



St. Lawrence County Purchasing Office

48 Court Street, Court House

Canton, NY 13617-1169

P: (315) 379-2207 | F: (315) 379-2333

Request for Proposals

Sealed Proposals will be received at this office, where they will be opened and read aloud for the following item for St. Lawrence County Community Services.

(2024-12) RFP for Opioid Settlement Funding (OSF) for
St. Lawrence County Community Services Department
Proposal Opening Date: Thursday, May 16, 2024 @ 3:00 PM

Detailed specifications may be obtained at the St. Lawrence County Purchasing Office, 48 Court Street, Canton, New York 13617-1169 or by emailing Bids@stlawco.gov

We strongly encourage all vendors to submit proposals as soon as possible. Bidders will be fully responsible for the delivery of their proposal in a timely matter. Reliance upon the US Postal Service or other carriers is at the bidder's risk. Late proposals will not be considered. It is our intent to offer this public proposal opening in Zoom format as well as in-person. Please visit our website 15 minutes before the opening at: www.Stlawco.gov - visit the Purchasing Office home page for the link.

All proposals must be accompanied by a non-collusion statement. St. Lawrence County reserves the right to reject any or all proposals. Please mark proposal envelope with the appropriate PROPOSALS ITEM AND NUMBER and mail to:

St. Lawrence County
Purchasing Office
48 Court St.
Canton, NY 13617
April 17, 2024

Introduction:

Compared to urban areas, rural communities in the U.S. face significant challenges to accessing addiction treatment, prevention, recovery, and harm reduction services, and this is particularly true regarding Opioid Use Disorder. St. Lawrence County Community Services Board recognizes the community need for expanded or enhanced services for individuals with Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies.

St. Lawrence County Community Services Board is accepting proposals for the development of new services and/or expansion of existing services within St. Lawrence County for the purpose of expanding access to opioid addiction treatment, prevention, harm reduction and recovery services in underserved communities.

Program Overview

A. Funding Available

OASAS is providing the Local Governmental Unit (LGU) for St. Lawrence County with dollars to use at its discretion based on the allowable use of funds per Opioid Settlement and Statute, and additional funding guaranteed to Other Litigating Entities (OLEs) within the county where applicable. This funding is important in addressing the substance use prevention, treatment, harm reduction, and recovery services needs at the local level.

SLC CSB through its fiscal agent, the NYS OASAS, may have available one-time funding of \$450,000 to aid with start-up expenses for this project. This award is contingent upon approval to the request to carryover funds as submitted to OASAS. This award will go for 12 months from the date of the approved spending authority granted by St. Lawrence County Board of Legislators; all funds must be expended by the end of this 12-month grant period of performance. Applications will be reviewed and accepted in order of receipt. Acceptance will be based on a determination that an applicant is eligible for the award and that the application is completed in sufficient detail. Any un-awarded funds may be used to request additional awards.

B. Anticipated Number of Awards: 3-5

C. Eligible Applicants

Vendor must be registered with the NYS Department of State as a NYS not-for-profit with an entity status of active. <https://apps.dos.ny.gov/publicInquiry/#search>

Are not on the Office of Foreign Assets Control (OFAC) sanctions list.

<https://sanctionssearch.ofac.treas.gov/>

All services must be deemed in good standing by their perspective oversight agency (ie. OASAS, OSF, COC).

Providers that operate multiple programs may apply for multiple awards but a separate application will be required for each individual program.

For purposes of this procurement, voluntary agency and Local Governmental Unit (LGU) are defined as:

- **Voluntary Agency:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency means a corporation organized or existing pursuant to the not-for-profit law for the purpose of providing local services.
- **Local Governmental Unit:** As defined in New York State Mental Hygiene Law, Section 41.03 paragraph 1, “Local Governmental Unit” means a county, except a county within the city of New York, and the city of New York.

