

Establishing a Model for Substance Use Disorder & Co-Occurring Mental Health Disorders Treatment in Kentucky

PURPOSE: The Kentucky Opioid Response Effort (KORE), in partnership with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), is seeking proposals from organizations with the capacity and expertise to evaluate a public health campaign seeking to reduce substance use disorder stigma in the community. KORE is seeking to identify an evaluation partner who will then be contracted by [Shatterproof](#), a national non-profit organization, to evaluate Kentucky's stigma reduction campaign.

BACKGROUND: Nationally, over 93,000 individuals died from a drug overdose in 2020 (CDC, 2021). This is the largest number ever recorded and is an increase of 29.4% compared to the prior 12-month period. In Kentucky, there were 1,964 Kentucky resident drug-related deaths in that same 12-month period, which is a 49% increase for the state when similarly compared to the prior 12-month period (ODCP, 2021). This trend disproportionately impacts individuals of color. For example, overdose risk increased by 64% among Black non-Hispanic residents and by 49% among White non-Hispanic residents.

Addiction affects Americans from all walks of life, and just like heart disease or diabetes, addiction is a chronic medical condition that is treatable. It is not a moral failing or a character flaw. For our nation to effectively address this crisis, we need to broaden our work to address the unjust stigma surrounding addiction. Through challenging and changing established beliefs to reduce stigma we can remove barriers to treatment and increase support for those in recovery.

Knowing the importance that reducing stigma will have on reversing the course of the addiction crisis in the United States, in 2019 Shatterproof partnered with the public health non-profit organization, The Public Good Projects (PGP). As part of this partnership, the organizations launched a process to study 11 social change movements to determine whether stigma could be reduced and the most effective ways to do so. Ultimately, their research concluded addiction stigma can be reduced.

Research has demonstrated that effective stigma reduction efforts normalize substance use disorder diagnosis, treatment, and recovery. They do so by creating social awareness and positive contact through intentional engagement, such as with stories of recovery. These connections are made in person or via digital channels (humanizing the disease) and strengthen when combined with educational interventions. **Contact-based strategies** are a crucial evidence-based approach for reducing stigma. Successful story-sharing campaigns identify and prioritize sources of stigma settings. These campaigns work to change critical influencers and institutions behavior by showing targeted success stories of people who have achieved stability.

In the context of state campaigns, four elements of a successful stigma reduction campaign were identified:

1. Integrating with a state's existing plan;
2. Strengthening the capacity of stakeholders already responding to the crisis;
3. Educating the public using channels and messages that meet individuals where they are; and
4. Evaluating the public health intervention at regular intervals throughout the program.

PROJECT OVERVIEW: While media campaigns have shown promise in improving other substance use-related behaviors in the past, many of the strategies that have been attempted to-date have been inconclusive, due to a variability in intervention type, outcome measures, and absence of theoretical frameworks. Shatterproof and PGP's strategy is grounded in research, provides vital resources and technical assistance to community-based organizations (CBOs), and implements rigorous monitoring and evaluation of the program to determine causal impact for the effort.

Using a research-driven, contact-based strategy, the campaign sources and curates video testimonials of recovery from people across the state and community-based organizations. These stories of hope and resiliency are shared across social media and other platforms showing that those living with a substance use disorder are no different from anyone else and that substance use disorders do not discriminate. Though the campaign relies on its firm roots in the community, its digital strategies allow the campaign to easily scale. This approach allows the campaign to address stigma across the state with media messaging, as well as providing the data and tools needed for behavior change within local communities.

The project utilizes a statewide behavior-change media campaign structured as a public health intervention focused on the addiction crisis, with the overall goal of reducing stigma:

- **Phase I – Formative Research:** The first three-month phase involves **formative research, including subject matter expert interviews, mixed-methods baseline data collection and survey administration, stakeholder outreach, and campaign strategy development.**
- **Phase II – Implementation:** Phase II is a **12-month public health campaign with monthly reach metrics reports, stakeholder technical assistance/workshops/training, continued mixed-methods data collection and analysis, and midpoint and final formal evaluation surveys of campaign performance.** The campaign will be delivered using both paid media and earned media, and a significant amount of outreach will be conducted on behalf of the campaign by community-based organizations and their outreach networks. Additionally, during this phase, local champions will be used to target priority populations as outlined through formative research and/or the Department for Behavioral Health, Developmental and Intellectual Disabilities and KORE.

Throughout the campaign, the selected partner, in collaboration with PGP and KORE, will be responsible for contributing data for manuscripts to peer-reviewed scientific publications noting the evaluation results at approximately the midpoint and the end of the 12-month campaign. These future publications will help address the need for a larger evidence base on stigma reduction strategies that are cost-effective, scalable, and can quickly pivot to address changing circumstances which impact addiction.

