

Request for Proposals (RFP) Addendum

ADDENDUM DATE ADVERTISED: Tuesday, March 5, 2024

ORIGINAL DATE ADVERTISED: Friday, February 16, 2024

Title: Overdose Prevention & Response: Linkage to and Retention to Care Navigation

Number: 2024CDIP535RFP

Due Date: No later than March 19, 2024

Contact: Kishan Scipio, cpres-CDIP@kingcounty.gov

This Addendum provides the following clarifications and additional information about the referenced solicitation.

The RFP language is being modified to the following:

Proposals that provide linkage to multiple types and/or formulations of MOUD (including methadone, buprenorphine, and/or long-acting injectable buprenorphine) will be scored higher.

How will Proposers be evaluated? (Partnerships & Collaboration)

Higher score for MOUD providers that offer multiple types and/or formulations of MOUD (i.e. methadone, buprenorphine, and long-acting injectable buprenorphine) OR can demonstrate formal linkages and/or partnerships with another MOUD provider that offers additional types and/or formulations of MOUD.

- 1. In the Public Safety category, does the lead applicant need to be a public safety agency? That is, if the locus of care for the proposal is going to be based around a public safety (e.g. EMS) context, can the primary applicant be a non-public safety agency that partners with a public safety provider? For instance, UW as the lead, partnering with Seattle Fire.**

No, the lead applicant is not required to be a public safety agency, and the primary applicant may be a non-public safety agency that partners with a public safety provider. The example provided (UW as the lead applicant partnering with Seattle Fire) is great and would fit within the scope of the RFP.

- 2. Can we apply for just one Care Navigator or do applications require two?**

Yes, a proposal can be submitted requesting funds for 1 navigator. This proposal budget would be evaluated not to exceed \$ 150,000.00. It is not required for applicants to use 2 care navigators.

- 3. Even though the ED is a healthcare milieu, could we submit an application placing a Care Navigator there, again with a public safety context (e.g., individuals brought in by EMS for overdose)?**

Yes, placing a care navigator in an Emergency Department setting for a public safety focused project is fine. In your proposal you may wish to articulate how the care navigator will engage with clients / patients through the public safety setting, and then designate the ED as the MOUD-provider setting.

This Addendum will be provided in alternative formats upon request.

4. Are the Care Navigators staying together? For example, would two come to the public sector, or one per?

A maximum of two in each sector. However, both could be at the same site. If one is not located at the MOUD provider site, a written agreement would be needed with an MOUD provider site stating that they plan to work with the partner organization / agency to provide MOUD care for clients / patients referred, and that they plan to collaborate with the organization / agency to address the scope of work outlined in the RFP.

5. The RFP says that three partnerships will be funded. Is the intent to choose one partnership to represent each area, i.e. housing, public safety, and hospitals?

Yes, one partnership will be funded from each area for a total of three awards. One award will be issued to a public safety agency, one award to a housing service provider, and one award to a healthcare organization.

6. Will Sublocade treatment also rank higher similar to methadone?

The criteria used in evaluating proposals does not currently assign scoring based on applicants' capacity to provide Sublocade and/or other long-acting injectable forms of buprenorphine. However, those who can provide access to long-acting injectable buprenorphine should certainly articulate this in their applications. Proposals for partnerships that can provide access to Sublocade and Brixadi are encouraged. The PHSKC project team will continue to discuss this question internally and release further guidance at a later date if changes are to be made to the proposal scoring criteria as it relates to long-acting injectable buprenorphine access.

*** Proposals that provide linkage to multiple types and/or formulations of MOUD (including methadone, buprenorphine, and/or long-acting injectable buprenorphine) will be scored higher***

7. Are there any limitations or recommendations around what type of training or role the navigators would have. For example, peers, CHWs, etc.?

There are no specific requirements for training or certification of care navigators. However, PHSKC places a high value on lived experience for care navigation staff. Proposals are encouraged to make use of peer service providers or staff in their planned activities. Care navigators with experience and training in harm reduction philosophy and services will also be considered advantageous. Successful applicants who are awarded funding may explore opportunities for further training of care navigation staff to be provided by PHSKC.

8. Does the ED count as a MOUD provider?

Yes, Emergency Departments could be considered MOUD providers. However, applicants who elect to make use of models using EDs for MOUD care may wish to articulate their reasoning for doing so. Proposals of this nature may also wish to consider systems for connecting patients to ongoing MOUD care with other providers. Alternatively, EDs may seek funding to develop partnerships with community-based MOUD care providers in order to establish pathways for diverting MOUD care from the ED setting.

9. Can both care navigators be located at a MOUD provider site?

Yes, applicants may use a model with both care navigators working in the MOUD provider setting if the proposal can demonstrate a strong partnership with a public safety, housing, or healthcare service setting where patients will be identified and engaged. Applicants are also encouraged to describe how they will implement novel or innovative strategies to improve or expand care retention and re-engagement beyond existing and traditional pathways.

10. I am a Care Navigator. Any suggestions on connecting with MOUD providers who are on this call and have expressed an interest in a potential partnership?

Those seeking to identify MOUD provider partners for their proposal may wish to utilize the Crisis Connections MOUD locator tool. Information on MOUD care providers in the region can be accessed via [Washington Recovery Help Line \(warecoveryhelpline.org\)](http://warecoveryhelpline.org). One pre-proposal conference attendee, Lisa Rogers, noted in the conference chat that they are an MOUD provider and expressed that prospective applicants seeking a provider partner may contact her at Sound via lisa.rogers@sound.health.

All other terms of Request for Proposals (RFP) 2024CDIP535RFP remain unchanged.