D. Goal

The primary purpose is to expand or enhance access to services for individuals with OUD and/or SUD/MH in St. Lawrence County. Expanding access to services in underserved regions of the county and/or areas within the county identified as having high rates of overdose are a priority for SLC CSB. St. Lawrence County Community Services Board may authorize the use of OSF funds for chosen service providers in St. Lawrence County in the state of New York to pay for personnel expenses, and/or to purchase supplies, equipment, and materials needed for program operation.

E. Implementation Plan

Providers will be required to submit the cover page attached with the response to this RFA as Attachment A and identify which program site equipment will be located.

F. Reporting Requirements

Successful applicants will be required to submit regular quarterly reports tracking progress on specific outcomes, to be identified by St. Lawrence County Community Services Board (SLC CSB). Successful applicant will meet on a quarterly basis with SLC CSB until project completion.

II. Application Requirements

A. Application Narrative: Proposals must be submitted in accordance with the criteria set forth in this Request for Proposal (RFP). The proposals must be submitted with a cover page, narrative, and a budget sheet (Attachment A) that includes the funding sources for all expenses.

Agency Information (40 points):

1. Provide an overview of agency history, experience, mission, and vision.
2. Provide a description of the service area and the community or region’s need for the proposed service.
3. Clearly describe how the proposed project will address the problem/need.

Implementation Plan (40 points):

1. Describe the work that would be conducted using grant funding to meet the identified need. Include details on specific personnel position(s) involved, activities, methods, sites, incorporation of Social Determinants of Health.

2. Provide a timeline of proposed grant activities (e.g., pre-implementation activities, target date of implementation, timelines of activities planned, assessment & data gathering).
3. Describe the anticipated impact of the project on the health of the population(s) affected in the form of clearly defined, measurable objectives (e.g., on patient cost of care, hospital and/or ED utilization, primary care engagement, Social Determinants of Health, completion of quality measures). Clearly state the number of people the project is anticipated to directly impact. Describe how data will be collected to demonstrate the degree to which outcomes are met. Preference will be given to projects that clearly articulate a compelling impact relevant to value-based goals of cost stewardship, “right care, right place, right time,” and/or quality measure improvement.
4. Describe why your organization is best positioned to carry out this project. You may describe similar projects completed in the past, and/or specific qualifications/experiences of individual staff members.
5. Describe any anticipated challenges, and how they will be addressed.
6. Describe how your organization plans to sustain the project after the grant period ends. Preference will be given to projects that are well-positioned for sustainability following the end of the grant.

B. Approved/Eligible Uses of Funds

Funds may be used for equipment; supplies/materials; contractual expenses, including consultants; capital costs; travel; other direct costs; personnel and fringe for activities for the following purposes:

TREATMENT

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions; or
 - e. Evidence-informed residential services programs, as noted below
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed or promising practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of mental health trauma resulting from the traumatic experiences (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) of the opioid user and/or surviving family members after an overdose or overdose fatality, and training of health care personnel to identify and address such trauma.
7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, including medical detox, referral to treatment, or connections to other services or supports.
8. Training for MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD and any co-occurring SUD/MH conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Scholarships for persons to become certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field, and scholarships for continuing education and licensing fees for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, and licensed mental health counselors practicing in the SUD field.
13. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD and provide technical assistance and professional support for clinicians who have obtained a DATA 2000 waiver.
14. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Opioids web-based training curriculum and motivational interviewing.

15. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, transportation, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications to persons with OUD and any co-occurring SUD/MH conditions.
3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, or relevant training for housing providers.
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
6. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
8. Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
9. Engaging non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
10. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
11. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

12. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

13. Create and/or support recovery high schools.

**CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults, when transition from misuse to opioid disorder is most common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced on opioid overdose.

11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and supporting prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage community-based organizations, non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions.
17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

ADDRESS THE NEEDS OF CRIMINAL JUSTICE INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved – or are at risk of becoming involved – in the criminal justice system through evidence based, evidence-informed or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest and pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received Naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, but only if they provide referrals to evidence-informed treatment, including MAT.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, who have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment and any co-occurring SUD/MH conditions.
3. Provide training to health care providers who work with pregnant or parenting women on best

practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

4. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
5. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
6. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
7. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
8. Support for Children's Services: fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PREVENTION

A. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS.

