



# North Sound Behavioral Health Organization, LLC

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**Memo To:** Interested Community Organizations  
**From:** Joe Valentine, Executive Director  
North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO)  
**Date:** October 22, 2018  
**Scope:** Medication Assisted Treatment Prescription Drug Opioid Addiction (MAT-PDOA) Request for Qualifications (RFQ)

The North Sound BHO/ASO serves the North Sound region of Washington State and includes the five counties of Island, San Juan, Skagit, Snohomish, and Whatcom.

The North Sound BHO/ASO is accepting applications from Behavioral Health Agencies (BHAs) in the North Sound region who wish to contract for publicly funded Substance Use Disorder and Mental Health Treatment Services.

In order to be considered for a contract, the organization must demonstrate a commitment and ability to implement strategies that have been shown to be effective in treatment engagement and promoting recovery.

Organizations selected and offered a contract must maintain sound, acceptable, sufficient and appropriate systems including staff to manage the fiscal, personnel, and program responsibilities necessary to conduct the proposed activity.

North Sound BHO/ASO values a recovery-based continuum of care to ensure individuals receive medically necessary services that are person centered. Applicants are encouraged to offer innovative best/promising practices or evidence-based services designed to deliver MAT-PDOA services.

**All organizations must submit an application to be considered.**

**Questions** regarding this process or the request for qualification (RFQ) must be received electronically by North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO); send questions to North Sound BHO/ASO at [deliverables@northsoundbho.org](mailto:deliverables@northsoundbho.org). Answers to all questions will be addressed at the Bidders Conference and subsequently posted on the North Sound BHO/ASO website ([www.northsoundbho.org](http://www.northsoundbho.org)).

One electronic copy of the completed and signed *Proposal Form* must be received by North Sound BHO/ASO at 301 Valley Mall Way, Suite 110, Mt. Vernon, WA 98273. Email will be accepted. Applications should be submitted to [deliverables@northsoundbho.org](mailto:deliverables@northsoundbho.org).

Application will be scored by an Evaluation Committee which will make recommendations to the North Sound BHO/ASO Executive Director.

North Sound BHO/ASO reserves the right to: reject any and all applications; extend the application submission date; amend the RFQ; and waive any irregularities or informalities in any applications. North Sound BHO/ASO shall be the sole judge of the merits of each application. Additionally, the North Sound BHO/ASO may, at its discretion, request that applicants submit additional information in order to permit a more informed evaluation.

### **Management Information System**

All applicants will be required to collect data as required by the MAT-PDOA Grant. The Data submitted will comply with the Government Performance Reporting Act (GRPA) with a collection tool provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). Training will be provided to the successful applicants.

### **Credentialing Packet**

All applicants must complete a credentialing packet (Attachment II) to be considered for a contract with the North Sound BHO/ASO.

## OVERVIEW AND INSTRUCTIONS

### North Sound Behavioral Health Organization's History and Structure

The North Sound Regional Support Network (NSRSN) began operations on January 1, 1991 dba as the North Sound Mental Health Administration (NSMHA). On April 1, 2016 NSMHA transitioned into a Behavioral Health Organization to comport with state law and begin contracting for substance use disorders services. On January 1, 2019 the BHO will convert to an Administrative Services Organization (ASO). The North Sound Behavioral Health Organization, LLC (North Sound BHO/ASO) is governed by an Interlocal Operating Agreement between Island, San Juan, Skagit, Snohomish and Whatcom counties which define the geographic service area of the North Sound Region. The North Sound BHO/ASO contracts with the Division of Behavioral Health & Recovery (DBHR) of the State of Washington to provide public behavioral health services for these five counties (North Sound Region).

North Sound BHO/ASO is governed by an Executive Committee comprised of elected officials or their designated alternates, the Chair and Vice-Chair of the Regional Advisory Board, and representatives of the 8 Tribal sovereign nations within the North Sound Region. According to the terms of the Interlocal Agreement, Executive Committee votes are divided as follows:

• Snohomish County – 4	• Island - 1
• Whatcom County - 2	• San Juan -1
• Skagit County – 1	• Tribes – 1 (ex-officio)
• North Sound BHO/ASO Advisory Board- 2 (ex-officio)	

#### **The Five (5) Counties of the North Sound BHO/ASO Region**

The five (5) counties of Island, San Juan, Skagit, Snohomish and Whatcom represent the geographic, economic, and cultural diversity of Washington State as a whole.

#### **Snohomish County**

Covers 2,196 square miles with a population estimated at 772,501 as of 2015, Snohomish County borders Puget Sound on the west and includes the Cascade Range in the east. It includes several suburban communities such as Bothell and Lynwood with easy access to Seattle, as well as highly isolated rural communities such as Darrington and Index. Everett is the largest city in Snohomish County as well as the county seat, and also supplies the Boeing Company with tens of thousands of workers. Snohomish County is named for the Snohomish people of the Lushootseed Native American tribe.

