

REQUEST FOR PROPOSALS



Opioid Settlement Option A Strategy Proposal

RFP # 24-260

Issued: November 20, 2023

Questions Due: December 4, 2023 by 5:00 pm

Sealed Proposals Due: January 5, 2024 by 12:00 noon



Issued by:

PENDER COUNTY FINANCE

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PURPOSE AND BACKGROUND

In July 2021, Attorney General Josh Stein announced a historic \$750 million agreement over an 18-year period that will help bring desperately needed resources to North Carolina communities harmed by the opioid epidemic. The agreement resolves litigation over the role of four companies in creating and fueling the opioid epidemic. A Memorandum of Agreement (MOA) between the State and local governments directs how opioid settlement funds are distributed and used in our state. To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the MOA allocates 15 percent of settlement funds to the State and sends the remaining 85 percent to North Carolina's 100 counties and 17 municipalities.

The overdose death rate in Pender County was 33.3 per 100,000 people in 2022. This rate indicates there were 21 overdose deaths in the county. For every death, there are more non-fatal overdoses. While we are not able to capture all overdoses, emergency department visits for overdoses are one way to measure the number of overdoses happening. The overdose emergency department visit rate in Pender County was 123.7 per 100,000 people which resulted in 78 emergency department visits for an overdose.

The purpose of this RFP is to fund eligible organizations to the opportunity to implement evidence-based, high impact strategies to address the opioid epidemic in Pender County. In addition, this RFP builds capacity and local infrastructure to respond to the overdose crisis. The goal of the RFP is to reduce overdose deaths, emergency department visits for overdose, and illicit opioid involvement.

Pender County Government is scheduled to receive \$6, 816, 613 over an 18-year period. Before spending settlement funds, every local county or municipality must select which opioid mitigation strategies they would like to fund.

In October 2022, the Pender County Health Department convened county agencies and partners to conduct a planning process that included a GAP analysis that included a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Assessment. Five team meetings were devoted to presentations from stakeholders that reviewed resources that are available to Pender County residents suffering from addiction, in treatment programs, or post-recovery programs. Three community meetings were held to collect resident input. Utilizing the information gathered, the team identified three priority strategies. **The top three focus areas are Early Intervention, Recovery Support Services, and Evidence-Based Addiction Treatment.**

Proposals shall be submitted related to the three top focus areas in accordance with terms and conditions of this RFP and any addenda issued hereto.

2.0 PROPOSAL INSTRUCTIONS AND REQUIREMENTS

2.1 Request for Proposal Document

The RFP consists of the RFP document, any attachments, and any addenda released before the contract award. All attachments and addenda released for this RFP in advance of any contract award are incorporated herein by reference. By submitting a proposal, the vendor agrees to meet all stated requirements as well as any other specifications, requirements and terms and conditions stated in this RFP. If a vendor is unclear about a requirement or specification or believes a change to a requirement would allow the County to receive a better proposal, the vendor is urged and cautioned to submit these items in the form of a question during the question and answer period in accordance with Section 2.3.

Vendors shall identify all attachments of this RFP that require the vendor to provide information and include an authorized signature where requested. Failure to include required documents and/or signatures, where requested, will result in rejection of submitted proposals.

2.2 Proposal Submittal

Proposals, subject to the conditions made a part hereof and the receipt requirements described below, shall be received at one of the addresses indicated in the table below.

<p>By Mail: Pender County Purchasing Attn: Trisha Newton P.O. Box 1578 Burgaw, NC 28425</p> <p>Mark Envelope: RFP # 24-260 Opioid Settlement: Option A Strategy Proposal</p>	<p>In Person/By Courier: Pender County Purchasing Attn: Trisha Newton 805 South Walker Street Burgaw, NC 28425</p> <p>Mark Envelope: RFP # 24-260 Opioid Settlement: Option A Strategy Proposal</p>
<p>By email: Purchasing@pendercountync.gov</p> <p>Subject Line: RFP # 24-260 Opioid Settlement: Option A Strategy Proposal</p>	

Proposals shall be limited to 50 pages (8.5"x11", double sided) not including letter of support. All proposals must be submitted no later than 12 noon on Friday, January 5, 2024. All responses submitted become the property of the Pender County Government. Submitting a proposal in response to this RFP does not commit Pender County to award a contract or pay any costs incurred in the preparation or travel to Pender County. The County will not consider late proposals or be liable for misdirected mail/packages. Additionally, the County reserves the right to cancel this Request for Proposal in part or in its entirety, waive minor defects, or reject any/all Proposals.