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriate opioids prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.

6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:

- a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.
- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database.

7. Increase electronic prescribing to prevent diversion or forgery.

8. Educating Dispensers on appropriate opioid dispensing.

B. PREVENT MISUSE OF OPIOIDS.

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.

2. Public education relating to drug disposal.

3. Drug take-back disposal or destruction programs.

4. Fund community anti-drug coalitions that engage in drug prevention efforts.

5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Engaging non-profits and the faith community as a system to support prevention.

7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and other organizations.

8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

10. Support evidence-informed programs or curricula to address mental health needs of young people

who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

C. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION).

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.
2. Public health entities provide free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

FIRST RESPONERS

Other Strategies to support the following:

1. Law enforcement expenditures related to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Provisions of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community and regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list including, but not limited to costs associated with local opioid task forces, community buprenorphine waiver trainings, and coordination and operation of community-based treatment prevention programming.
2. Development of a government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to add staff capacity for government oversight and management of opioid abatement programs.

TRAINING

In addition to the types of training already described, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or network programs and services regarding the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research improved service delivery for modalities such as SBIRT that demonstrate promising results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
7. Research on expanded modalities such as prescription methadone that can expand access to MAT.
8. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
9. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
10. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

POST-MORTEM

1. Toxicology tests for the range of synthetic opioids presently seen in overdose deaths, as well as newly evolving synthetic opioids infiltrating the drug supply.
2. Toxicology method development and method validation for the range of synthetic opioids observed now and anticipated in the future, including the cost of installation, maintenance, and repairs of and for capital equipment, as well as related training.
3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.
4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.
5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental.
6. Indigent burial for unclaimed remains resulting from overdose deaths.
7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner's office as either family and/or social network members of decedents dying of opioid overdose.
8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.

C. Budget and Justification (20 points):

Complete the budget justification in Attachment A and include funding source for all budgeted items. If equipment will be purchased, the budget justification should reflect costs for the equipment as well as any associated installation or training costs.

The St. Lawrence County Community Services Board reserves the right to make funding awards at a lesser amount than what is requested. Would your organization be able to implement a version of the project using reduced funding? Please describe if/how you would implement the project using a reduced amount of funding and how the impact to the project activities, goals, and objectives would be affected.

III. Procedure

A. Expected Timetable for Key Events

Release Date: Tuesday, April 17, 2024

Bidders' Questions Due: Monday, April 22, 2024 by 4:00 PM EST

Responses to Bidders' Questions: Wednesday, April 24, 2024 by 4:00 PM EST

Proposals Due: Thursday, May 16, 2024 @ 3:00 PM EST

Anticipated Award: Tuesday, June 4, 2024

*All funds must be spent within 12 months from date spending authority is granted.

B. Bidders' Inquiries

Bidders' questions are to be sent via email to: Bids@stlawco.gov and Stephanie Kerr Skerr@stlawc.gov

All inquiries must include the contact name, organization, phone number, and email address. Reference the **CS OSF RFP** in your message and subject line.

To the degree possible, each inquiry should cite the RFP section to which it refers. St. Lawrence County Community Services will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFP and any contract. Inquiries will not be responded to on an individual basis.

C. Format of Proposal Instructions

The proposal must be submitted using a cover page, narrative, and the budget sheet (Attachment A). The proposal should use standard one-inch margins, 12-point font, and should be no longer than six (6) pages.

D. Instructions for Submission

Sealed Proposals should be submitted no later than 3:00 PM EST Thursday, May 16, 2024 marked as (2024-12) RFP for Opioid Settlement Funding (OSF) for St. Lawrence County Community Services Department to:

St. Lawrence County Purchasing Office
48 Court Street
Canton, NY 13617

IV. Administrative Information

A. Cancellation of Awards

St. Lawrence County Community Services, OSF and OASAS reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

Evaluation / Award Criteria

St. Lawrence County will evaluate all proposals based on the following criteria. Award will be made to the vendor demonstrating the “Best Value” based on these criteria. It is the intention of the County to award proposal to one vendor. Pricing will not be the determining factor in the award of the proposal.

