

<b>REQUEST FOR LETTERS OF INTEREST &amp; QUALIFICATIONS</b>	 <b>King County</b>	Department of Community and Human Services - Behavioral Health and Recovery Division
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**DATE ISSUED :** February 28, 2022

Title:	Low-Barrier Access to Buprenorphine
Due Date:	April 1, 2022 – 4:00 p.m.
Contact Person:	Robyn Smith <a href="mailto:robysmith@kingcounty.gov">robysmith@kingcounty.gov</a>

**I. Introduction**

The King County Department of Community and Human Services (DCHS) is pleased to release this Request for Letter-of-Interest and Qualifications for Low Barrier Access to Buprenorphine with funding from MIDD, Mental Illness and Drug Dependency (MIDD) funding for King County, which supports program and services for individuals living with behavioral health conditions.

BHRD is seeking information and qualifications from qualified organizations interested in delivering and/or facilitating system-wide access to low-barrier buprenorphine treatment on demand in the community.

**A. Equity and Social Justice**

For many in our region, King County is a great place to live, learn, work and play. Yet we have deep and persistent inequities - especially by race and place - that in many cases threaten our collective prosperity. Equity and Social Justice (ESJ) is an integrated part of the County’s work and foundational to the work of DCHS. Our goal is to ensure that all people, regardless of who they are and where they live, can thrive with full and equal access to opportunities, power, and resources.

For all Division funded programs, we seek to support community-led and community-informed organizations that are reflective of and embedded in the communities they serve across all aspects of their leadership and service. We further seek to support organizations that recognize and address the disparities that exist in our communities, both across DCHS and by specific program area.

The Task Force recommendations urged the utilization of multiple access points to facilitate buprenorphine induction and maintenance in King County. Creating

multiple access points is intended to support the achievement of buprenorphine treatment on demand and engage individuals in opioid use disorder treatment and other supportive services who may not engage in traditional substance use disorder treatment. Expanding geographic access points to include health care providers that serve traditionally underserved people is critical to addressing racial/ethnic and socioeconomic disparities in use of buprenorphine for treatment of opioid use disorder.

Keeping at the forefront King County's commitment to lead with race and equity, applicants are encouraged to consider identifying the proactive steps the program will take to outreach and engage individuals from any of the identified populations mentioned above or other underserved individuals and groups. Applicants may be asked to demonstrate their understanding and commitment to the principles of equity and social justice. One aspect of this work includes understanding – at both a program and system level – structural and institutional racism as it plays out for individuals served through DCHS funded services, and the disparate impacts on individuals' collective experiences and outcomes compared to the population as a whole.

More information about King County's ESJ work is available at:

<https://kingcounty.gov/elected/executive/equity-social-justice.aspx>

## **II. Overview**

### **A. Background**

The King County Department of Community and Human Services (DCHS), Behavioral Health and Recovery Division (BHRD) is responsible for administering the publicly funded behavioral health (mental health and substance use disorder) treatment system in King County. The behavioral health system includes outpatient, residential and inpatient services for Medicaid and low-income individuals. BHRD also administers Mental Illness and Drug Dependency (MIDD) funding for King County, which supports program and services for individuals living with behavioral health conditions.

The King County Council and the MIDD Advisory Committee approved a multi-pronged opioid initiative (MIDD 2 initiative CD-07) to reduce heroin or opioid-linked overdose fatalities and improve the continuum of health care services, treatment and supports for individuals in King County who use opioids. Specifically, the initiative aims to support Task Force recommendations by promoting equity in access to limited treatment resources, while also ensuring that residents whose opioid use is impacting other publicly funded systems (such as emergency medical facilities, psychiatric hospitals, criminal courts, and correctional facilities) have access to responsive and less expensive treatment services.