Survey Methodology: A representative sample of those in Kentucky will be surveyed at the beginning, midpoint, and end of the campaign. The sample should be weighted to ensure that demographic characteristics (i.e., race, education, location) are reflected accurately. The survey consists of over sixty (60) questions regarding general attitudes on OUD; positions towards OUD policy; public stigma; and self-stigma. This project activity will be directed by the selected organization.

The **initial baseline survey** measures societal attitudes, behaviors, and knowledge about addiction. Additionally, individuals self-identifying with a substance use disorder are provided additional questions to determine their level of self-stigma.

At both the **midpoint and month 12** of the campaign, the same survey will be administered to measure changes in societal attitudes, behaviors, and knowledge about addiction that can be attributed in part to campaign awareness.

SCOPE OF WORK AND DELIVERABLES:

Phase I: Formative Research (Months 1-3)

- Lead the development of an evaluation protocol, Institutional Review Board approval, and administration of representative statewide baseline survey. The evaluation protocol would include the specific survey questions used (~60 questions and an additional 17 standard demographic questions), how those questions were determined, how and when surveys will be administered, who will be surveyed, what statistical techniques will be used in data analysis, etc.
- Conduct individual interviews and focus groups with local community leaders and stakeholders, to understand what programs currently exist, what has been done in the past, what is planned for the future, the relationships between organizations, how community needs assessments are managed, and the social norms, values, and other aspects of the identity of the community.

Phase I Deliverables: Final report materials (for the baseline quantitative survey administrations) includes:

- Cleaned data set;
- Methodology report;
- Report of results including narrative findings; and
- Relevant charts and graphs.

Phase II: Campaign Execution and Evaluation (Months 4-15)

- Participate in monthly stakeholder technical assistance or webinar-based trainings (scope and engagement to be agreed upon during formative phase). **(Months 4-12)**
- Facilitate meetings (6) with community stakeholders throughout the state for qualitative data gathering and analysis. **(Months 4-12)**

Phase II Deliverables:

- Final report materials (for both the midpoint and final quantitative survey administrations) includes:
 - Cleaned data set;
 - Methodology report;
 - Report of results including narrative findings; and
 - Relevant charts and graphs.
- Mid-point Phase II campaign check-in report/presentation.
- Final campaign evaluation presentation.
- Two draft manuscripts following the 12-month active campaign.

ELIGIBLE APPLICANTS: Applicant must be either a non-profit organization with 501c3 status or a university in Kentucky.

AWARD INFORMATION:

- Federal funding source: The Substance Abuse and Mental Health Services Administration (SAMHSA; TI-83-283)
- Contracting entity: [Shatterproof](#) will issue the contract
- Award ceiling: \$80,000
- Cost sharing/match requirement: No
- Application deadline: September 13, 2021
- Award period: Approximately October 1, 2021 – December 2022

ANTICIPATED PROJECT TIMELINE:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Formative Research															
Baseline Evaluation															
Campaign Execution															
Community Outreach															
Midpoint Evaluation															
Final Evaluation															

MULTI-TIERED REVIEW AND SELECTION PROCESS: Proposals will be screened to ensure minimum eligibility requirements have been met. Proposals meeting minimum eligibility requirements will be assessed by the KORE/Shatterproof review committee and funded on a competitive basis. Award recommendations will be presented to Shatterproof for final approval and contracting.

Mandatory Submission Requirements

1. Cover letter on agency letterhead.
2. Project Narrative. Sections should be organized and labeled such that each is clearly identifiable to the reviewers. The page limit for the Project Narrative is 6 pages, excluding the cover page and attachments. Narrative that exceeds the page limit will be excluded from the review process.
3. Proposals must be double-spaced using Times New Roman 12-point font.
4. Pages must be numbered consecutively from beginning to end of the Proposal Narrative.
5. Detailed Budget Worksheet and Narrative using template provided.
6. Copy of the 501(3)(c) IRS letter indicating non-profit status.

Project Narrative:

1. Proposed Approach (50 points)

- a. Describe the survey methodology you would use to achieve the deliverables of Phase I and Phase II of the project.

2. Relevant Experience (35 points)

- a. Describe your expertise and experience leading the development of an evaluation protocol related to behavioral and/or public health.
- b. Describe your expertise and experience conducting qualitative research.
- c. Describe your strategy for stakeholder outreach and engagement to achieve a representative statewide sample.
- d. Attach at least two examples of final report materials such as peer-reviewed articles or public-facing reports that demonstrate capacity to meet project deliverables.

3. Staff (15 points)

- a. Provide a complete list of staff positions for the project, showing the role of each, their level of effort, and qualifications.

All materials must be submitted in a combined PDF titled KORE_EVAL_2021_ and the name of your agency by email to kore@ky.gov no later than 5pm ET on September 13, 2021. For example, KORE_EVAL_2021_AgencyABC.

Please submit questions regarding proposals to KORE at: kore@ky.gov