- Agency Information (**40 percent**)
- Implementation Plan (**40 percent**)
- Budget & Justification (**20 percent**)

Questions regarding this proposal must be received no later than April 22, 2024 by 4:00 PM;

Stephanie Kerr

St. Lawrence County, Senior Fiscal Officer

48 Court Street

Canton, NY 13617

Email: Bids@stlawco.gov

Attachments

- Non-Collusion Bidding Certification
- St. Lawrence County General Specifications
- St. Lawrence County Standard Contract Provisions
- Attachment “A” Budget Sheet

NON-COLLUSION BIDDING CERTIFICATION:

By submission of this bid or proposal, the bidder certifies that:

- (1) Prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Project, Equipment, or Material being bid:

(2024-12) RFP for Opioid Settlement Funding (OSF) for St. Lawrence County Community Services
Proposal Opening Date: Thursday, May 16, 2024 @ 3:00 PM

I agree to comply with all Specifications, including St. Lawrence County General Specifications and Requirements, and Non-Collusion Bidding Certification knowing that failure to do so may result in disqualification and/or cancellation of any contract that may be awarded as the result of this request for bid proposals.

Company Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Tax ID #: _____ Email Address: _____

Authorized Signature Printed Signature Date

ST. LAWRENCE COUNTY

GENERAL SPECIFICATIONS AND REQUIREMENTS

The following specifications generally apply to all bids sought by St. Lawrence County. Should questions arise concerning their purpose or interest, they should be directed to the office of the Purchasing Agent.

- (1) The County is exempt from all sales and federal taxes and will furnish necessary proof of exemption certificates.
- (2) Prices shall be F.O.B., Canton, New York, or job site.
- (3) Bidders will be fully responsible for the delivery of their bids in a timely matter. Reliance upon the US Postal Service or other carriers is at the bidder's risk. Late bids will not be considered.
- (4) All materials and supplies must comply with the specifications, except as waived by the County. If waived, the exception will be noted in the specifications for the particular item. All items must be guaranteed against defective workmanship, be of high quality, and be of commercial grade known as "first".
- (5) Items offered that differ from the specifications must be so indicated and explained. The bid will receive consideration if such deviations do not depart from the intent of the specifications.
- (6) In the event the bid is received from an agent, a certificate executed by the manufacturer may be required stating that the bidder is an authorized agent of the manufacturer, and that compliance will be made with all the qualifications and requirements of the proposal and specifications.
- (7) Samples of any item must be furnished, if requested. Vendors must comply with delivery data and instructions.
- (8) The contractors shall not sublet or transfer the work necessary to carry out the terms of this contract, or any part of it, without the written consent of County Purchasing Agent.
- (9) Notice to the successful bidder by the issuance of a Purchase Order will constitute and create a contract to furnish the equipment and materials or services as set forth in the bid, unless otherwise specified. Notice of awards will be sent to successful bidders. Copies of bid results may be obtained upon request. Requests should be made to the Purchasing Department, 48 Court Street, Canton, New York 13617-1169.
- (10) A fully executed non-collusive bidding certificate must accompany all bids.
- (11) Any discounts must be specified on bid sheet. (e.g. early payment).
- (12) The County reserves the right to evaluate and/or reject any or all bids, in whole or in part and to waive technicalities, irregularities, and omissions if in the County's considered judgment, the best interests of the County will be served.
- (13) In the event any article sold to the County shall be defective or improperly labeled in any respect whatsoever, seller/contractor will indemnify and save harmless St Lawrence County from all loss or expense by reason of all accidents, injuries, or damages to persons or property resulting from the use or sale of such article, or which are contributed to by said defective conditions.

