Request for Proposals for Expansion and Enhancement of Medication-Assisted Treatment for Opioid Use Disorder in Chicago

Key Dates

Full Proposal Release Date	Thursday, March 30, 2017
Pre-Proposal Conference	Tuesday, April 11, 2017
Letter of Intent Due	Friday, April 14, 2017
Proposal Due	Friday, May 5, 2017
Contract Start Date	July 1, 2017
Contract Timeline	July 1, 2017- December 31, 2017

This Request for Proposals (RFP) is issued by Public Health Institute of Metropolitan Chicago (PHIMC), as the Lead Organization on behalf of Chicago Department of Public Health (CDPH), Office of Violence Prevention and Behavioral Health.

PHIMC may, at its sole discretion, extend the application deadline and/or reissue the RFP if insufficient qualified responses are received.

Information and documents necessary for submission will be posted on the PHIMC website and updated regularly: www.phimc.org/substanceuse.

Table of Contents

I. Summary

Public Health Institute of Metropolitan Chicago (PHIMC) is seeking proposals from eligible organizations to provide high quality medication-assisted treatment (MAT) services for opioid use disorder (OUD). The RFP aligns with the City of Chicago Healthy Chicago 2.0 priorities for substance use disorder services.

This Request for Proposals (RFP) is issued by PHIMC as the Lead Organization on behalf of Chicago Department of Public Health (CDPH), Office of Violence Prevention and Behavioral Health. PHIMC enhances the capacity of public health and health care systems to promote health equity and expand access to services. Through organizational development, system transformation, fiscal management, and program implementation, PHIMC leads efforts to strengthen public health infrastructure in Illinois.

II. Background

The rise of opioid use disorder (OUD) and overdose has skyrocketed in recent years. Between 2001 and 2014, deaths in the United States from prescription opioids more than tripled—and deaths from heroin rose six-fold.[1] This national trend has hit Chicago particularly hard. In 2015 alone, there were 403 opioid related deaths in Chicago, and the Chicago Fire Department responded to 2,734 suspected overdoses.[2] Additionally, the Chicago metropolitan area ranked first in the U.S. for emergency room visits related to heroin use.[3]

While this is a city-wide problem, a disproportionate share of the overdoses and deaths happened on Chicago's west side. According to a study from Roosevelt University, 35% of Chicago's hospitalizations for opioids in 2013 occurred on the west side, 7% for the north side, and 20% for the south side.[4]

The causes of this crisis in Chicago and across the country are multifaceted, and include over-prescription from medical providers to drug trafficking. Equally complex are the impacts opioid use disorder can have on individuals, families, and communities – from loss of life to criminal activity.

The Chicago-Cook Task Force on Heroin recognized the complexity of the opioid epidemic and in 2016 released a set of comprehensive reforms that can be undertaken at a local level to improve prevention and minimize harms associated with heroin use and addiction. One of the key recommendations includes increasing funding for access to medication-assisted treatment (MAT) in Chicago, particularly in neighborhoods where the need for services exceeds the availability, such as Austin, East and West Garfield Park, the Near West Side, Humboldt Park, and West Englewood, among others.[5]

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[1] National Institute on Drug Abuse: National Center for Health Statistics (2015). "CDC Wonder Data: National Overdose Rates." Available at: https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates.

[2] Chicago Cook Task Force on Heroin (2016). "Final Report". Available at: https://www.cityofchicago.org/content/dam/city/depts/cdph/tobacco_alchohol_abuse/HeroinTaskForceReport_Final_10.6.16.pdf

[3] Kane-Willis, K., Aviles, G., Barnett, D., Czechowska, J., Metzger, S., Rivera, R., and Waite, B. (2015) "Diminishing Capacity: The Heroin Crisis and Illinois Treatment in National Perspective" Illinois Consortium on Drug Policy at Roosevelt University.

[4] Kane-Willis, K., and Metzger, S. (2016)."Hidden in Plain Sight: Heroin's Impact on Chicago's West Side." Illinois Consortium on Drug Policy at Roosevelt University.