#### **Skagit County**

To the north of Snohomish County, Skagit County is both smaller in size and less densely populated than its southern neighbor. Skagit County covers 1,920 square miles, much of which is farmland. The broad, fertile valley of the Skagit River runs through the county, which cultivates tulips and strawberries. Mount Vernon is the largest city and county seat. As of 2015 the population of Skagit County was 121,846.

#### **Whatcom County**

To the north of Skagit lies Whatcom County, which abuts Canada to the north. The population of Whatcom County was estimated to be 212,284 in 2015, spread among its 2,503 square miles, making it the geographically largest of the five counties. Whatcom is the home to Western Washington State University, the northernmost university in the contiguous United States. The campus is housed in Bellingham, which is also the largest city and county seat.

### Island County

As its name suggests, Island County is comprised entirely of islands. The two largest are Whidbey and Camano. Both the county seat of Coupeville and largest city, Oak Harbor, are on Whidbey, which is accessed by regular ferry service as well as by bridge over Deception Pass. Island County covers 517 square miles and has a population that as of 2015 was estimated at 80,593.

### San Juan County

Composed of a population of only 16,252 according to a 2015 estimate, the county's residents are spread over 754 small islands and rocks in the San Juan Island chain. Friday Harbor is the county seat, a logical choice since it is also the only incorporated town in the San Juan Islands. Orcas, San Juan, and Lopez are the largest of the many islands in San Juan County. While San Juan County as a whole has the highest per capita income in the state of Washington, isolated areas such as Waldron Island remain extremely poor, with by one estimate over half of its population living below the poverty line.

**The North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO):**

*An organization of dedicated individuals charged with overseeing publicly funded behavioral health services in the North Sound Region. Our job is to ensure that services are person centered, recovery oriented and delivered with dignity and respect to each unique individual we serve. To that end, we work to accomplish our mission, be true to our vision and keep our values in the forefront of all our business deliberations and decisions.*

**Mission:**

Empowering individuals and families to improve their health and well-being.

**Vision:**

A system of care that is shaped by the voices of our communities and people using behavioral health services. The people who work in this system are competent, compassionate, empowering and supportive of personal health and wellness.

**Values:**

- ✓ **Integrity:** We nurture an environment of transparency, trust and accountability.
- ✓ **Collaboration:** We believe every voice matters.
- ✓ **Respect:** We accept and appreciate everyone we encounter.
- ✓ **Excellence:** We strive to be the best in everything we do.
- ✓ **Innovation:** We endeavor to try new things, be forward thinking, learn from mistakes and be adaptable.
- ✓ **Culture:** We endeavor to be culturally educated and responsive.

<b>Deliverable</b>	<b>Date</b>
RFQ Released	October 22, 2018
Question Submission	October 25, 2018
Bidders Conference	October 29, 2018
FAQ posted on North Sound BHO/ASO website	November 5, 2018
RFQ Submission Due	November 21, 2018
Evaluation Team Review	November 26, 2018
Potential Applicant Interviews	December 10, 2018
Contract Negotiations	December 2018
Services Begin	January 31, 2019

**RFQ Timeline**

## **Project Intent:**

The North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO) announces The North Sound Medication-Assisted Treatment-Prescription Drug and Opioid Addiction (NS MAT-PDOA) project which will serve individuals diagnosed with Opioid Use Disorder (OUD) who reside in the rural areas of the North Sound (NS) region of Washington (WA) State, where the closest Opioid Treatment Program (OTP) or other Medication Assisted Treatment (MAT) services are 30 minutes or more away. This project will focus on those individuals with OUD residing in underserved areas who are Medicaid Enrollees or Medicaid-eligible. The NS MAT-PDOA project will implement an adaptation of Massachusetts' Office-Based Opioid Treatment (OBOT) model by establishing six out-stationed OBOT sites in the region's remote under-resourced areas.

A total of three FTE Nurse Care Managers (NCMs) will coordinate with Drug Addiction Treatment Act of 2000 (DATA) waived prescribers to offer MAT to patients diagnosed with OUD in OBOT sites such as primary health clinics, substance use disorder (SUD) treatment agencies or other community-based sites located in rural communities with 30 minutes or more travel time to urban centers or OTPs. Dr. Adam Kartman of Cascade Medical Advantage (CMA) has been training and mentoring waived prescribers as part of the North Sound Hub & Spoke (H&S) program. He has agreed to assist in training new practitioners and connecting waived prescribers to the NS MAT-PDOA project via sub-contract, as needed. Each NCM will work part-time in two sites due to expected small caseloads. Each NCM will ensure a cohesive connection between patients, the waived prescriber, OUD psychosocial treatment and other support services.

