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# COUNTY OF ERIE

**MARK C. POLONCARZ**  
COUNTY EXECUTIVE

July 24<sup>th</sup> 2017

Erie County Legislature  
92 Franklin Street – Fourth Floor  
Buffalo, New York 14202

## IMMEDIATE CONSIDERATION REQUESTED

**RE: Authorization to Award Contracts for RFP # 1715VF**

Dear Honorable Members:

After careful consideration the RFP Committee for RFP#1715VF "Opioid Epidemic Response Programming" has decided to award contracts to Evergreen Health, Neighborhood Community Health Center, and the International Institute.

These were the highest scoring respondents. The applications were scored by a committee of experts from the Departments of Health and Mental Health including Commissioners Burstein and Ranney, Medical Care Administrator Cheryl Moore, Assistant Mental Health Commissioner John Grieco, and Mental Health Director of Planning and Evaluation Greg Nuessle.

Should you have any questions, please contact Commissioner of Health Dr. Gale Burstein at 716-858-6976 and Commissioner of Mental Health Michael Ranney at 716-858-8531.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark C. Poloncarz", with a long, sweeping horizontal line extending to the right.

Mark C. Poloncarz, Esq.  
Erie County Executive

bqs  
Enclosure

cc: Health Commissioner Gale R. Burstein, MD, MPH, FAAP  
Mental Health Commissioner Michael Ranney, CRC-R, LMHC

## **MEMORANDUM**

**To:** Honorable Members of the Erie County Legislature  
**From:** Departments of Health & Mental Health  
**Re:** Authorization to issue contracts per RFP#1715VF  
**Date:** July 21, 2017

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### **SUMMARY**

Authorization is requested to enter into contracts with Evergreen Health, Neighborhood Health Center, and the International Institute of Buffalo per the decision of the RFP Committee for RFP#1715VF "Opioid Epidemic Response Programming"

### **FISCAL IMPLICATIONS**

Three, one-time contracts totaling \$476,966. Funding is available through a \$500,000 allocation made by your Honorable Body in COMM. 11E-10 (2017).

### **REASONS FOR RECOMMENDATION**

Per Erie County RFP protocols and RFP committee of 5 experts was assembled to review responses to RFP#1715VF. The committee members utilized their expertise and scoring matrix included in the RFP package to score and review each submission.

The three recommended awardees were the three highest scoring submissions, and all three were able to be accommodated by the budget.

**Neighborhood Health Center:** This was the highest scored submission with perfect scores from three members of the committee. Neighborhood Health Center (NHC) submitted a proposal to develop an innovative "toolbox for opioid epidemic response for primary care provider organization in Erie County and to launch a pilot.

Key elements of the NHC plan will include the deployment of medication assisted treatment (MAT) providers into the primary care and prenatal/post-partum settings, SBIRT (Screening, Brief Intervention, and Referral to Treatment) provider certification and implementation, and major enhancements to primary care and prenatal/post-partum employee training programs. NHC will develop a tool kit with a formal set of materials and provide training and technical assistance for other primary care and women's health providers to roll-out this toolkit throughout Erie County as part of a community-wide opioid prevention strategy.

**Evergreen Health:** This was the second highest scored submission and covers a comprehensive expansion of harm reduction and prevention services for Erie County. Evergreen Health would expand access to MAT with guaranteed walk in slots for rapid access, put in place harm reduction program staff to work in underserved geographic areas, establish a mobile outreach presence through Erie County, and augment ECDOH's opioid prevention media campaign to deliver prevention messages.

**International Institute of Buffalo:** This was the third highest scoring submission. This proposal was highly unique, and addresses an issue not frequently discussed; the use of opioid addiction to control victims of human trafficking. The International Institute proposes creating a training program for mental health, addictions counselors, and community providers, such as primary care, women's health, and emergency departments, to identify victims of human trafficking, provide technical assistance to mental health and addictions agencies to treat trafficking-related trauma, and to address obstacles victims of trafficking may face in leaving avoid criminalization and re-trafficking, as well as to better identify the victims of human trafficking and need for addiction treatment.

## **BACKGROUND INFORMATION**

Standard Erie County RFP procedures were followed in soliciting and reviewing responses to this proposal. Applicants submitted detailed proposals, budgets, and documentation verifying insurance and the applicants auditing records. Members of the RFP committee were required to submit conflict of interest forms to ensure they could serve as unbiased reviewers.

Awardees will be required to maintain detailed records and data to track the progress and success of their programs.