2.3 Proposal Questions

Written questions shall be emailed to tnewton@pendercountync.gov by 5:00 p.m. on Monday, December 4, 2023. Vendor should enter "**RFP # 24-260 Opioid Settlement: Option A Strategy Proposal**" as the subject for the email. Questions will not be answered by phone. Questions should include a reference to the applicable RFP section.

Questions received prior to the submission deadline date, the County response, and any additional terms deemed necessary by the County shall become an Addendum to this RFP. Vendors should not contact other county employees regarding this RFP, besides those listed in Section 2.2, during the bid process. Questions received after the deadline are not guaranteed to be answered.

2.4 RFP Terms and Conditions

It shall be the vendor's responsibility to read the instructions, the County terms and conditions, relevant attachments, and any other components made a part of this RFP and comply with all requirements and specifications herein. Vendors are also responsible for complying with Addenda and other changes that may be issued in connection with this RFP.

3.0 NOTICES TO VENDOR

3.1 Prohibited Communications and Confidentiality

Prohibited Communication: Each vendor submitting a proposal, including its representatives, subcontractors, and suppliers, is prohibited from having any communication with any employees or members of the Pender County Board of Commissioners regarding this RFP except those employees designated in this RFP. A vendor not in compliance with this provision may be disqualified from the contract award.

Confidential Information: This proposal must not contain information marked as “confidential” or as a “trade secret” or in any other manner as to indicate that it is information protected by the Trade Secrets Protection Act as set out in Article 24 of Chapter 66 of the N.C. General Statutes. Any proposal marked with information that is “confidential” or as a “trade secret” shall not be considered.

3.2 Proposal Compliance

Vendors must submit proposals that address the top three strategies: Early Intervention; Recovery Support Services, or Evidence-Based Addiction Treatment. Vendors are to submit proposals that are clear, concise, and easily understood. Proposals should provide information essential for a straightforward and concise description of vendor capabilities to satisfy the requirements of the RFP specifications.

Vendor may include any optional data not provided elsewhere and considered to be pertinent to this RFP.

Vendors are urged and cautioned to read the RFP completely through as non-compliance with requirements may result in bid rejection. Section 4.0 requirements and requests for information must be in the same order with the same titles as listed in Section 4.0. Vendor proposals should be easy to follow, and all sections should be easily identified.

The specifications included in this package describe the services that Pender County feels are necessary to meet the performance requirements for this RFP and shall be considered the minimum standards expected in the Proposals.

If the vendor is unable to meet any of the specifications outlined therein, vendors are advised to submit questions and concerns regarding the specifications during the Question and Answer Period described in Section 2.3.

If the vendor does not indicate or submit questions or concerns regarding the specifications, the County shall assume it is able to fully comply with these specifications. The County shall be the sole and final judge of compliance with all specifications.

3.3 Proposal Evaluation Process

The County shall review all responses to this RFP to confirm that they meet the specifications and requirements of the RFP. The County shall not be required to hold interviews; however, depending on the number of responses and the information contained in the responses, the County may decide to conduct interviews with firms of its choice. The County reserves the right to request clarification of information submitted. The County reserves the right to reject all offers.

3.4 Evaluation Criteria

All qualified proposals will be evaluated by a selection committee that will review the submitted proposals. Qualifying applications will be collectively scored by the proposal review team. Applications will be scored on the content, quality, and completeness of the responses to the items in the Scope of Work and to how well each response addresses the following core factors. Each application can earn a total of 100 points. The points possible for each section are listed below:

- Strategy (Not Scored)
- Project Description and Implementation Plan (15 Points)
- Statement of Need (10 Points)
- Population Served (10 Points)
- Evidence-Based Practices (10 Points)
- Evaluation (15 Points)
- Equity Impact (10 Points)
- Project Partners (10 Points)
- Experience and Organizational Capacity (10 Points)
- Budget and Budget Narrative (10 Points)
- Letters of Commitment/Support, no more than 3 (Not Scored)

A description for each requirement is found in Section 4.3.

3.5 Method of Award

The County reserves the right to make separate awards to different vendors or to not award or to cancel this RFP in its entirety without awarding a contract. The County has authority to extend the grant for additional funding years pending approval of the Pender County Board of Commissioners.