The Islands NCM will serve Whidbey Island and the Stanwood/Camano community, as well as the San Juan Islands if caseload numbers allow. Island County Human Services operates an Outreach Team that will refer to the project. The Island County Jail waived prescriber will also refer. The Islands NCM will have jail access to begin building relationships with patients while they are still incarcerated.

The Northeast NCM will share time between eastern Skagit County and eastern Whatcom County in communities yet to be determined.

The Southeast NCM will share time between the Sauk Suiattle Indian Tribe and a site yet to be determined in southeast Snohomish County. The Tribe's Health and Social Services program is a certified SUD provider; they will provide facility use for OBOT services in their medical clinic.

Community outreach teams, behavioral health treatment providers, local jails, Syringe Service Program (SSP) staff, and other community partners will refer individuals who show signs of, or are already diagnosed with, OUD to the NCM. The NCM will screen and assess potential patients, connecting them with waived practitioners as needed who will prescribe one of the FDA-approved medications for the maintenance treatment of OUD available outside an OTP (buprenorphine/naloxone products/buprenorphine products, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone). NCMs will complete intake, collect data, work with the individual to develop a MAT services plan as appropriate, ensure urinalysis monitoring and coordinate care with the waived prescriber, OUD treatment provider and other providers serving the patient. MAT must be provided in combination with comprehensive OUD

psychosocial services, including, but not limited to: Counseling, behavioral therapies, Recovery Support Services (RSS), and other clinically appropriate services required for individuals to achieve and maintain abstinence from opioids. The patient's waived prescriber, NCM, Chemical Dependency Professional (CDP), and other service providers as appropriate, will make up each site's OBOT Team. The OBOT team will confer at least twice monthly for care coordination. Patients for whom methadone treatment is clinically advised will be assisted in a "warm hand off" to the closest and/or most appropriate OTP in the region, while continuing to receive supportive services in their community as needed.

## **INSTRUCTIONS**

Please read the entire RFQ packet.

Proposals must be clearly written. Do not use a font smaller than 12 point. You may use the Microsoft Word version of this RFQ as the template for completing your Application. If you choose to not use the Microsoft Word version of this RFQ to complete your Application, your responses must restate each question and use the same numbering and lettering sequence as in the RFQ. In either case, responses and supporting documentation must be in the same sequence as the RFQ.

Please make all written responses clear, specific and brief. Please try to keep your electronic file under 20MB, if the file exceeds 20MB, please send in separate emails.

Applicant organizations must complete:

- Section 1 Identifying Information
- Section 3 Project Approach
- Section 4 Testimony of Agreement, Accuracy and Signature

One electronic version (PDF) of the completed and signed Application. Applications should be submitted to [deliverables@northsoundbho.org](mailto:deliverables@northsoundbho.org).

## SCORING AND SELECTION PROCESS

Points will be awarded for complete, coherent and realistic descriptions of the services to be provided. Proposals should describe in detail the applicant's plan for each of the areas below. Proposals must demonstrate the applicant understands the North Sound MAT-PDOA project goals and requirements and has a commitment to implementing this project with fidelity to the model.

Each evaluator shall independently score based on the written proposals. Scores will then be summed for all members of the Evaluation Team for each section of the application. The evaluators will use the following scoring method in response to material provided in response to the Project Approach described below in Section 3.

The evaluators will use the following scoring method:

- 0=no experience/capacity;
- 1=limited experience/capacity;
- 2=partial experience/capacity;
- 3=strong experience/capacity;
- 4=extensive experience/capacity.

Each item has either a Scoring Weight or a N/S that means Not Scored. Each item that is scored will receive a score of 0, 1, 2, 3 or 4. This score will be multiplied by the weight for that item to arrive at the total scored points for the item. For example, if an item has a weight of 10 and an evaluator assigns a score of 3, that item for that evaluator will have given a total score of 30 points.