In September 2016, the King County Heroin and Prescription Opiate Addiction Task Force (Task Force) issued its final report to the public and Task Force conveners (i.e., King County Executive and the mayors of Seattle, Renton, and Auburn). In January 2017, the elected officials accepted the recommendations contained in the report. Among the recommendations is the following related to opioid use disorder treatment expansion and enhancement (page 17 of the Task Force report):

## **B. Objective**

Create access to buprenorphine for all people in need of services, in low-barrier modalities close to where individuals live.

Individuals experiencing opioid use disorder, who desire opioid agonist pharmacotherapy with buprenorphine, will have access to low-barrier treatment on demand. Treatment on demand is defined as the individual meeting with a prescriber immediately, or on day one or day two, to initiate induction of medication. A low-barrier or “buprenorphine first” model of care aims to use buprenorphine treatment induction and stabilization as the priority health intervention. A traditional approach to treatment has provided quality care to a subset of the overall population of individuals with opioid use disorder who are able to consistently and predictably engage in treatment and adhere to stringent treatment requirements (regular appointment attendance, urinalysis testing, etc.)

However, individuals who 1) are experiencing homelessness, 2) have limited or no support systems, and/or 3) have complex medical and behavioral health needs may experience difficulty successfully engaging and receiving care at traditional opioid treatment programs. A low barrier model of care is an alternative approach to opioid treatment that is client-centered, focused on harm reduction, and designed to engage a greater number of individuals experiencing opioid use disorder in effective opioid treatment.

## **C. Scope**

Examples of potential service models may include the following:

- a. An organization that could provide case management services and support direct linkages to waived prescribers. Provide a ‘warm hand off’, client follow up, and linkages to additional recovery support services.
- b. Behavioral health agency with a prescriber on staff that obtains a waiver and/or behavioral health agency with a waived prescriber(s) on staff increases capacity.
- c. Waivered prescriber co-located with a behavioral health provider.

d. The adoption of a Care Manager Model (e.g. nurse or other professional) at a Federally Qualified Health Clinic where a nurse care manager would provide an initial screening, a connection to a waived prescriber, and monitor for maintenance.

Funding awards and amounts are dependent upon the quality of proposals, the impact on target populations, and the relative financial needs contained in each proposal. BHRD will make specific funding decisions based on the criteria described in the Letter of Qualifications Requirement section below.

### **III. Eligibility**

It is King County's intent to fund multiple projects expanding buprenorphine services across King County, totaling \$500,000. Through this process, King County seeks to identify multiple entities that are interested in and qualified to deliver and/or facilitate system-wide access to low-barrier buprenorphine treatment on demand.

This request is open to non-profit organizations and community-based organizations, and behavioral health providers within King County. Federally Qualified Health Centers, tribes and tribal organizations and public or governmental agencies serving communities in King County.

### **IV. Available Funding**

Approximately \$500,000 is expected to be used to expand medication-assisted treatment in King County, specifically buprenorphine treatment. The MIDD sales tax is currently authorized through 2025, so ongoing funding may be available beyond 2022 should ongoing budget authority be granted by the King County Council in subsequent biennial budgets.

### **V. Process and Timing**

#### **A. Questions**

Questions regarding this solicitation should be submitted in writing to [robysmith@kingcounty.gov](mailto:robysmith@kingcounty.gov) by 4:00pm on March 18<sup>th</sup>, 2022. A single document compiling all questions submitted and respective answers will be distributed via email to those receiving this Request for Letters-of-Interest and Qualifications solicitation by March 23rd, 2022.

Response due date: Please send Letter-of-Interest and Qualifications responses by email to [robysmith@kingcounty.gov](mailto:robysmith@kingcounty.gov) by 4:00 p.m. on April 1st, 2022.

Review date: Applicant responses will be reviewed and scored on or before April 15th, 2022 at which time the successful applicants will be notified. Scoring criteria is included in this document.

Start Date: The successful applicant will be expected to start work within 60 days of notification of funding.

## **VI. Selection Process**

### **A. Letter of Qualifications Requirements**

King County BHRD seeks responses that describe how responding entities will actively expand low-barrier access to buprenorphine induction and maintenance for individuals experiencing opioid use disorder.