[5] Chicago Cook Task Force on Heroin (2016). "Final Report".

MAT combines behavioral therapy and medications to treat substance use disorders.[6] The medication combats the negative effects of the substance, including normalizing brain chemistry, blocking the euphoric effects of alcohol and opioids, and relieving physiological cravings.[7] There are currently three medications approved by the U.S. Food and Drug Administration (FDA) for treating OUDs - methadone, buprenorphine, and naltrexone. There are several products and formulations available for each of these medications. When used in conjunction with additional treatment services, the use of these drugs have shown to:

- Improve patient survival;
- Increase retention in treatment;
- Decrease illicit opiate use and other criminal activity among people with substance use disorders;
- Increase patients' ability to gain and maintain employment, and;
- Improve birth outcomes among women who have substance use disorders and are pregnant.[8]

MAT for OUD can be delivered in a variety of service settings or at any level of treatment on the American Society of Addiction Medicine's (ASAM) continuum of care with the proper integration of specific components. Buprenorphine and naltrexone may be prescribed in an office-based setting; however, methadone must be dispensed at certified opioid treatment programs (OTPs).

MAT services remain severely limited in Chicago, despite the strong evidence-base that supports the use of MAT for OUD, the variety of medications available, the diverse options for service delivery locations, and the availability of MAT across levels of care. With need outpacing the availability of services, many patients seeking treatment are placed on lengthy waitlists, never receive appropriate referrals, or do not receive MAT at all. In addition, organizations who do offer MAT often face significant fiscal, administrative, and staffing challenges that limit their ability to provide the suite of behavioral services which are an integral of part of MAT, thereby reducing the effectiveness of treatment.[9]

III. Program Purpose

This RFP builds on the ongoing MAT work in the City of Chicago while meeting the Cook-County Task Force recommendation for increased funding for MAT. Specifically, the MAT for OUD RFP is a $700,000 investment to expand and/or enhance MAT treatment services to effectively reduce OUD in Chicago.

The purpose of this funding is to help organizations in Chicago increase capacity to provide MAT services for opioid use disorder in communities with demonstrated need through the following strategies:

- Expanding the available MAT services
- Enhancing MAT service quality and comprehensiveness, and
- Leveraging resources through collaboration and linkage

Allowable services

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[6] SAMSHA. "Medication-Assisted Treatment". Available at: https://www.samhsa.gov/medication-assisted-treatment
[7] Ibid.
[8] Ibid.
[9] SAMSHA-HRSA. (2014)."Expanding the Use of Medications to Treat Individuals with Substance Use Disorders in Safety-Net Settings Creating Change on the Ground: Opportunities and Lessons Learned from the Field [White Paper]" Available at: http://www.integration.samhsa.gov/clinical-practice/mat/FINAL_MAT_white_paper.pdf

- Any MAT-related service not reimbursable through Medicaid or other private insurance[10]
- MAT services, including medication and lab costs, to uninsured and underinsured[11] patients as payer of last resort
- Adding new staff positions directly and/or through contract(s)/partnership(s)[12]
- Adding new or enhancing existing MAT services directly and/or through contract(s)/ partnership(s)
- Coordinate services and/or create linkage systems necessary for patients to achieve and sustain recovery within and/or between organizations
- Client and/or community member education on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose

Each applicant must describe their unique vision for overcoming barriers towards MAT expansion and enhancement. While this funding can be used to support a variety of program designs, the following examples are representative of the types of approaches that can be supported by this funding:

- Using the funding as payer of last resort to expand MAT services to uninsured and underinsured clients
- Training and associated costs for development of new MAT services in an existing organization
- Hiring an MAT linkage coordinator or navigator to increase number of clients accessing MAT at an existing clinic or agency
- Provision of MAT services that are not Medicaid reimbursable, such as peers support services
- Staff time to provide additional wrap-around services to MAT clients, such as sessions with a case manager, CADC, or recovery coach
- Training for additional staff to assist with MAT administration at an existing clinic or agency
- Organizational change activities such as investments in modifying clinical workflows or upgrading health information technologies

