

Request for Proposals (RFP) Addendum

ADDENDUM DATE ADVERTISED:

ORIGINAL DATE ADVERTISED:

Title: **Expanding Access to MOUD Services in Community-based settings.**

Number: **2024CDIP569RFP**

Due Date: No later than April 30, 2024

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

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

When we talk about multiple forms of Medications for Opioid Use Disorder (MOUD) we are acknowledging that **Opioid Treatment Programs (OTP)** are the ones where methadone primarily comes from. If you are not an Opioid Treatment Program, we understand that it could be difficult which is why we included those that do **buprenorphine, or oral and injectable formulations of buprenorphine, or buprenorphine/naloxone** for the purpose of this RFP are considered multiple forms of Medications for Opioid Use Disorder. It is helpful to describe all of the forms of MOUD that are offered by your organization to include Opioid agonist or partial agonist therapies.

- 1. Does South King County have a fixed area in the application or is the boundaries more generalized?**
There is not a fixed/specific boundary for this application. South King County refers to the area in the County south of Seattle.
- 2. Could you share allowable expenses?**
There is not a list of allowable expenses for this RFP. Reasonable expenses to cover the proposed services that are within the scope of work requested are allowed. This RFP falls under the Allowable Uses of opioid settlement funds, which can be viewed here for background: [Walgreens-Multistate-Agreement-and-Exhibits.pdf \(agportal-s3bucket.s3.amazonaws.com\)](https://agportal-s3bucket.s3.amazonaws.com)
- 3. Do we need letters of support if the partners are more generalized, or must they be specific to the work in the application? Would it be appropriate to include letters of support from organizations that can speak to a provider's reputation even if they will not be part of this work?**
A letter of agreement is only necessary if any proposed services are being carried out by a partner outside of the agency applying to the RFP. For other general organizational partners, letters of support are not necessary. Letters of support can be included in the application if desired, but only questions included in the rubric will be scored.
- 4. I understand an agreement will be negotiated immediately with each successful Proposer that is selected via this RFP and the term of the Contract will be two (2) years with an option to extend, depending on the terms of the agreement and project performance; however, could you clarify when the start of the contract is expected to be?**
There is not an expected start date for agreements. Successful proposers will be notified at the end of May. Agreements will be negotiated after that and there is not an exact time frame for this process. It's a safe assumption that contracts will not be executed to start before July 1.

This Addendum will be provided in alternative formats upon request.

5. If we are a healthcare organization using our practitioners to partner with a Community-Based organization as part of the RFP will the Community-based provider be penalized because of our Health Care status?

Absolutely not. Partnerships between healthcare organizations and community-based organizations are encouraged. The goal of this RFP is to reach people who are not currently being reached by other MOUD programs by supporting community-based MOUD provision, removing barriers to MOUD, and improving flexibility/cultural-responsiveness of MOUD provision. We are prioritizing community-based organizations for this RFP (you can see the full list of evaluation criteria in the RFP document).

6. Is there a downloadable template for the Narrative Response, or do we just answer the components as described in a new Word document?

You can answer the components that are described in the RFP document in a new word document.

7. The timeline seems kind of short from when you posted the RFP to the deadline to submit, can you talk about the timeline since you've known about these funds for a few years?

This is open competitive process that was posted on March 19, 2024, to be open for 6 weeks with a due date of April 30, no later than 2pm. We have received feedback from the community that opioid settlement funds should fund community driven programming. We are working to get these dollars out to community organizations as quickly as possible through this RFP process.

8. Assuming that this does not change the requirements needed to prescribe or dispense methadone?

This RFP does not change any legal requirements for MOUD provision. We are operating under the same legal Federal and state regulations around DEA licensing and prescribing privileges. When we reference "low threshold" or "low barrier," it is within the guidelines of these federal or state regulations.

9. Is Naltrexone considered an MOUD for this RFP?

No, this RFP focuses on opioid agonist or partial agonist therapies only.

10. Would this fund the cost of a mobile unit to provide OTP or MOUD services?

This would be within the requested scope of work and objectives of the RFP. We suggest you articulate the need/rationale for any proposed services (i.e. why is this service necessary?) and how your proposal addresses this need.

11. is this grant related to the overdose community review panel? Can organizations participate in both?

*The RFA for community review panel members is open to members of the community who are interested in reviewing opioid settlement-funded RFPs and making funding recommendations. This RFP is funded by the opioid settlement and therefore successful applicants to the RFA may have the opportunity to participate in review for this RFP. All RFP reviewers must have **no conflict of interest**. This does not mean that members of organizations cannot apply to both this RFP and the RFA (you are welcome to apply to both). Reviewers are required to document affiliations or potential conflicts of interest and will not be allowed to participate in reviews of conflicted applications.*

12. How many projects are anticipated to be awarded?

1-3. The number of awards will depend on the proposals received.

13. Is the funding intended to be used over a 2-year period or can it be proposed for the 1st year of funding?

Contracts will be for 2 years, meaning proposed activities should be completed within 2 years. However, there is no maximum yearly budget. Applicants can decide based on their project's needs and start-up costs how their proposed budget is allocated across the 2-year period.

14. We are aware that there is a shortage of peer support/SUD navigators and while funding would allow us the opportunity to increase services by hiring a FT person to do this work, we're not sure

how competitive it will be to get an applicant for the role due to these shortages. We're wondering if you have any suggestions around including funding for that position knowing that we might not be able to fill it.

We suggest articulating a backup plan in the event that these positions are not able to be filled. This could be articulated in response to Narrative Response question #5. We understand that pilot projects may face barriers and ask applicants to consider what barriers may arise and how they may be addressed (e.g. a reasonable backup plan).

15. Our current project offers to pay participants who get tested/treated for hep, and we were wondering if we could offer something like this to participants in MOUD programs. Do you know if that's something we could include in the budget or should we anticipate covering those cost with unrestricted funding?

This would be within the requested scope of work and objectives of the RFP (if there is not existing funding to cover these costs already). We suggest you articulate the need/rationale for any proposed services (i.e. why is this service necessary?) and how your proposal addresses this need.

All other terms of Request for Proposals (RFP) 2024CDIP569RFP remain unchanged.