Awardees will receive 25% of the contract award up front, and a payment schedule will be developed for the remaining payments to awardees.

Final award determinations were subject to review based on follow-up questions submitted by the RFP committee. In some instances the scope of the original proposal was modified based on the answers to these questions.

## **CONSEQUENCES OF NEGATIVE ACTION**

Erie County would be unable to take advantage of the novel and potentially life-saving proposals selected by the RFP committee.

## **STEPS FOLLOWING APPROVAL**

The Health Department will work with the Division of Budget and Management, the Comptroller's Office and the County Attorney to implement this request.

**A RESOLUTION SUBMITTED BY  
HEALTH & MENTAL HEALTH EPARTMENTS**

**RE: Authorization to issue contracts per RFP#1715VF**

WHEREAS, in order to take additional steps to combat the opioid epidemic the Erie County Legislature approved the allocation of \$1,000,000 of unassigned fund balance via Intro. 10-8 (2017); and

WHEREAS, per COMM 11E-10 the Erie County Legislature designated \$500,000 to the Erie County Department of Health to establish a Request for Proposal process to allocate funding in response to the opioid epidemic; and

WHEREAS, COMM 11E-10 directed the Departments of Health and Mental Health assess the funding proposals; and

WHEREAS, COMM 11E-10 designated the funding to support “innovated and novel approaches to combat the opioid epidemic which currently have no funding source”; and

WHEREAS, an Evaluation Committee was formed to review these proposals; and

WHEREAS, Neighborhood Health Center, Evergreen Health, and International Institute of Buffalo had the highest scoring proposals based on the criteria set forth.

NOW, THEREFORE, BE IT

RESOLVED, that the County Executive is hereby authorized to enter into a contract with Neighborhood Health Center for \$207,221; and be it further

RESOLVED, that the County Executive is hereby authorized to enter into a contract with Evergreen Health for \$219,775; and be it further

RESOLVED, that the County Executive is hereby authorized to enter into a contract with International Institute of Buffalo for \$50,000; and be it further

RESOLVED, that funding is available for these contracts in Fund 110, Fund Center 12700, Account #516020, Professional Svc Contracts & Fees; and

RESOLVED, that certified copies of this resolution be forwarded to the County Executive, the Office of the Comptroller, the Division of Budget and Management, the Department of Law, Michael R. Ranney, Commissioner of Mental Health and to Dr. Gale R. Burstein, Commissioner of Health.

Requestor	Amount Requested	Amount of Proposed Award	Scores							Average Score	Ranking (1 = Highest, 13 = Lowest)
Save the Michaels	\$500,000	\$0	14.5	10	12.5	5	4		9.2		8
Entercom Radio Buffalo	\$203,156	\$0	10	11	9	11	11		10.4		6
AI/RS Pharmaceutical Solutions	(variable)	\$0	4	8	8	2	7		5.8		11
International Institute of Buffalo	\$20,337	\$50,000	16	9.5	15	10	12.5		12.6		3
Neighborhood Health Center	\$207,318	\$207,221	16	16	16	11.5	11		14.1		1
Evergreen Health Services	\$250,000	\$219,775	16	15	11.5	12.5	15		14.0		2
In His Name Outreach, Inc.	\$241,100	\$0	10	8	9.5	10	11		9.7		7
The World Through Your Eyes	\$227,600	\$0	0	6	9	2	8		5.0		12
Daemen College	\$68,132	\$0	10	10.5	10.5	11	11		10.6		4
St. Ann's Corner of Harm Reduction, Inc.	\$97,320	\$0	0	0	0	0	0		0.0		13
Native American Community Services of Erie and Niagara Counties, Inc.	\$80,074	\$0	11	11	13	8	10		10.6		4
Hamburg United Methodist Spark of Hope Recovery Support Center	\$75,000	\$0	8	9	7	10	9		8.6		9
Everfi	\$84,000	\$0	7	10	10	7	9		8.6		9