Unallowable Services

- Services that are reimbursable through Medicaid or private insurance
- Capital or infrastructure investments

IV. Available Funding and Contract Terms

Up to **seven** grants may be awarded through this RFP for a contract period of July 1, 2017 to December 31, 2017. Dependent on availability of funds, PHIMC may renew the contract for an additional 12-month period, beginning January 1, 2018 and ending December 31, 2018. The scope and budget extension in 2018 will be based on the initial six-month award and subcontractor performance. Given the fluidity of the current health care landscape (i.e., Affordable Care Act, Medicaid Managed Care), PHIMC reserves the authority to reallocate funding across delegates during contract extension negotiations based on federal and state funding. Throughout the grant cycle, this changing landscape will continue to be monitored and used to determine funding priorities in order to

[10] MAT-related services not reimbursable by Medicaid will be dependent on the type of medication program, the type of service delivery site, and the organization's billing structure. Applicants must demonstrate in their application responses which services are not reimbursable in their specific context.

[11] Examples of underinsured include, but are not limited to, a patient not being able to pay for high deductibles; extended delays and approval which could result in interruption in treatment continuity.

[12] Examples of related MAT staff include, but are not limited to, prescriber, care-coordinator, recovery coach, behavioral health provider.

achieve maximum client service coverage for Chicago.

All successful applicants will be required to comply with the following reporting requirements and activities:

- Submit monthly data reports
- Submit monthly billing
- Accommodate annual programmatic and fiscal site visits
- Attend quarterly meetings
- Participate in additional quality assurance activities as designated by PHIMC
- Provide overdose response and naloxone administration education to staff and clients
- Participate in relevant Healthy Chicago 2.0 activities (e.g., Recovery walk, surveillance activities, prevention promotion)

Training Commitment

While the primary goal of this funding is to expand and enhance MAT services in Chicago, awareness and education among both healthcare staff and the community at large are essential. Therefore, all grantees will be required to participate in a series of trainings provided by CDPH and other external subject matter experts as requested by PHIMC. PHIMC and CDPH will work directly with grantees to finalize the training calendar.

Additionally, agencies receiving funding through this RFP must provide the following education to their staff and/or clients:

- Educating staff on the evidence-base of MAT
- Training clients seeking treatment for OUD on the evidence-base behind the use of MAT and give clients the option to receive MAT
- Overdose prevention education and how to access naloxone (if not provided on-site)

V. Eligibility Requirements

In order to be eligible for funding, respondents must:

- Be a 501(c)(3) organization
- Provide services within the City of Chicago
- For proposals that include outpatient methadone treatment services, maintain an Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA) license
- Demonstrate that they are in compliance with federal and state licensure regulations for staff and clinics for the MAT project they are seeking funding
- Be in good standing with the City of Chicago for respondents that have delegate agency agreements

Respondents that do not meet these eligibility requirements will not have their applications evaluated for funding under this opportunity.

As described above, MAT can be delivered in a variety of service settings with the proper integration of specific components, however, regulations are different across medications and service delivery sites. [13] For example, methadone must be administered at an OTP accredited by a SAMHSA-approved accrediting body

[13] A 2016 technical report from the Agency for Healthcare Research and Policy titled "Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings" provides a comprehensive overview of office-based treatment models.

and certified by SAMHSA, while buprenorphine can be administered at in office-based setting that do not have a DASA license.

VI. Selection Criteria

An evaluation panel will evaluate each application with a standardized scoring rubric. While each application component has its own scoring criteria, broadly speaking, strong applications will demonstrate the following:

- Funding will directly serve a high need population or community area.
- Applicants have sufficient financial resources to operate on a reimbursement basis.
- For applicants with existing MAT services, show an ability to provide expanded or enhanced services within at least 45 days of the contract start date.
- For applicants starting new MAT services, be able to show evidence of initiation of client services between 45 to 90 days of the contract start date.
- A realistic sustainability plan for continuing the work beyond this funding cycle (up to 18 months).
- A clear rationale and supporting evidence that the proposed project falls within the allowable services (see Program Purpose section above) and meets regulations based on its specific program, service site, and billing.
- An evidence-based approach to MAT service delivery, which includes medication, counseling, and care coordination - either directly or through contracts/partnerships.
- Commitment to building an organizational culture supportive of MAT services, including providing trainings that increases staff understanding of the MAT evidence-base, as well as addresses any negative workforce attitudes towards MAT and/or patients with opioid use disorder.
- Evidence of an organizational commitment to health equity and culturally competent service delivery, such as training and/or policies, and a patient-centered approach to care.
- Evidence that program design and implementation is tailored to meet patient needs. Direct patient engagement in MAT program development and/or quality improvement is preferred.
- For applicants proposing to provide services to uninsured patients, demonstrate their efforts to ensure that eligible patients are enrolled in all possible public and private insurance or benefit programs.
- Linkage relationships and coordination with other community agencies including medical providers, mental health providers, and addiction treatment agencies to ensure adequate patient support.

During final award determinations, the following criteria will be considered across the cohort: geographic distribution, number of individuals served, and the diversity of service settings.

VII. Key Activities and Dates for Application Process

Letter of Intent to Apply

PHIMC strongly encourages all interested applicants to complete and submit a letter of intent (LOI) indicating the organization's intent to respond to this RFP by **Friday, April 14**. Information to be included is outlined in Appendix A. LOIs should be sent via email to rfp@phimc.org.

Pre-Proposal Conference

The Pre-Proposal Conference will provide an overview of this RFP, describe the proposal review process, and answer questions from participants. Organizations planning to submit a proposal are strongly encouraged to participate in the Pre-Proposal Conference.

The Pre-Proposal Conference will be held on: **Tuesday, April 11, 2017** from **1:00 – 3:00 PM at the Chicago Department of Public Health Training Center: 1624 Besly Court, Chicago, Illinois 60642**. A summary of the questions and answers from the Pre-Proposal Conference will be posted at on the PHIMC website by **Tuesday, April 18, 2017**. Space is limited, so please RSVP by COB on **Friday, April 7, 2017** to Clare Healy at c.healy@phimc.org.

Application Submission

All applications and required documents must be submitted electronically to: rfp@phimc.org by **11:59 PM** on **Friday, May 5, 2017**. No late applications will be accepted for any reason. The applicant is solely responsible for submitting a complete and timely application. Hard copies of the application will not be accepted.

Questions

For any questions related to this RFP, please contact info@phimc.org.

VIII. Evaluation of Proposals

Evaluation panels convened by PHIMC will review and evaluate the proposals in accordance with the scoring criteria. The panels will review, score, and make funding recommendations to PHIMC.

The scoring criteria are listed below.

Category	**Available Points**
Title Page (Appendix B)/Table of Contents	N/A
Organization Overview and Experience	10
Problem Statement	5
Project Description	20
Appendix C - Work plan	10
Coordination and Collaboration	10
Organizational Capacity	20
Appendix D - Staffing plan	5
Organizational Fiscal Capacity	5
Appendix E – Budget Forms	5
Sustainability	10
Total Possible Points	100

PHIMC reserves the right to take exception to parts of proposals, to request written or verbal clarification of supporting materials, or to cancel this Request for Proposal process.

Narrative Application Questions

Maximum of **ten (10) total pages** is allowed for the grant narrative sections. How many pages you use to adequately address each section is up to you, as long as you stay within the overall page limit. Please note, Appendix B - Title Page and the Table of Contents are NOT included in the 10 page limit. The required appendices (Appendix C - Work Plan, Appendix D - Staffing Plan, Appendix E – Budget Forms, and Appendix F – Other Funding Sources) should be saved separately from the narrative content and do not have page limits.

Title Page / Table of Contents

Use *Appendix B* to complete the Title Page. This page must be the first page of your narrative application.

Organization Overview (10 points)

Who is your organization, who/where do you serve, and how?