## **SECTION 1: REQUEST FOR QUALIFICATIONS RESPONSE FORM**

### **1. IDENTIFYING INFORMATION**

N/S 1.1 Organization Name:

[Click here to enter name.](#)

N/S 1.2 CEO's Name:

[Click here to enter name.](#)

N/S 1.3 Contact for this RFQ:

[Click here to enter Contact.](#)

Contact Person's Phone #: [Click here to enter Phone #.](#)

Contact Person's Fax: [Click here to enter Fax.](#)

Contact Person's Email Address: [Click here to enter email.](#)

N/S 1.4 Addresses: [Click here to enter address.](#)

City: [Click here to enter city.](#)

State: [Click here to enter state.](#)

N/S 1.5 Tax ID#: [Click here to enter Tax ID.](#)

N/S 1.6 Type of Organization (check one):

- Non-Profit: [Click here to Choose Y or N](#)
- Governmental: [Click here to Choose Y or N](#)
- For Profit Corporation: [Click here to Choose Y or N](#)
- Partnership: [Click here to Choose Y or N](#)
- Sole Proprietorship: [Click here to Choose Y or N](#)
- Consumer/Family Run: [Click here to Choose Y or N](#)
- Other: (Please explain): [Click here to enter text.](#)

N/S 1.7 Submit a copy of your most recent annual report and/or financial audit.

N/S 1.8 Lawsuits: Have you been involved in any lawsuits in the last 24 months? [Click here to Choose Y or N](#)

If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

[Click here to enter text.](#)

N/S 1.9 Has your organization ever been excluded from receiving Federal Funding? [Click here to Choose Y or N](#)

- N/S 1.10 Have any employees and/or contractors of your organization been excluded from participating in Federal programs? [Click here to Choose Y or N](#)
- N/S 1.11 Is your organization licensed to practice in the State of Washington? [Click here to Choose Y or N](#)
- N/S 1.12 Complaints: Have any complaints involving your organization been filed with any oversight agency/funder in the last 24 months? [Click here to Choose Y or N](#)
- If Yes, submit a description of each complaint, the current status, the outcome, and if a resolution has occurred.
- [Click here to enter text.](#)

**SECTION 2: PROJECT REQUIREMENTS:** *address the following requirements in responses to the Proposed Project Approach:*

1. Services shall be considered for all five of North Sound Region's counties. Priority will be given to applications that can achieve greater efficiency through serving multiple counties. Please indicate which regional sector(s) (Island, Northeast or Southeast) that you are interested in serving.
2. Applicants should have a strong philosophical commitment that individuals with (Opioid Use Disorder (OUD) deserve respect and assistance in receiving individualized Medication Assisted Treatment (MAT) for as long as determined by the patient and the waived prescriber.
3. Services must commence in at least one Office-Based Opioid Treatment (OBOT) site no later than January 31, 2019.
4. Applicants will be expected to advance Drug Addiction Treatment Act 2000 (DATA) 2000 training for practitioners in rural and resource-limited communities to increase access for clients seeking Medication Assisted Treatment (MAT) services.
5. Organizations with waived prescriber capacity in-house will receive additional points in the final request for qualifications (RFQ) process for North Sound (NS) Medication Assisted Treatment Prescription Drug Opioid Addiction (MAT-PDOA) sub-contracts.
6. If the applicant has prescribing capacity: Prescribing practitioners will maintain a federal waiver to prescribe OBOT medications, conduct the medical intake to assure the patient's appropriateness for MAT, write orders and prescriptions, supervise clinical services, and refer patients for counseling, psychosocial or primary care services. Waivered practitioners will prescribe one of the Food and Drug Administration (FDA)-approved medications for the maintenance treatment of OUD available outside an Opioid Treatment Program (OTP) (buprenorphine/naloxone products/buprenorphine products, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone).
7. All waived prescribers partnering in the project will be required to check the WA State Prescription Drug Monitoring Program (PDMP) for each new patient admission and periodically throughout treatment to ensure optimal patient care.
8. Successful applicants shall provide the following services:
  - a. Employ, support and supervise one Full-time Equivalent (FTE) Nurse Care Manager (NCM) and support or collaborate in the operation of two OBOT sites as follows: Each NCM will work part-time in two sites due to expected small caseloads. The Islands NCM will serve Whidbey Island and the Stanwood/Camano community, as well as the San Juan Islands if caseload numbers allow. The Northeast NCM will share time between eastern Skagit County and eastern Whatcom County in communities yet to be determined. The Southeast NCM will share time between the Sauk Suiattle Indian Tribe and a site yet to be determined in southeast Snohomish County. The Tribe's Health and Social Services program is a certified Substance Use Disorder (SUD) provider; they will provide facility use for OBOT services in their medical clinic. The NCM will screen and assess potential patients, connecting them with prescribing practitioners.