- (14) Requests for clarification of specifications and protests of specifications must be received in writing by the County not less than 10 (ten) days before the date of scheduled bid opening, unless otherwise stated in bid specifications.
- (15) The items offered must be equivalent as to functions, basic design, type and quality of materials and method of construction. Any substitutions require County approval.
- (16) Bidders for contracts with St Lawrence County shall comply with State of New York, Department of Labor, Public Works Law and Federal Walsh-Healy Act, including their prevailing wage rates. The vendor shall provide statutory benefits for disability benefits, workers compensation, unemployment insurance, and social security.
- (17) No official or employee of St Lawrence County shall act as an agent for an individual or vendor when submitting a bid to sell or buy goods and/or service to or from the County.
- (18) Vendor agrees to indemnify and save St Lawrence County harmless from any liabilities, claims or demands (including the costs, expenses and Attorney's fees on account thereof) that may be made: (1) by anyone for injuries including death to person or damage to property including theft resulting from acts of omissions, whether negligent or otherwise, or of those persons furnished by vendor or (2) by persons furnished by vendor or any subcontractors under Worker Compensation or similar acts. St Lawrence County agrees to notify vendor promptly of any written claims or demands against St Lawrence County for which vendor is responsible hereunder.
- (19) St Lawrence County reserves the right to purchase items covered in this bid under State Contract if in the best interest of the County.
- (20) St Lawrence County reserves the right to make the final determination if a Vendor's Bid meets or exceeds its requirements and/or specifications.
- (21) All bids are for a twelve-month period from the date of award, unless otherwise stated. Exceptions will be made where there is any industry wide increase or decrease. In that case, bid prices must remain firm for at least 60 (sixty) days. Thereafter, if an industry wide price change occurs, prices may be escalated or de-escalated by the same amount of the increase or decrease. Any escalation of prices will be subject to approval upon submission of proper proof by the supplier. The County has the right to either accept the proof or terminate the contract and readvertise the bid.
- (22) There are to be NO asbestos materials used in any work being done for St Lawrence County. If it is found that a product with asbestos materials have been used, the vendor using it will be held responsible for all cost of clean-up, removal and any other cost that may occur because of it.
- (23) **Material Safety Data Sheets:** The successful bidder shall be responsible for providing the MSDS's to the County prior to introducing hazardous materials onto the site, assuring compliance before work is started and disseminating any information to the County employees concerning significant chemical hazards that the successful bidder is bringing to the County's workplace. The MSDS's will be maintained by the County as long as those materials are present. It is the responsibility of the successful bidder to train its own employees.
- (24) By submission of this bid and signing the bid form, the bidder certifies that its organization, its principals and any sub-recipients are not currently suspended or debarred from doing business with the Federal Government.
- (25) **Iranian Energy Sector Divestment:** By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of section 165-a of the state finance law.

REVISED 10/2/2012

St. Lawrence County Is An Equal Opportunity/Affirmative Action Employer

(APPENDIX)

St. Lawrence County

STANDARD CONTRACT PROVISIONS

TO BE INCLUDED IN ALL ST. LAWRENCE COUNTY CONTRACTS

This (Schedule Appendix Exhibit *Note: select one as consistent with other additions to contract*) is part of the contract between St. Lawrence County and

, hereinafter called Contractor (*Note: or other designation from main contract - select and change below as needed*)

1. **ASSIGNMENT CLAUSE:**

Neither party shall assign, transfer, or encumber this agreement or any of their right, title or interest therein, or the power to execute this agreement without the prior written consent of the other party.

2. **AUDITING CLAUSE:**

The Agency shall be subject to compliance audits at random intervals. Audits shall include both financial and programmatic checks as they apply to the signed agreement. The auditor shall make determination on procedures and proper expenditures of funds. Any cost which is disallowed under the contract shall be reimbursed to St. Lawrence County by the Agency.

3. **CONFLICT OF INTEREST CLAUSE:**

The Agency represents that no officer or employee of St. Lawrence County who exercises any functions or responsibilities in connection with St. Lawrence County funded contracts, projects or programs has any direct or indirect personal financial interest in this contract.

