AHF's budget format, explaining how the funds you have requested will be spent;
- A plan for evaluating the proposed project;
- A plan for working with external evaluators on a multi-level evaluation design;
- A work plan describing how the project will be implemented and a timetable;
- A list of the agency's directors or board members and their principal occupations;
- A copy of the organizations most recently audited financial statements;
- A copy of the applicant organization's tax-exempt letter;
- A copy of program relevant MOA's;
- A list of other grants received for the project and any pending applications; and
- A copy of agency's most recent (preferably 2001) IRS Form 990.

GRANT INFORMATION

AHF and TCE plan to award a maximum of $362,134 for the implementation of a pilot clean syringe exchange program in the City of San Diego. One agency will be selected to receive funding for one year.

Grant funds may be used for project staff salaries and operating expenses specific to the proposed program. Grantee agencies will be required to submit quarterly narrative and financial reports, with a final report describing program accomplishments and evaluation results due at the end of the funding period. Alliance Healthcare Foundation will provide technical assistance (e.g., program design, start-up and implementation issues, evaluation, report preparation, media relations and press releases) to the grantee.

Proposals should be addressed to:

Linda S. Lloyd, Dr.P.H.
Vice President, Programs
Alliance Healthcare Foundation
9325 Sky Park Court, Suite 350
San Diego, CA 92123

For questions on the proposal, please contact Thomas Brewer at (858) 874-3788, ext. 713.

Please note that staff will be available through December 20, 2001. The Alliance Healthcare Foundation will be closed December 24, 2001 through January 1, 2002 and will re-open on January 2, 2002.

References:

1. **Lloyd, L. & O'Shea, D (October, 1994): Injection Drug Use in San Diego County: A Needs Assessment.**

2. **San Diego County Health & Human Services Agency (January, 2000): AIDS Epidemiology Report. Volume IV, No.1.**

3. **San Diego County Health & Human Services Agency (April, 1999): RFP-90136, HIV Education and Prevention Services. Office of AIDS Coordination.**

4. **City of San Diego (June 12, 2001): Clean Syringe Exchange Program Task Force: Final Report.**