REQUEST FOR PROPOSALS
State Public Health Departments to Collect, Analyze and Report CSTE Recommended Surveillance Indicators for Substance Abuse and Mental Health, Version 3 (2019)

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PART I: OVERVIEW INFORMATION

Issuing Organization: Council of State and Territorial Epidemiologists (CSTE) at www.cste.org

Participating Organizations: CSTE, Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

PART II: FULL TEXT OF ANNOUNCEMENT

Section I. Funding Opportunity Description

Background

The burden of substance use and mental illness in the United States continues to increase. Data is more readily available for substance abuse including alcohol misuse than for mental illness. Data on mental illness in the US is generally obtained from national surveys conducted by SAMHSA and CDC, which leaves a gap in state level information.

In 2015, the Council of State and Territorial Epidemiologists (CSTE) Substance Abuse Subcommittee established a Workgroup to develop a set of 18 substance abuse and mental health surveillance indicators for use by state and local public health departments. Regular collection of these indicators will provide an opportunity to routinely analyze and disseminate results.

CSTE recommends the use of 18 Substance Abuse and Mental Health (SA/MH) indicators across the 3 domains of Alcohol, Other Drugs, and Mental Health for state, territorial, local, and tribal surveillance. See the complete list of indicators here: http://www.cste.org/members/group.aspx?id=87616

In 2017 and 2018, CSTE conducted 2 rounds of pilot testing of the initial recommendations and a revised, version 2. Using the lessons learned and pilot jurisdiction feedback, CSTE again updated the recommendations to the current version 3 released in January 2019. CSTE now seeks state health departments to collect and report one year of data using the version 3 recommendations

The SA/MH indicators provide a guiding framework for states, territories and other jurisdictions to expand their surveillance systems, and simultaneously maximize their jurisdiction's informed decision making in substance use and mental health program planning and implementation, based on the priorities, needs and resources of the individual jurisdiction

CSTE is soliciting proposals from state public health agencies to collect and report one year of data for the 18 CSTE Recommended Indicators for Substance Abuse and Mental Health to be posted on the CSTE website. The purpose of this project is to generate multi-state data for each indicator at the state level and to improve the recommendations and guidelines for the indicators and disseminate the results on a publicly available resource. The results of this project will strengthen the case for the widespread adoption of these indicators and their regular collection by public health agencies.

Objectives

By June 18, 2019 the funded states will obtain, analyze and report on the 18 Recommended CSTE Surveillance Indicators for Substance Abuse and Mental Health using 2016 data for each indicator. CSTE will post the complete data results for the indicators, by state, on the CSTE website. In addition to the complete analyzed state data for 2016, a final project report will include summary information on the ease of collection, perceived usefulness and likelihood of local adoption for each indicator, to be submitted to CSTE by June 30, 2019.

Deliverables

To meet the above-mentioned objective, the awardee will be required to:

- Collect and analyze 2016 data for the 18* SA/MH indicators according to the data sources and standardized guidance provided – alternate methods of collections or analysis will not be accepted
- Provide data for 18 indicators to CSTE by June 18, 2019 for dissemination on the CSTE website in July 2019
- Provide a summary report to CSTE that includes:
    - Ease of completing each indicator (including a time estimate and lessons learned on acquiring and analyzing the data)
    - Perceived usefulness or public health impact for the indicators completed
    - Evaluate estimated cost of the likelihood of the SA/MH indicators being implemented by each health department
- Participation in project conference calls with CSTE to discuss broader implications of results on STLT behavioral health surveillance.
- Provide final data set of indicators for public dissemination on the CSTE website. Analyzed, aggregate results for each indicator reported to CSTE must be "cleared" or have final approval by each state public health organization or agency to be posted on CSTE's website.

**See Appendix 1 for a list of the 18 indicators*

Timeline

February 14, 2019	Request for Proposals Released
March 14, 2019	Applications Submission Deadline
March 18-20, 2019	Award Notification Date
March 22, 2019	Anticipated Start Date
June 18, 2019	Data submission for 18 indicators
June 30, 2019	Final Project Report Due to CSTE

**Please note that the timeline is subject to change*

Section II. Award Mechanism

Mechanism(s) of Support

CSTE will manage matters related to financial support for this project.

Funds Available

Funding for this project will be firm-fixed. CSTE intends to commit up to $25,000.00 per participating state health department. Funding for this project is provided by the Substance Abuse and Mental Health Services Agency (SAMHSA) through the Centers for Disease Control (CDC) cooperative agreement number 5U38OT00143-5. Funds awarded to contractors under this announcement are subject to the laws, regulations and policies governing the U.S. Public Health Service grant awards. All estimated funding amounts are subject to the availability of funds.

Section III. Eligibility Information

Eligible Applicants

Eligible applicants are any state public health organization or agency with demonstrated access to the data sources for the selected indicators and sufficient epidemiological capacity in the field of substance use and/or behavioral health to carry out the project.

Section IV. Application and Submission Information

Content and Form of Application Submission

The application should be no longer than 6 pages, and should be written using a 12-point, double-spaced, unreduced, Times New Roman font, on 8.5x11 inch paged paper with one-inch margins. Additional pages or appendices may not be reviewed. Please include the headings below in the order listed, and address all the issues included under each heading.