4.0 SCOPE OF WORK AND PROPOSAL CONTENT REQUIREMENTS

4.1 Eligibility

Proposals will be accepted from non-profit organizations and governmental agencies. For-profit agencies will not be considered. Proof of non-profit status is required for those entities. Applicants must clearly demonstrate experience working with individuals with opioid use disorder and a commitment to evidence-based strategies addressing opioid use disorder. Collaborative proposals are strongly encouraged. Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one

of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant-related requirements.

4.2 Proposal Requirements

Proposals must include the required information listed in Section A. Proposals shall be tabbed, using the titles identified in this section to identify the required information. Tabs must be in the order listed in Section A. Failure to submit this information may render the proposal void. **Vendors are urged and cautioned to read the notices in Section 3.1. Non-compliance with confidentiality requirements will result in a proposal being considered non-responsive.**

A. Project Requirements

Funded projects must:

- Identify and directly address a need related to reducing opioid overdoses and related deaths through treatment, recovery, harm reduction, and other life-saving programs.
- Directly address health inequities, social determinants of health and support equitable outcomes for the most impacted populations.
- Utilize evidence-based practices.
- Make best use of this infusion of resources.
- Provide performance reporting regarding the use of funds and project impact on a quarterly basis.
- Include an approved budget and report expenditures.
- Serve the residents of Pender County.
- Proposals must be three-year projects, unless otherwise requested.
- Participate in all coordinated meetings with the funder.

4.3 Proposal Requirements

Eligible applicants shall include the following items in the following order:

Legal Name of Agency

Organization's Address

Primary Contact Name

Primary Contact Title

Primary Contact Email

Primary Contact Phone Number

Agency's Website

Agency's Mission and Vision

Name of Project

Amount of Funds Requested

Indicate the type(s) of strategy - Early Intervention, Recovery Support Services, or Evidence-Based Addiction Treatment

Project Narrative

RFP responses should provide a concise description of the applicant's capabilities, collaborations, and partnerships. Responses are required to submit a Project Narrative that includes: 1) Project Description and Implementation Plan; 2) Statement of Need; 3) Population Served; 4) Evidence-Based Practices; 5) Evaluation; 6) Equity Impact; 7) Project Partners; 8) Organizational Capacity; 9) Letters of Support. Project Narratives must be no more than ten (10) pages, excluding the budget. Project Narratives must be single-spaced in a minimum of 12-point font with 1-inch margins. The title of each section should be in bold font in the submitted document. Number the pages consecutively.

Evaluation Criteria Descriptions

Project Description and Implementation Plan (15 Points)

Provide a description of the proposed project. Clearly identify and describe which implementation strategy will be included in the project. Briefly describe how the proposed project will be implemented, including information about the staff implementing the project and where the services are taking place.

Statement of Need (10 Points)

Describe the need that this project will address. Cite relevant data and the source of this data. Relevant data is available at:

<https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

<https://injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

<https://nc211.org/data/>

<https://medicaid.ncdhhs.gov/reports/dashboards#annual>

Population Served (10 Points)

Identify and define the target population to be served by the project including eligibility criteria for the services provided. Describe how participants will be recruited into the program. Provide a description of the demographic information and any other risk or protective factors of the target population. Applicants are required to list the number of anticipated clients served during the grant period.

Evidence-Based Practices (10 Points)

These funds are intended to fund services or practices that have a demonstrated evidence-based practice and are appropriate for the population(s). An evidence-based practice refers to approaches to prevention, treatment, or recovery that are validated by a credible form of documented research evidence. Proposals should describe the evidence-based practices that will be implemented. Proposals that address opioid treatment must include evidence-based addiction treatment consistent with the American Society of Addiction Medicine's National Practice Guidelines for Treatment of Opioid Use Disorder.

Evaluation (15 Points)

List at least one overarching goal of the project. In addition, describe the data collection and performance measures used to assure on-going, effective tracking of project goals and objectives. Describe any existing survey instruments that are being used to gather data in the target area of high need. Vendors are required to provide a quarterly report on process and quality measures. Describe how data will be collected on the following demographic, process, and quality measures.

1. "How much did you do?" Examples: numbers of persons enrolled, treated, or served; number of participants trained; units of naloxone distributed.