Deputy County Executive Approval

Commissioner of Health Approval

Commissioner of Mental Health Approval

Organization	Amount Allocated	Discussion Notes	Scores	Average Score	Final Decision	Follow-Up Questions
Save the Michaels		<ul style="list-style-type: none"> <li>Not unique</li> <li>Lake Shore already billing for many services mentioned here</li> <li>Does not appear to be sustainable</li> <li>Some patients (particularly pregnant women) should not be detoxed</li> <li>Buprenorphine clinics can already bill for services</li> <li>ECDOH is promoting for expanded medication-assisted therapy (MAT) and start MAT instead of withdrawal (evidence-based). There are studies showing that people using the “detox-only” approach are statistically more likely to relapse and overdose. Therefore, unsupported detox puts people at increased risk.</li> <li>No data to demonstrate demand for home detox approach over starting bup</li> <li>Media campaign seems overly expensive</li> <li>Focus seems to be giving control to the family of the person with the substance use disorder (SUD), not the person themselves</li> <li>No justification for sending a live person to someone’s home for detox. What about skype?</li> </ul>	14.5, 10, 12.5, 5, 4	9.2	Not Funded	(none)
Entercom		<ul style="list-style-type: none"> <li>Not unique</li> <li>Good idea, poor execution (“Nope to Ope” is an inadequate messaging strategy, it sounds too much like “Just Say No to Drugs”)</li> <li>Question of who would actually wind up creating the content. Do not include professional advertising expertise so responsibility likely fall on Erie County</li> <li>If successful, would increase awareness but it wouldn’t increase access to resources</li> </ul>	10, 11, 9, 11, 11	10.4	Not Funded	(none)
AIRIS		<ul style="list-style-type: none"> <li>A NYS prescription drug monitoring program (PMP) already exists</li> <li>Facilities that dispense controlled substances already use pyxis system to track who take drugs from facility supply to monitor use.</li> <li>Does not appear to be sustainable</li> <li>Not already funded, so whole thing would be from scratch</li> <li>Limited to 1 DEA registrant? Low impact</li> </ul>	4, 8, 8, 2, 7	5.8	Not Funded	(none)
International Institute	Willing to award up to \$50,000 if they can prove ability to meet expanded deliverables	<ul style="list-style-type: none"> <li>Modest scope, inexpensive</li> <li>Well received but incomplete (see Follow-Up Questions)</li> <li>Good return on investment for a small funding amount</li> <li>Doesn’t specify the number of trainings</li> <li>Proposal does not fully demonstrate the level of demand (need for services). Would like to see 1 or more letters of support (LOS) from agencies who would potentially receive this training</li> <li>Would also like to see 1 or more letters of support for “in-house case consultation and technical assistance.”</li> </ul>	16, 9.5, 15, 10, 12.5	12.6	Funded, With Questions	<ul style="list-style-type: none"> <li>If we could increase the amount awarded to \$50,000, how could IIB expand the target agency audience to include more substance abuse treatment agencies, EDs, PCP offices, GYN offices for an academic detailing approach?</li> <li>Can IIB provide at least one letter of support from agencies who</li> </ul>

Organization	Amount Allocated	Discussion Notes	Scores	Average Score	Final Decision	Follow-Up Questions
		<ul style="list-style-type: none"><li>Reviewers are considering granting them a larger budget than originally requested, if requestor can demonstrate the ability to expand the program: "if we could increase the amount awarded to \$50,000, what could you do with that? (See Follow-Up Questions for details)</li></ul>				<ul style="list-style-type: none"><li>would potentially receive this training to demonstrate that there is a community demand?</li><li>Can the IIB offer educational credits for social work for their trainings? ECDOH can secure CMEs.</li></ul>
Neighborhood Health Center	\$207,221	<ul style="list-style-type: none"><li>NHC location reaches many areas in Erie County. Would have large patient reach.</li><li>NHC is leader in SNAPCAP and can share tool kit with other FQHCs and SNAPCAP organizations to expand best practices.</li><li>NHC goal to "change internal culture," and make sustainable systems changes</li><li>Request appears sustainable</li><li>Even though the reviewers have questions, the proposal has been well thought out</li><li>If proposal is funded, ECDOH would ask NHC to hold some bup appointments at each location (perhaps 10% of slots at each location that provides such services) for walk-ins; the sooner that could be implemented, the better</li><li>NHC currently lacks internal MAT providers and is relying on the Hotline; this would help them to get their own MAT providers</li><li>NHC already trains some patients on Narcan; ECDOH supports their desire to purchase their own supply of Narcan</li><li>Funding award has some adjustments:<ul style="list-style-type: none"><li>Meals/ refreshments won't be funded</li><li>Renting training site won't be funded; the Erie County Fire Training Academy could be used for such purposes</li><li>SBIRT training can be obtained for free, either through the SBIRT website or by attending the training ECDOH is hosting on October 14</li><li>\$3,000 award to Evergreen won't be funded, as they are already reimbursed through the state</li><li>\$500 for the toolkit seems too low, we're worried that may be inadequate for printing and distribution costs</li><li>The proposal had a miscalculation for administrative costs (provided value was 2%, not 20%). Reviewers corrected the value and factored it into total award value.</li><li>Administrative rate cited by NHS is 20%, not 10%.</li></ul></li></ul>	16, 16, 16, 11.5, 11	14.1	Funded, With Questions	<ul style="list-style-type: none"><li>Proposal seems to have immediate impact; can the project timeline be accelerated or at least expanded bup MAT services accelerated to start soon after an award? What is your target start date?</li><li>How many people are expected to be treated in the project year?</li><li>How many people able to prescribe bup do they currently have on-staff, and what is their goal?</li><li>Could NHC hold some bup appointments (i.e., 10% of appointment slots) at each location for walk-ins/same day service?</li><li>What percentage of award would go to fund salaries of bup providers, since they can bill for those services?</li></ul>
Evergreen Health Services	\$219,775	<ul style="list-style-type: none"><li>Good outreach strategies</li><li>Already an established provider, can bill for some services</li><li>Need to see LOS from law enforcement agency to demonstrate willingness to participate</li></ul>	16, 15, 11.5, 12.5, 15	14.0	Funded, With Questions	<ul style="list-style-type: none"><li>If proposal is to "hold 10% of buprenorphine appointment slots" for rapid access (aka walk-</li></ul>