1. Contact Information and Data Collection/Analysis Team info
    - Provide applicant contact information
    - Provide summary of relevant technical experience for key project contributors

2. Background
    - Describe prior agency experience in surveillance with an emphasis on substance use and behavioral health
    - Describe anticipated level of access to data sources required

3. Work Plan
    - Describe the planned process for completing the project project, including accessing the required 2016 data sources for each of the 18 indicators and a workplan for analysis and reporting. Please also reference your health department requirements for clearing the data for posting on the CSTE website.

4. Budget and Justification
    - Provide budget and a detailed justification.

For further assistance, technical questions, or inquiries about the application, contact Megan Toe at CSTE (770-458-3811 or mtoe@cste.org). Representatives from CSTE will be available to speak to potential applicants to discuss technical or administrative questions. All questions and answers will be made available to all potential applicants upon request.

Submitting an Application:

Application materials should be sent to Megan Toe at mtoe@cste.org no later than 11:59 pm Thursday, March 14, 2019. Notification of successful receipt of the application will be sent to the applicant upon request. Electronic applications are required.

Section V. Application Review Information

Criteria

The following criteria will be used to review all submitted applications:

1. Background/Project Team (50 points)
    a. Applicants understanding of the project and deliverables (25 points)
    b. Relevant experience, expertise, and/or skills of project team (25 points)
2. Plan/Methods (30 points)
    a. Detailed work plan, method, and timeline for completing work (30 points)
3. Budget and Justifications (20 points)

Review and Selection Process

Eligible applications that are complete will be evaluated for scientific and technical merit by CSTE in accordance with the review criteria stated above. A review panel of the CSTE National Office, Substance Abuse Subcommittee members, and subject matter experts will score the applications. Funding awards will be made based upon the quality of the submitted proposal and the ability of the applicant to meet the criteria stated above.

Section VI. Award Admission Information

Award Notices

All applicants will be notified via email.

Award Recipients and Responsibilities

The award recipient will have primary responsibility for the following:

1) Accomplish the objectives and deliverables listed in this announcement
2) Provide written progress reports and invoices to CSTE as required in the contract agreement
3) Participate in project calls and webinars

CSTE Responsibilities

CSTE will have the primary responsibility for the following:

1) Serve as the awardee's principal point of contact
2) Facilitate work and provide avenues for communication between awardee and stakeholders
3) Monitor the terms of the agreement
4) Fund according to the terms of the agreement

For More Information

For more information, contact:

Megan Toe
Council of State and Territorial Epidemiologists
770-458-3811 (phone)
mtoe@cste.org

APPENDIX I

Summary of CSTE's Substance Abuse and Mental Health Surveillance Indicators, Version 3

Indicator #	Indicator	Measure of frequency to be reported
1	Adult binge drinking	Annual prevalence: crude with 95% CIs.
2	Youth binge drinking	Biennial (odd years) prevalence with 95% CI.
3	Alcohol-related crash deaths	Annual number of deaths. Annual crude mortality rate per 100,000
4	Mortality from liver disease and cirrhosis	Annual number of deaths. Annual mortality rate per 100,000: crude.
5	State excise tax; **beer, wine, distilled spirits**	Rate per gallon
6	Drug overdose mortality, all drugs	Annual number of deaths. Annual mortality rate per 100,000: crude, as a total for all drug types together and by drug type.
7	Hospitalization attributable to drugs with potential for abuse and dependence; **all drugs, heroin poisoning, cocaine poisoning, non-heroin opioid poisoning, benzodiazepine-based tranquilizer poisoning, amphetamine poisoning, cocaine abuse or dependence, opioid abuse or dependence**	Annual number of hospital discharges. Annual rate of hospital discharge per 100,000: crude.
8	Prescription opioid sales per capita	Morphine milligram equivalents (MME) per capita.
9	Drug or alcohol dependence or abuse in the last year	Two year prevalence with 95% CIs. States should combine two survey years (e.g., 2013-2014) to provide stable state-level estimates.
10	Prevalence of use of selected prescription and illicit drugs; **past month illicit drug use*, past year marijuana use, past month marijuana use, past month illicit drug use other than marijuana*, past year cocaine use, past year non-medical use of pain relievers***	Two year prevalence with 95% CIs. States should combine two survey years (e.g., 2013-2014) to provide stable state-level estimates. *not available for 2014-2015

Summary of CSTE's Substance Abuse and Mental Health Surveillance Indicators, Version 3, cont'd

Indicator #	Indicator	Measure of frequency to be reported
11	Suicide rate	Annual number of deaths. Annual mortality rate per 100,000: crude.
12	Hospital discharges for mental disorders; **all, mood and depressive disorders, schizophrenic disorders, all mental disorders EXCEPT drug- and alcohol-induced mental disorders.**	Annual number of hospital discharges. Annual rate of hospital discharge per 100,000: crude and.
13	Emergency department visits for intentional self-harm	Annual number of ED admissions. Annual rate of ED admissions per 100,000: crude.
14	Self-reported youth suicide attempts	Biennial (odd years) prevalence with 95% Cis.
15	Depressive episodes in the past year	Two year prevalence with 95% CIs. States should combine two survey years (e.g., 2014-2015) to provide stable state-level estimates.
16	Any adult mental illness in the past year	Two year prevalence with 95% CIs. States should combine two survey years (e.g., 2014-2015) to provide stable state-level estimates.
17	Serious adult mental illness in the past year	Two year prevalence with 95% CIs. States should combine two survey years (e.g., 2014-2015) to provide stable state-level estimates.
18	Frequent mental distress (≥14 days out of 30)	Annual prevalence: crude with 95% Cis.

View the full report of Recommended CSTE Surveillance Indicators for Substance Abuse and Mental Health, Version 3