- b. NCMs will complete intake, collect data, work with the individual to develop a MAT services plan as appropriate, ensure urinalysis monitoring and coordinate care with the waived prescriber, OUD treatment provider and other providers serving the patient.
- c. Ensure MAT is provided in combination with comprehensive OUD psychosocial services, including, but not limited to: counseling, behavioral therapies, Recovery Support Services (RSS), and other clinically appropriate services required for individuals to achieve and maintain abstinence from opioids.
- d. Ensure each site's OBOT Team, consisting of the patient's waived prescriber, NCM, Chemical Dependency Professional (CDP) experienced in working with individuals with OUD disorder, and other service providers, will confer at least twice monthly for care coordination.
- e. Ensure that patients for whom methadone treatment is clinically advised will be assisted in a "warm hand off" to the closest and/or most appropriate OTP in the region, while continuing to receive supportive services in their community as needed.
- f. Coordinate with Community outreach teams, Behavioral Health treatment providers, Syringe Service Program (SSP) staff and other community partners to refer individuals who show signs of, or are already diagnosed with, OUD to the NCM. Individuals may self-refer. Additional points will be awarded to applicants who already provide these types of services and/or can demonstrate strong existing relationships with organizations providing these support services.
- g. Ensure collaboration with community partners to increase patient access to other supportive services such as wraparound, housing and other case management, primary care, mental health services, social services, or other supportive services. Additional points will be awarded to applicants who already provide these types of services and/or can demonstrate strong existing relationships with organizations providing these support services.
- h. Provide in-kind office and patient examination space, and/or agree to have their staff work in OBOT space provided by a project partner as applicable. Applicants with operations in the designated areas will receive additional points. Points will also be awarded to applicants that commit in-kind support to the project, especially required data entry and other support duties.
- i. Follow NS MAT-PDOA project policies/protocols.
- j. Work with the Project Director, Grant Evaluator and Technical Assistance Provider to meet the Grant's goals and requirements.
- k. Comply with data collection and other requirements. The NS MAT-PDOA project requires the use of Government Performance Reporting Act (GPRA) measures.
- l. Utilize treatment regimens that minimize the diversion of buprenorphine for illicit purposes as follows: The primary method for mitigating the risk of diversion of buprenorphine and ensuring the appropriate use of medication by patients will be clinical protocols that match the level of services to the patient's progress in recovery. Patients showing signs of instability will see the NCM more often and be referred to the waived prescriber for further evaluation. The NCM will call patients in randomly, at least once in the first three months and at least annually thereafter, to come in to the OBOT site within 24 hours with their prescription bottle and unused medication to verify the appropriate remaining amount of medication and obtain a urinalysis test. Patients with unstable clinical presentations may be called back at any time by the NCM. If the patient is unable to stabilize or misses a visit, the OBOT Team will reassess and perhaps readjust the treatment plan.

- m. Contracted service providers will be required to facilitate the health insurance application/enrollment processes for eligible uninsured clients, including Medicaid enrollment.
- n. Applicants with Telehealth capacity available as an option for waived prescribers will receive additional points.
- o. Nurse Care Managers will not be assigned duties outside the scope of this project. Ensure NCMs have manageable caseloads to allow them adequate time for care coordination and consultation. NCM caseloads should not exceed 75 individuals per year; requests for exceptions to this caseload limit can be discussed with the Project Director.
- p. The Project Director will conduct periodic contract reviews to ensure adherence to all project requirements.

## **Target Population:**

The patients served by NS MAT-PDOA will be adults (aged 18 and older) referred or seeking treatment who meet diagnostic criteria and are determined to have an OUD who are current Medicaid Enrollees, or are Medicaid-eligible. This project will focus on those individuals who live in the rural areas of the North Sound region, where the closest MAT services are 30 minutes or more away. The Islands NCM will serve Whidbey Island and the Stanwood/Camano community, as well as the San Juan Islands if caseload numbers allow. Island County Human Services operates an Outreach Team that will refer to the project. The Island County Jail prescriber will also refer. The Islands Nurse Care Manager (NCM) will have jail access to begin building relationships with patients while they are still incarcerated. The Northeast NCM will share time between eastern Skagit County, and eastern Whatcom County in a community yet to be determined. The Southeast NCM will share time between the Sauk Suiattle Indian Tribe and a site yet to be determined in southeast Snohomish County. The Tribe's Health and Social Services program is a certified SUD provider; they will provide facility use for OBOT services in their medical clinic.

In those sites where a large proportion of individuals served have limited English proficiency, either bilingual staff or an interpreter must be available. In addition to interpretation services, ASL will be available for individuals with hearing loss. Pregnant women may become NS MAT-PDOA patients if they meet diagnostic criteria and accept services. Incarcerated populations will not receive services while incarcerated but may meet a Nurse Care Manager prior to release to facilitate a smooth transition into project services upon release. The proposed NS MAT-PDOA project aims to increase the availability and use of MAT using established models of care. Should the project encounter capacity constraints, patient selection will be based on clinical priorities, not on race, ethnicity, or other clinically irrelevant factors. Medicaid enrolled or eligible patients with OUD or co-occurring mental health and opioid use disorders will be prioritized due to their high-risk status. OBOT staff will assess patient needs using standard screening tools and refer patients meeting diagnostic criteria for OUD to the program. Attention will be paid to disparities impacting racial and ethnic groups; lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals or other more vulnerable populations, including American Indian/Alaska Native (AI/AN) people who have been disproportionately impacted by opioids.