2. “How well did you do it?” Examples: percentage of clients referred to care or engaged in care; percentage of staff with certification, qualification, or lived experience; level of client or participant satisfaction shown in survey data.
3. “Is anyone better off?” Examples: number or percentage of clients with stable housing or employment; self-reported measures of clients’ overall well-being; number or percentage of clients receiving community services or supports.
4. Demographic information of participants for the process and quality measures in the above questions. Examples: age, race, ethnicity, gender, education, income, and zip codes.

More information on performance measures can be found at:

<https://clearimpact.com/results-based-accountability/example-performance-measures-can-use-program-service/>

Equity Impact (10 Points)

Describe how the proposed project addresses health inequities and reaches historically marginalized populations. Describe how the project addresses the needs of the uninsured and underinsured. Describe how the project will address social determinants of health (transportation, housing, employment, etc.) directly or through collaboration with other agencies.

Project Partners (10 Points)

List the community partners and agencies that will participate in this project. Describe the role and contribution of each community partner. Describe how referrals will be made to clients and collaborate with partners at the organizational level, ensure coordinated services and avoid duplication of services.

Experience and Organizational Capacity (10 Points)

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing grant funds. Describe the organization’s existing resources. Describe the qualifications and training of the staff providing services. Describe experience in addressing health disparities and addressing social determinants of health.

Budget and Budget Narrative (10 Points)

Provide a detailed budget including all proposed project revenues and expenditures.

The submitted budget and budget narrative MUST be submitted using the provided

Budget Template. A printed version of the budget and budget narrative with an authorized signature must be included with hard copy submissions. The submitted budget should be a three-year budget.

The budget narrative describes how funds will be spent and why costs are justified and necessary to conduct the project. Costs should be reasonable and appropriate for the level of effort proposed. Administrative costs shall not exceed ten (10) percent. The budget narrative should explain how each expense is related to the project. Equipment exceeding \$5,000 must receive prior approval by the Opioid Prevention Team.

Allowable eligible expenditures are limited to direct project-related costs and cannot supplant any existing funding. The Contractor understands that all expenses require prior approval from the county and that funds spent without prior approval are subject to repayment to the county.

Line Item Budget: See Budget Attachment A. (Excel Worksheet)

ATTACHMENT B: EXECUTION OF PROPOSAL

In compliance with this Request for Proposals (RFP), and subject to all the conditions herein, the undersigned vendor offers and agrees to furnish and deliver any or all items/services upon which prices are proposed. By executing this proposal, the undersigned vendor certifies that this proposal is submitted competitively and without collusion, that it and its principals are not presently debarred, suspended, proposed for disbarment, declared ineligible from covered transactions by any Federal or State department or agency. Furthermore, the undersigned vendor certifies that it and its principals are not presently listed on the Department of State Treasurer's Final Divestment List as per N.C.G.S. 147-86.55-69.

The potential Contractor certifies and/or understands the following by placing an "X" in all blank spaces:

_____ The County has the right to reject any and all proposals or reject specific proposals with deviated/omitted information, based on the County's discretion if the omitted information is considered a minor deviation or omission. The County will not contact vendors to obtain required information/documentation that is missing from a proposal packet. Additionally, if the County determines it is in the best interest to do so, the County reserves the right to award one or more vendors and/or to award only a part of the services specified in the RFP. Lastly, the County has authority to extend the grant for additional funding years pending approval of the County Commissioners.

_____ This proposal was signed by an authorized representative of the Contractor.

_____ The potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.

_____ All labor costs associated with this project have been determined, including all direct and indirect costs.

_____ The potential Contractor agrees to the conditions as set forth in this RFP with no exceptions.

_____ Selection of a contract represents a preliminary determination as to the qualifications of the vendor. Vendor understands and agrees that no legally binding acceptance offer occurs until the Pender County Board of Commissioner or its designee executes a formal contract and/or purchase order.

Therefore, in compliance with the foregoing RFP, and subject to all terms and conditions thereof, the undersigned offers and agrees to provide the services for the prices quoted within the timeframe required. Vendor agrees to hold firm offer through contract execution.

Failure to complete, execute/sign proposal prior to submittal shall render the proposal invalid and it will be rejected.

VENDOR: _____

STREET/MAILING ADDRESS/P.O. BOX: _____

CITY/ZIP CODE: _____

PRINCIPLE PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE:

PHONE: _____

FAX: _____

PRINT NAME AND TITLE OF PERSON SIGNING ON BEHALF OF THE VENDOR:

VENDOR'S AUTHORIZED SIGNATURE: _____

DATE: _____

EMAIL: _____