- Provide a brief overview of your organization's history, mission, and experience. Include key client populations and/or defined geographic service areas.
- Describe experience and/or key services that are relevant to this proposal.

Problem Statement (5 points)

What are the specific client/community needs, as well as organizational challenges that this proposal seeks to address?

- Specify the client population and/or geographic service area that will be supported by this funding.
- Describe the demographics of the client population and/or geographic service area's major challenges and needs related to opioid use disorder and MAT treatment. Include key demographic, social, or behavioral characteristics.
- Describe the specific barriers your organization faces in meeting the demand for MAT services and/or providing comprehensive services.

Project Description (20 points)

How do you propose to expand/enhance MAT services in ways that address the needs and overcome challenges outlined in the previous section?

- Provide the goals and scope(s) of the proposed project and describe in detail how they will be implemented. Include the types of medication, behavioral health supports, and other support services that will be provided.
- Identify key activities that will be used to achieve the program scopes and goals.
- Describe how you will identify, recruit and retain persons in the expanded and/or enhanced MAT services.
- Describe the theoretical basis and other evidence that supports the design of the proposed program, as well as evidence that these services are allowable under this RFP's guidelines.
- Include a projection of the number of individual (unduplicated) clients that will receive services through this funding.

This section should reflect the work plan outlined in *Appendix C - Work Plan.*

Coordination and Collaboration (10 points)

How does/will your organization coordinate/collaborate with other organizations in order to maximize resources and ensure clients receive comprehensive services to meet their needs?

- Identify the organizations and programs you currently work with or plan to work with for the proposed program.

- Describe in what capacity they will be collaborating. Be sure to include any agreements that are/will be in place as a supporting document.

Organizational Capacity (20 points)

In what ways is your organization well-positioned to provide robust MAT services in ways that best serve your agency's target community(s)?

- Provide a description of your organization's experience providing MAT services. If you have limited direct experience, what experience and/or infrastructure will you build on internally or externally to mobilize this type of service provision.
- Outline how your agency ensures the proposed service is consistent with current evidence, guidelines and regulations and all other applicable professional standards and requirements and ensures ongoing quality improvement.
- Describe your experience and approach to providing services to the target communities and population(s) proposed in this application, including efforts to ensure cultural competence and systems of care that meet patient needs.
- Please include a detailed description of how internal agency monitoring will prevent service billing duplication.
- For applications that propose to use this funding as payer of last resort to provide services to uninsured and underinsured patients, explain how your agency assures that clients are enrolled in all possible public and private insurance or benefit programs, as well as your agency's procedures for utilizing third party reimbursement and assuring that these funds only pay for services that are not covered, or only partially covered, by other resources.

This section will be scored alongside *Appendix D - Staffing Plan*.

Organizational Fiscal Capacity (5 points)

Does your organization have the fiscal capacity to operate this project?

- Describe the agency's fiscal capacity and ability to manage the proposed project.
- All contracts will be paid on a reimbursement basis. Describe your agencies demonstrated capacity to operate on a reimbursement basis.

This section will be scored alongside *Appendix E – Budget Forms*. These forms provide the format for the required 6-month itemized budget explaining how each line item will be expended.

Budget categories include:

- Salary and wages
- Fringe
- Contractual Services
- Travel
- Materials and Supplies (maximum 15% of budget)
- Equipment (computer equipment is not allowable)
- Indirect (maximum of 10% of budget)
- Fee for Service (Please refer to page 6 of the DASA Contractual Policy Manual to view these rates, click here.) *Fee-for-service and cost budget allocations are left to each applicant's discretion.*

Sustainability (10 points)

In what ways will your organization seek to sustain the proposed work beyond this funding opportunity? Offer (brief) examples of billing strategies, funding, or funding prospects you have identified to approach for sustaining support and/or discuss how this work could be integrated into your existing work approaches and sustained beyond the life of this grant.

Appendices

The Appendices can be accessed on the RFP website: www.phimc.org/substanceuse. Please note, **Appendices B, C, D, E,** and **F** must be filled out and submitted as part of complete application.