In terms of cultural competency, we expect contracted applicants to function effectively within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities in regards to language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious and/or social groups, and expressed via identities comprised of race, ethnicity, language, age, gender, sexual orientation, physical ability, region or country of origin, degree of acculturation, socioeconomic status, religious beliefs and family makeup. For persons with limited reading skills, clinic staff will be instructed to read any written materials to participants and provide answers to questions, whenever needed. For persons with limited English proficiency or hearing loss, pre-translated assessment instruments in the patient's primary language will be used, whenever possible, and interpretation services including American Sign Language (ASL) will be provided (in-person or by phone) via Universal Language Services.

**Number of Individuals to be served:**

Each OBOT site will seek to admit a minimum of 2 patients per week starting in January of 2019, continuing until each NCM has reached a total of 60 patients in active care in year 1, with a target caseload of 75 patients in years 2 and 3. Each NCM will have a total expected caseload of 210 individuals across 2 OBOT sites per NCM over the course of 3 years.

**Staffing:**

Nurse Care Manager (Level of effort 1. FTE at \$80,000 plus benefits per year): Each NCM will be the primary link between NS MAT-PDOA patients, their MAT waived prescriber and other service providers. NCMs will screen patients, complete intake, connect patients with waived prescribers, collect data, ensure urinalysis monitoring, coordinate care with the waived prescriber and OUD treatment provider, and ensure the coordination of any services necessary for the patient to achieve and sustain recovery. Each NCM will work part-time in two sites due to expected small caseloads. Initially the number of hours/days per week in each site will be determined by the anticipated level of need and expected caseloads, then adjusted based on actual volume as negotiated with the Project Director.

Required qualifications and experience: Licensed Practical Nurse required, Registered Nurse preferred; Three (3) years of experience required, five (5) years of experience preferred; Sensitivity to ethnic, cultural, gender; beliefs, and behaviors required; SUD/HIV/AIDS and related medical/social issues experience required; Well versed in SUD, OUD, and MAT services and treatment policies and procedures, and services strongly encouraged; Leadership experience with the ability to work autonomously required.

## **Reporting Requirements:**

1. Data Collection: There are several components to the data collection process for the NS MAT-PDOA grant.
2. Assessment and Monitoring: All eligible patients in the NS MAT-PDOA project will be screened and assessed for OUD following best clinical practices for Substance Use Disorder treatment and MAT. Patients will also be regularly monitored for adherence to MAT by clinical staff according to State and Federal regulations. Designated staff will collect the following data on NS MAT-PDOA participants:
  - a. Opioid Use Disorder Assessment tool data.
  - b. Other assessment tools for co-occurring disorders.
  - c. Baseline (within four [4] days), at three (3)-month follow-up, at six (6)-month follow-up and discharge data.
  - d. Encounter information (services received and date) as determined by the Grant Evaluator.
3. Government Performance Reporting Act (GPRA) data: The NS MAT-PDOA project will use the uniform GPRA data collection tool provided by Substance Use and Mental Health Services Administration (SAMHSA) to track client characteristics, including demographic information, abstinence from use, housing status, employment status, criminal justice involvement, access to services, retention in services, and social connectedness, including measures of disparities in access, service use, and outcomes across subpopulations. This information will be gathered using SAMHSA's Performance Accountability and Reporting System (SPARS). The GPRA data will be collected from all project participants by OBOT clinic staff during face-to-face interviews at baseline (i.e. within 4 days of client intake into MAT services), 3-months and 6-months post-intake, and at discharge. Measures will be entered in SPARS within seven days of data collection. Each site's OBOT staff will establish rapport with the patients which will help foster the ability to capture the GPRA data required. Incentives will also be offered to patients to help maintain an 80% completion rate.
4. Project sites will be monitored by the Grant Evaluator and Project Director to ensure they are collecting GPRA measures on all patients at intake and meeting or exceeding the 80% follow-up completion rate. In the event OBOT sites are falling short, Technical Assistance (TA) or corrective action plans will be initiated as needed. OBOT sites will report on the specific medications prescribed as well as measures related to duration of treatment with these medications.
5. GPRA follow up and discharge surveys may be collected by phone when patients are unable to come in to the site. GPRA data will be electronically transmitted directly to SAMHSA via the secure website. OBOT clinic staff will receive training to adequately explain the voluntary nature of participation and how to properly conduct the GPRA interviews. Staff will be provided with scripting on how to explain the voluntary nature of the project, including carefully crafted language explaining to participants that they may receive services even if they do not participate in or complete the data collection component of the project.
6. Other data: Other than what is needed for standard clinical practice, no urine, blood, or other specimens will be collected to support the performance monitoring or evaluation components of this grant.