Organization	Amount Allocated	Discussion Notes	Scores	Average Score	Final Decision	Follow-Up Questions
		<ul style="list-style-type: none"><li>in Law Enforcement Assisted Diversion (LEAD)</li><li>Ensuring rapid access care to the local population is very important</li><li>Questions about overall increase in capacity (see Follow-Up Questions) for bup Rx: Reviewers want to know how many daily slots currently exist, and what percentage of those slots is being filled for bup Rx (if some bup appointment slots are already going unused, reviewers don't see the need to subsidize a full 10% of slots.)<ul style="list-style-type: none"><li>ECDOH is willing to fund half of the requested amount for salaries related to medication-assisted therapies.<ul style="list-style-type: none"><li>These slots should be self-funded through billing.</li><li>\$16K of this reduction is re-allocated to marketing (see below).</li></ul></li></ul></li><li>Sustainability not certain for grant funded positions.</li><li>Can Evergreen organize a LEAD program if it's not specified in the budget?</li><li>ECDOH will approve the \$14K request for marketing, and increase it to \$30K, if Evergreen is willing to agree to ECDOH signing off on marketing campaigns; this would not just be money allocated for Evergreen to promote its own services<ul style="list-style-type: none"><li>Examples include: continued funding of the billboards, to maintain consistent messaging with ECDOH and the Task Force</li></ul></li><li>Goal of expanding Syringe Exchange Program with four mobile locations is a good one</li><li>Evergreen is the only applicant to offer harm reduction.<ul style="list-style-type: none"><li>Pro: these actions build rapport with the target population</li><li>Con: Does Evergreen already get some funding for harm reduction and outreach?</li></ul></li><li>Evergreen should already be receiving Narcan from NYS; therefore ECDOH will not fund the \$8K request for Narcan unless justification can be provided</li></ul>				<ul style="list-style-type: none"><li>ins), how many new slots will be added? We understood that if Evergreen has already adopted this practice. What is Evergreen's current % utilization of existing buprenorphine appointments or slots?</li><li>What is Evergreen's current capacity to prescribe bup for more people?</li><li>Can Evergreen provide at least one letter of support (LOS) from a law enforcement agency to demonstrate willingness to participate in Law Enforcement Assisted Diversion (LEAD)? If not, can Evergreen consider dropping this part of the proposal?</li><li>Can Evergreen provide at least one LOS from EMS agency willing to participate in LEAD?<ul style="list-style-type: none"><li>If ECDOH could provide double the request for marketing, could Evergreen agree to a general campaign about MAT and harm reduction and for ECDOH signing off on marketing campaign messages (this would not just be money allocated for Evergreen to promote its own services but rather send messaging consistent with ECDOH and the Task Force)?</li></ul></li></ul>
In His Name		<ul style="list-style-type: none"><li>length of program poses a concern for participant retention</li></ul>	10, 8, 9.5,	9.7	Not	(none)