- Appendix A: Letter of Intent to Apply
- Appendix B: Title Page
- Appendix C: Project Work Plan
- Appendix D: Staffing Plan
- Appendix E: Budget Forms
- Appendix F: Other Funding Sources
- Appendix G: Proposal Checklist

Required Supporting Documents

The following supporting documents must emailed with each application following the instructions outlined in Section X of the RFP.

- Internal Revenue Service 501(c)3 tax exempt determination letter.
- Copy of applicant's Articles of Incorporation.
- Copy of the applicant's most recent Audit. If no audit is required for the applicant organization, please provide the applicant's Financial Statement.
- List of Board of Directors including the place of employment for each member.
- Resumes and relevant certifications for existing staff and job descriptions for positions to be hired included in the agency staffing plan detailed in the Appendix D.
- Organizational certifications and licenses relevant to the service provision proposed in the application.
- 2-3 Letters of Support.
- If linkage and/or collaboration with outside agencies is a key component of the proposal's goals and activities, applicants must provide Memoranda of Understanding (MOU)s or contracts with partner agencies to show evidence of established relationships or intent to collaborate.

IX. Applications Formatting Instructions

Applications that do not meet all the eligibility requirements outlined in Section V of this RFP and/or follow all the instructions in this section, will not be evaluated for review.

Follow these instructions in completing your application:

- Use at least 1.5 line spacing and 11-point font size
- Applications should have margins of at least 1 inch on all sides
- Application narratives must stay within the 10-page limit
- Include the application category title (e.g., Problem Statement) at the beginning of each section.
- Include a table of contents reflecting major section titles and corresponding page number
- Sequentially number the narrative application
- Attach only supporting documentation requested or directly related to the application

Submission Guidelines and Instructions

All complete applications must be submitted by 11:59 PM on Friday, May 5, 2017. Failure to follow any of the instructions related to content, including page limitations, will result in the proposal being eliminated from consideration. Other than late submission, the most common reasons that proposals are rejected include missing sections of the proposal and failure to include requested documents.

File Saving and Naming Conventions

Documents should be saved in the outlined format with the corresponding file naming conventions:

- Narrative Application: The application Title Page, Table of Contents, and 10 page narrative should be saved in its own file.
    - File naming convention: [agency name]_MAT_Narrative Application
        - Example: PHIMC_MAT_Narrative Application
- Appendices: Appendices must be separate from the narrative application and supporting documents. It is preferred, but not required that the Appendices should be saved in a single PDF file. If this is not possible, each document may be submitted as an individual file. Use the filename instructions outlined below.
    - File Naming Convention (Single PDF):
        - Example: PHIMC_MAT_Appendices
    - File Naming Convention (Individual Appendices): [agency name]_MAT_Appendices
        - Example: PHIMC_MAT_Appendix C Work Plan
- Supporting Documents: It is preferred, but not required, that all required supporting documents be scanned into a single PDF file. If this is not possible, each document may be submitted as an individual file. Use the filename instructions outlined below.
    - File Naming Convention (Single PDF): [agency name]_MAT_Supporting Documents
        - Example: PHIMC_MAT_Supporting Documents
    - File Naming Convention (Individual Supporting Documents): [agency name]_MAT_[name of required document]
        - Example: PHIMC_Substance Use_501c3 Letter

Email Submission

PHIMC will only accept applications submitted via email.

- All applications and supporting documentation must be submitted in a single email as PDFs to rfp@phimc.org with the subject line "[agency name] Medication-Assisted Treatment Application".
- Submission emails must not exceed 30 MB. Emails that exceed this size will not be accepted by PHIMC's email server system.
- The PHIMC email server will NOT accept .zip files.

Email File Attachments

All application documents should be submitted as PDF file attachments to the email.

- The RFP application, including Appendices, and accompanying required supporting documents must be converted to PDF formats. There are many free, downloadable PDF converters. A recommended program is CutePDF Writer (http://www.cutepdf.com/).
- If scanning documents into PDFs and/or creating PDFs via Word or another software, the resolution should be set to 300dpi or less.