7. **Privacy and Confidentiality:** The NS MAT-PDOA Project Director and Grant Evaluator will provide training and guidance on the correct procedures for gathering, storing, and transmitting confidential data that will comply with provisions of Title 42 of the Code of Federal Regulations, Part II. All staff involved with patients in the project will also be trained on protocols and procedures for maintaining the confidentiality of patient data. Procedures will be designed to protect the confidentiality of information gathered for clinical and case management purposes, including encounter data (services received and dates). These may include storage of paper records and clinical notes in locked file cabinets and the use of secure data transfer systems for entering data into required databases, including the web-based GPRA data entry system. In addition, training for staff involved with this project will include the use of appropriate authorization forms to permit the sharing of information with other service providers. All organizations applying for sub-recipient status to manage the NCMs and OBOT sites will be required to demonstrate their capacity to comply with these mandates.
8. **Consents:** To assist OBOT staff who will gather GPRA data and service information, a standard script will be developed for NS MAT-PDOA participants. The script will provide the following information:
  - a. Purpose, risks, and benefits of participation.
  - b. What data will be collected for the evaluation of the project.
  - c. How the data will be used.
  - d. How data will be kept private to protect confidentiality.
  - e. Participation is voluntary.
  - f. Patients may decline to answer questions at any time.
  - g. Possible risks and plans to protect against them.
9. **Referrals:** Although the proposed project is specifically designed to improve access to office-based opioid therapy, it is possible that other treatment needs not available at the provider organization could be identified while completing the GPRA interview. If this occurs, the staff would refer the patient to appropriate resources where they could obtain needed treatment. This would include referrals to physicians, other opioid use disorder (OUD) treatment providers, mental health professionals, recovery support services, or other providers depending on the need. Patients for whom methadone treatment is clinically advised will be assisted in a “warm hand off” to the closest and/or most appropriate OTP in the region, while continuing to receive supportive services in their community as needed.
10. **Reports**
  - a. The applicant will submit regular reports to North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO), the Project Director and the Grant Evaluator on progress as required by the contract.
  - b. The applicant will provide North Sound BHO/ASO, the Project Director and the Grant Evaluator access to all necessary data and data sources required for completion of the evaluation process.
  - c. Failure to submit required reports within the time specified may result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.

### **SECTION 3: PROJECT APPROACH**

**North Sound Behavioral Health Organization/Administrative Services Organization (North Sound BHO/ASO)  
Request for Qualifications (RFQ)**

**Medication Assisted Treatment Prescription Drug Opioid Addiction Services (MAT-PDOA)**

#### **Project Goals**

1. Increase the number of individuals with Opioid Use Disorder (OUD) receiving Medication Assisted Treatment (MAT) in rural areas of the North Sound (NS).
  - 1.1 Increase the number of providers offering Office Based Opioid Treatment (OBOT) in collaboration with Drug Addiction Treatment Act of 2000 (DATA) waived prescribers in rural areas of the region.
  - 1.2 Contract with local applicants to employ Nurse Care Managers (NCMs), and train staff to use Evidence Based Practices (EBPs) to implement MAT.
  - 1.3 Increase the number of individuals in rural areas diagnosed with OUD who receive MAT using Food and Drug Administration (FDA)-approved medications.
  - 1.4 Ensure NS MAT-PDOA patients receive comprehensive OUD psychosocial services, including counseling, behavioral therapies, and other clinically appropriate services, including Recovery Support Services (RSS).
  - 1.5 Increase access to other supportive services such as wraparound, housing and other case management, for individuals enrolled in NS MAT-PDOA.
  - 1.6 Use outreach/engagement strategies to increase participation in, and access to, MAT for diverse populations at risk of OUD.
2. Decrease illicit opioid drug use and prescription opioid misuse among NS MAT-PDOA patients at six-month follow-up.
  - 2.1. Decrease the number of patients using illicit opioids and misusing prescription opioids from intake to 6 months post enrollment.

#### **Required information:** *(scored)*

1. Complete the Credentialing Packet, located at the following link: <http://northsoundbho.org/Requests>
2. Our organization is applying for MAT-PDOA in the following geographic locations:
  - East Whatcom County
  - East Skagit County
  - South East Snohomish County
  - Island County
  - San Juan County

**Proposed Approach:** *(scored)*

Please respond to each of the content areas and number your responses to correspond with the numbered elements below. Applicants that fail to do so will be unlikely to pass an initial threshold review. Please address the project requirements in your responses, as applicable.