Responses should succinctly and completely respond to the following prompts in the form of a letter of interest. Organize responses in the same order as the prompts are shown below. Single spacing is allowed. Colored displays and promotional materials are not desired. The response must use standard size type (a font size of no less than 12 points) and 8.5 x 11 size word document. Responses should be no more than a total of 10 pages. (The page limit does not include Letter(s) of Commitment). Points will be awarded for quality of response, not for the number of pages submitted. Please provide your response electronically via email following the instructions in the "Process and Timing" section of this document.

#### **1. Complete Letter of Interest responses should contain the following headings with the detailed questions listed below:**

Provider Qualifications (25 points)

Proposal to Expand Buprenorphine Services to Additional Individuals Experiencing Opioid Use Disorder (50 points)

Data Collection and Evaluation (10 points)

Proposed Budget and Budget Narrative (15 points)

#### **2. Response Questions:**

##### **Provider Qualifications (25 points)**

Describe your agency/organization/clinic's qualifications relevant to the services required by this request. This shall include:

- a. Identifying the proposal as being supported by either a non-profit organization, a community-based organization, a behavioral health provider, a Federally Qualified Health Center, a tribe or tribal organization, or a public or governmental agency serving communities in King County.
- b. Your agency/organization/clinic's history of and experience serving individuals with an opioid use disorder.
- c. Whether your agency/organization/clinic will implement the proposal as an independent provider or in collaboration with other agencies. If you are working in collaboration with other agencies or programs, then a letter of commitment from those entities must be included.

**Proposal to Expand Buprenorphine Services to Additional Individuals Experiencing Opioid Use Disorder (50 points)**

- a. Describe your agency/organization/clinic's proposal to expand low-barrier buprenorphine services to additional individuals experiencing opioid use disorder. Include how your agency will demonstrate a willingness and capability to facilitate access to or provide treatment on demand whenever possible.
- b. Describe your agency/organization/clinic's staffing plan (to include proposed staff credentials) associated with the proposal and how your agency will maintain coverage for unforeseen absences or staff turnover. For treatment providers only, include:
  - i. How will your agency/organization/clinic demonstrate the ability to access new waived providers and/or increase the number of patients treated through existing waived providers.
  - ii. How will your agency/organization/clinic utilize Medicaid for prescriber time and prescription costs related to providing Buprenorphine.
- c. Describe your agency/organization/clinic's understanding of the equity and social justice issues that create barriers for individuals in accessing services. Please include in your proposal, how your agency/organization/clinic, intends to provide culturally relevant services.
- d. Describe the target population your agency seeks to serve via this proposal and your agency's experience working with that population. This shall include:
  - i. How your agency will provide or coordinate access to services for individuals who historically have been unable to access services.

- ii. Your agency's plan to provide access to, or coordination of, opioid use disorder treatment for individuals diagnosed with a polysubstance use disorder.
  - iii. Your agency's exclusion criteria for service provision, if applicable.
- e. Describe your agency's plans to help clients engage with supportive services, which may include linkage to counseling, case management, mental health, housing or other supportive services. How will your agency balance the interest in engaging individuals in supportive services with your agency's plan of providing low-barrier buprenorphine services.

### **Data Collection and Evaluation (10 points)**

The MIDD has established data requirements. The MIDD requires secure submission of client level demographic and service data on a monthly basis. Additional data may be required for assessing outcomes. As a MIDD funded activity, please describe how your entity will meet the data collection and reporting requirements of MIDD as follows:

- a. Specify how you will track program participation and outcomes;
- b. How frequently data will be collected;
- c. Procedures for ensuring accuracy of data reported; and
- d. How your agency will use data collected for process improvement and ongoing program development.

### **Proposed Budget and Budget Narrative (15 points)**

Please include a program budget and budget narrative for your agency/organization/clinic's proposed project. The budget should be complete, aligns with the goal of creating access to buprenorphine for all people in need of services, aligns with the proposed activities and takes into account the full scope of funding needed to support the proposed program model.