

Enhanced Buprenorphine Outreach to People Experience Homelessness with Opioid Use Disorder RFP

Questions and Responses

2.11.2022

RFP Process

1. Can the budget include costs of helping people get new IDs and other supplies?
 - Yes – this RFP is meant to address your particular organization’s needs to increase your capacity to provide buprenorphine outreach to clients. Please explain/justify in your application what use of funds would be most beneficial.

2. Can you repeat the amount of insurance needed by an organization?
 - General liability coverage (\$1M per incident, \$3M aggregate)
 - Workers compensation (as required)
 - Professional liability – if providing professional services (\$1M per incident, \$3M aggregate)
 - Employers liability (\$1M per incident)
 - Excess Umbrella Liability – required if Contractor’s insurance policy(s) does not meet limits stated above

3. What is the font size and spacing required?
 - 12 pt., 1-inch margins, single-spaced pages
 - Please refer to Page 10 of the RFP for information on formatting requirements and page limits.

Program Implementation

1. Have you tried to use an iPad on the street? Does it work? If you give a street homeless person a phone, are you able to reach them 2 weeks later?
 - The NYC Health Department recognizes that a very prescriptive EBOhP model is not particularly useful for organizations, so we encourage applicants to propose using funds based on your experience of best practices and justify this use accordingly. Selected organizations will be able to use funds for cell phones and minutes for clients; but, if your experience working with the population you serve has shown that this was not an effective strategy, please propose an alternative use of funds that would be more appropriate and beneficial.
 - This EBOhP program is envisioned as a pilot program, and the NYC Health Department is open to working with selected organizations to offer the most effective forms of care and support to increase access and engagement into substance use treatment. We will provide TA along the way, but also trust and value your expertise as service providers.

2. You can propose something that would be a couple of different ways of doing this work?
 - Yes, please propose the model that works for your organization and outreach workers.

3. What is the vision for implementation? Outreach workers will reach out to PEH and ask if they are interested in bupe? Then, if so, the worker will then be able to set up an immediate call to a provider who can work with them immediately? How is bupe then provided - through a local pharmacy? How do you envision follow up with street homeless clients?
 - We are making this funding available to be as flexible as you need.
 - A lot of organizations we talked to already had protocols in place to work with homeless clients, including connecting clients directly with their own providers. We can work with you to develop new protocols or policies.
 - What we envision is that outreach workers will talk with clients about substance use and substance use treatment and then connect those who are interested in initiating treatment with a provider right then and there (by phone, virtually, or in-person if there is a provider on-site or nearby). The provider will then send a prescription to the pharmacy. Follow-up would be the same as your regular follow-up, with case management and continuous engagement as appropriate, based on your protocols.
4. When you define people experiencing homelessness (PEH), do you mean only unhoused individuals or also unstably housed or in supportive housing?
 - All three qualify- unhoused, unstably housed, or in supportive housing.

Data Collection

1. Will DOHMH provide a tool to use to collect data?
 - The NYC Health Department is going to have an aggregate report that would be filled out by whomever is doing outreach.
 - Selected organizations can use their own data collection tools, as long as aggregate data is being reported back to The NYC Health Department.
2. What kind of consent are you seeking - verbal or written?
 - Outreach workers will be asked to obtain consent from clients to potentially follow up with folks who received services through this program.
 - Consent will be indicated using a checkmark on a tablet.
 - If clients check no, it will not limit their ability to use services.