4. **EXECUTORY CLAUSE:**

It is understood by and between the parties hereto that this Agreement shall be deemed executory to the extent of the monies available to the County and no liability on account thereof shall be incurred by the County beyond monies made available by appropriation and budgetary determination for the purpose thereof.

5. **INDEPENDENT CONTRACTOR CLAUSE:**

The relationship of the Agency to the County arising out of this Agreement shall be that of an independent contractor. The Agency covenants and agrees that Agency will conduct itself as an

independent contractor. Agency will ensure that the Agency (if a natural person) and/or each of the Agency's employees will not hold, himself or herself out as, or claim to be, an officer or employee of the County by reason of this agreement, and that no employee of Agency will make any claim, demand or application for any right or privilege applicable to an officer or employee of the County, including, but not limited to worker's compensation coverage, unemployment insurance benefits, social security coverage, or retirement system membership or credit.

6. **HOLD HARMLESS:**

The Agency shall hold and save St. Lawrence County, its officers, agents and employees harmless from liability of any nature or kind, including costs, expenses, and attorney fees for, on account of any suits or damages sustained by any persons or property resulting in whole or in part from the negligent act or omission of the Agency or any employee, agent or representative of the Agency.

7. **MODIFICATION AND TERMINATION CLAUSE:**

- a) The Agency agrees to submit a written request to the County to modify any budget line.
- b) The County agrees to respond to any reasonable request within five (5) working days.
- c) St. Lawrence County reserves the right to make a unilateral modification to this agreement at any time upon presentation of the copy of the modification to the Agency.
- d) The Agency agrees to attempt to resolve disputes arising from this agreement by administrative processes and negotiation in lieu of litigation.
 1. Any disputes concerning a question of fact arising under this contract which is not settled by informal meetings shall be decided by St. Lawrence County's authorized representative who shall deliver the written decision to the Agency by personal delivery, mail or overnight courier.
 2. In connection with any appeal proceeding under this clause, the Agency shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final decision, a dispute hereunder, the performance of the Agency shall proceed in accordance with the St. Lawrence County decision.
 3. The provisions of paragraph d) do not preclude consideration of questions of law in connection with the decision made pursuant to paragraph 7. d)1 above; provided, that nothing in this contract shall be construed as making final the decision of any administrative official, representative or board on a question of law.
- e) The performance of work under this agreement may be terminated by St. Lawrence County in whole or in part for either of the two (2) following circumstances:
 1. Termination for Convenience: St. Lawrence County may terminate this agreement if in its sole judgment it is in the best interest of the County to do so. St. Lawrence County will

give a thirty (30) day advance notice in writing to the Agency of the effective date of such termination. The Agency shall be entitled to receive just and equitable compensation for any services satisfactorily performed hereunder through the date of termination.

2. Termination for Cause: St. Lawrence County may terminate this agreement when it has determined that the Agency has failed to provide any of the services specified or failed to comply with any of the provisions contained in this agreement. If the Agency failed to perform in whole or in part under this agreement or fails to make sufficient progress so as to endanger performance, St. Lawrence County will notify the Agency of such unsatisfactory performance in writing. The Agency shall within ten (10) working days from receipt of the notice from the County respond with a plan agreeable to St. Lawrence County for corrections of the deficiencies. If the Agency does not respond within the time allowed, or responds with inadequate plans, the County will serve a termination notice on the Agency which will be effective immediately upon its receipt by Agency. In the event of such termination, St. Lawrence County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services performed are in accordance with the provisions of this agreement.

8. **RECORDS RETENTION CLAUSE:**

The Agency shall retain and make available any and all records to St. Lawrence County representatives for inspection, audit, transcription or reproduction at all reasonable times during the term of the contract and for the periods set forth as follows:

- a) For a period of three years after the submission of the final expenditure report by the Agency, or if the contract is terminated during the course of the operating period, for a period of three years from the date of the final settlement agreement.
- b) If, prior to the expiration of the three-year retention period, any litigation or audit is begun or a claim is instituted involving the contract covered by the records beyond the three-year period, until one year after litigation, audit findings, or claim involving the records has been resolved.