Organization	Amount Allocated	Discussion Notes	Scores	Average Score	Final Decision	Follow-Up Questions
Outreach, Inc.		<ul style="list-style-type: none"> <li>Scope of program (25 people) is small and low community impact</li> <li>Chosen evaluator not sufficiently experienced</li> <li>Many of these services are already billable and could be provided by other agencies</li> <li>Program seems demanding and punitive</li> </ul>	10, 11		Funded	
The World Through Your Eyes		<ul style="list-style-type: none"> <li>Not evidence-based</li> <li>Proposal goals and intervention is unclear</li> <li>Social media presence is a good idea</li> </ul>	0, 6, 9, 2, 8	5.0	Not Funded	(none)
Daemen College		<ul style="list-style-type: none"> <li>Only reaches 6 schools, but Daemen wants to expand program and make it interactive</li> <li>Advances harm reduction</li> <li>Novel and unique</li> <li>Also seeking other grant funding</li> <li>Does not demonstrate strong demand. Difficult to access schools. No proof will have wide reach in schools where need</li> <li>Relies on the “theater approach”</li> <li>Targeting grades 9-12: may be too late to intercept children before they’re being exposed to opiates.</li> <li>Not using evidence-based messaging or basing on EBI</li> <li>Not clear if people most at risk will be touched by this</li> <li>ECDOH would not fund the website, it’s redundant</li> </ul>	10, 10.5, 10.5, 11, 11	10.6	Not Funded	(none)
St. Ann’s Corner		<ul style="list-style-type: none"> <li>Not eligible for funding: it is a research-based proposal, but it does not include IRB approval</li> </ul>	NA	NA	Not Funded	(none)
NACS (Native American Community Services)		<ul style="list-style-type: none"> <li>This proposal directly impacts at risk population</li> <li>There is a demand for services, particularly if requestor can expand reach</li> <li>NACS already gets some funding for this task. Unclear if other funding available.</li> <li>This is not unique in Western New York, but this is different enough from most tribal services to be unique for them</li> <li>Marketing (including fridge magnets) would not be funded</li> <li>No LOS from agencies to prove this service is desirable.</li> <li>No strategy to ensure attendance in this multi-week intervention.</li> <li>Life skills training is connected to harm reduction, but NACS already receives some funding for that</li> <li>Reviewers want to be certain that training is evidence-based</li> <li>Sustainability concerns: Proposal has new staff salary being paid 100% from the RFP. After that, NACS would have to find other funding.</li> <li>Funding would provide enhanced services for some families that are already being served.</li> </ul>	11, 11, 13, 8, 10	10.6	Not Funded	(none)

Organization	Amount Allocated	Discussion Notes	Scores	Average Score	Final Decision	Follow-Up Questions
		<ul style="list-style-type: none"> <li>This proposal only touches a small proportion of the affected population.</li> <li>Ultimately, reviewers feel the proposal does not have enough direct actionable items compared to other RFPs</li> </ul>				
Hamburg United Methodist, Spark of Hope Recovery Support Center		<ul style="list-style-type: none"> <li>Focus seems to be on the family of the person with the substance use disorder (SUD) instead of the person struggling with addiction</li> <li>No volunteers training plan presented</li> <li>“Re-integrating” ... from what? Proposal is unclear</li> <li>No external funding?</li> <li>Sustainability is not addressed</li> <li>The proposed budget contains significant math errors</li> <li>Redundant to existing organizations and programs</li> </ul>	8, 9, 7, 10, 9	8.6	Not Funded	(none)
Everfi		<ul style="list-style-type: none"> <li>School-based health curriculum</li> <li>Appears to be remote or electronic outreach; lacks adequate student engagement</li> <li>This would not be a new service, but the approach is new</li> <li>No letters of support: demand for service is unknown</li> <li>Evidence base is unclear; applicant fails to demonstrate that using an evidence-based intervention (EBI)</li> <li>Not clear if an official “opioid use prevention training” exists</li> <li>Sustainability is unclear</li> <li>Timeline of implementation in September unrealistic</li> <li>Proposed budget lacks detail</li> <li>Requestor claims has a reach of 42 schools, but no LOS to demonstrate this</li> <li>Lack of follow-up data on how participants are approved</li> </ul>	7, 10, 10, 7, 9	8.6	Not Funded	(none)

**Note:** Formal follow-up question responses were received with satisfactory responses by 2PM on Friday July 21<sup>st</sup> for review by the RFP Committee. The decision was made to proceed with awards as discussed based on those findings.