9. **LIEN FOR REPAYMENT OF FUNDS:**

St. Lawrence County shall have a lien upon any balance in the bank account in which funds from the agreement are deposited. Such lien shall be paramount to all other liens. Such lien shall secure the repayment of any payments made hereunder should such repayment be necessary.

10. **INSURANCE:**

a) The Agency shall maintain for the term of this contract, insurance protecting against liability for injury to persons or property in the following amounts: Comprehensive General liability, including bodily injury and property damages coverage of \$1,000,000 per occurrence, \$3,000,000 aggregate; the County shall be named as an “additional insured” on all such policies and shall be provided with 30 days advance notice of cancellation of any such policy. Agency shall file with the County within 10 days of execution hereof, a certificate of insurance indicating the name and address of the carrier, the types of coverage, the amounts of coverage, showing that the County is named as additional insured and containing notice of cancellation provisions.

b) The Agency agrees that all of its employees shall be fully covered by worker's compensation, and New York State disability insurance coverage. Agency will, upon execution of this contract, provide Proof of Workers Compensation and Disability Insurance coverage which conforms to the requirements of New York State Workers Compensation Board as set forth in Schedule B .; use of the ACORD form for proof of Workers Compensation and Disability Insurance is not permitted. Any questions relating to either workers’ compensation or disability benefits coverage and proof thereof should be directed to the State of New York Workers’ Compensation Board, Bureau of Compliance at 518-486-6307.

c) The Agency shall maintain for the term of this contract, business automobile liability insurance with a limit of not less than \$1,000,000.00 each accident, including owned, non-owned, leased and hired vehicles. .The County shall be named as an “additional insured” on all such policies and shall be provided with 30 days advance notice of cancellation of any such policy. Agency shall file with the County within 10 days of execution hereof, a certificate of insurance indicating the name and address of the carrier, the types of coverage, the amounts of coverage, showing that the County is named as additional insured and containing notice of cancellation provisions.

11. **CONFLICT:**

If there is a conflict between the provisions of this Schedule and the remaining portions of the contract of which this is a part, the terms of this Schedule will control.

12. **COUNTER PARTS:**

The Parties may execute this Agreement in counterparts, each of which shall be deemed an original, and all of which taken together constitute one and the same instrument. Delivery of an executed counterpart of this Agreement by facsimile, email in portable document format (.pdf), or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document has the same effect as delivery of an executed original of this Agreement.

Rev June 21, 2022

MEMORANDUM TO ALL CONTRACTING DEPARTMENTS:

This page is not part of the Standard Provisions. It should not be included in the contracts. It is for your information in using the Standard Provisions.

Enclosed please find standard contract provisions. These need not be incorporated into the body of the contracts, but merely referenced in the contract and attached. You may photocopy whatever number of copies you may need for subsequent contracts.

Please advise if your needs are unique to the extent that one or more of these paragraphs would not or should not be included.

Some reference to this document, however designated should be included in the main contract in order that it be properly incorporated. We hope the use of this document will actually simplify the preparation of contracts in the future, although we anticipate some contracts will have to be modified in order to avoid duplication or contradictory language. Thereafter, however, we hope that the contract and approval process will be simpler.

This schedule is our attempt at uniformity and simplification, while at the same time providing both the County and its Contractors with a clear understanding of their respective duties. We are aware that any document may be improved. Therefore, we welcome your suggestions, which if accepted, will be incorporated in any new and improved version of the standard provisions. If you are going to incorporate the document in its entirety, please give it whatever designation (Exhibit) or (Schedule) or (Appendix) by deleting the other two and use any letter designation as appropriate for the contract.

Total Operating Expenses:	\$0	\$0	\$0
Total Overall Expense:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Operating Income			
Total Expected Revenue :	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Expected Profit:	\$0	\$0	\$0