1. Please describe your organization's experience and commitment to working with individuals diagnosed with OUD and MAT, including your experience in coordinating care and providing MAT services. If your organization does not provide MAT services directly, please describe your experience partnering with MAT providers.
2. Priority will be given to applications that can achieve greater efficiency through serving multiple counties. Describe any current operations your organization has in the geographic regions identified (east Whatcom County, east Skagit County, Island County, San Juan County and south east Snohomish County), and if services are not currently available in these regions, how your organization would implement a plan to provide services in these rural and resource-limited communities. Please indicate which regional sector(s) (Island, Northeast or Southeast) that you are interested in serving. Additional points are awarded to Applicants who apply to serve multiple sectors.
3. Waivered prescribers will need to maintain a federal waiver to prescribe OBOT medications, conduct the medical intake to assure the patient's appropriateness for MAT, write orders and prescriptions, supervise clinical services, and refer patients for counseling, psychosocial or primary care services. Organizations with waivered prescriber capacity in-house will receive additional points. Describe your current DATA waivered prescription capacities including the waivered prescriber's name, authorization level and current caseload. If you do not have a current DATA waivered prescriber, describe how your organization will build this capacity.
4. If your organization has a DATA waivered prescriber, please indicate if they currently check the WA State Prescription Drug Monitoring Program (PDMP), and if not, how they will be trained to do so.
5. Applicants with Telehealth capacity available as an option for waivered prescribers will receive additional points. If your organization has Telehealth capacity, please describe how you will use this to optimize patient care.
6. Services must commence in at least one OBOT site no later than January 31, 2019. Describe how you will meet this requirement and how your organization will staff the NCM position. Organizations with NCM capacity in-house will receive additional points. If your organization currently has an NCM, please describe how you would transition the NCM into the scope of this project.
7. Describe the organization's project start-up and staff training activities. Provide a project implementation schedule, including start-up to full implementation.
8. Describe how you will structure the NCM position, including how the NCM will split time between the two required OBOT sites, including prospective days and times when the NCM will be available at each OBOT site.

9. Nurse Care Managers will complete intake, collect data, ensure urinalysis monitoring and coordinate care with the waived prescriber, OUD treatment provider and other providers serving the patient. Describe your current NCM staffing abilities or how a newly hired NCM will be trained for these duties, including attending trainings provided by NS MAT PDOA administrators and staff. Additional points will be awarded for any organization with a current NCM familiar with OUD and the needs of individuals with OUD.
10. Describe in detail the training needs of project staff, including specific staff competencies and practice guidelines needed to implement the NS MAT-PDOA. Include sources of the training and an approximate schedule.
11. The NS MAT-PDOA project requires the use of Government Performance Reporting Act (GPRA) measures. Additional points will be awarded for any organization with experience in collecting this type of data, especially in retaining participants for follow-up data collection. Describe how you will collect and manage the data collection requirement associated with this project (an 80% follow-up completion rate as required by SAMHSA). Additional points will be awarded to applicants using support staff to assist the NCM with data entry.
12. Describe your organization's plan to provide office and patient examination space, including collaborations with project partners as applicable.
13. Describe how your organization will collaborate with community partners to increase patient access to other supportive services such as wraparound, housing and other case management, primary care, mental health services, social services, or other supportive services. Additional points will be awarded to applicants who already provide these types of services and/or can demonstrate strong existing relationships with organizations providing these support services that will be applied to this project.
14. Describe how your organization's OBOT Team, which shall include the patient's waived prescriber, NCM, Chemical Dependency Professional (CDP), and other service providers, will meet and/or confer at least twice monthly for care coordination. Additional points awarded for any organization with an existing OBOT focused clinical team.
15. Describe how your organization will coordinate with community outreach teams, behavioral health treatment providers, Syringe Service Program (SSP) staff and other community partners to refer individuals who show signs of, or are already diagnosed with, OUD to the NCM. Individuals may self-refer. Additional points will be awarded to applicants who already provide these types of services and/or can demonstrate strong existing relationships with organizations providing these support services that will be applied to this project.
16. Describe the organization's plan to assist individuals in strengthening existing and developing natural supports in their community.
17. Describe how the organization will coordinate care for individuals deemed in need of OTP services.

18. Describe how your organization will facilitate a “warm hand off” to the closest and/or most appropriate OTP in the region for patients for whom methadone treatment is clinically advised. Please include how supportive services will continue to be provided for these individuals in their community.
19. Describe how the organization will use Evidence Based Practices (EBPs) for treating individuals with OUD, (in addition to MAT and the use of an NCM) in their psychosocial counseling component, such as Contingency Management, 12-Step Facilitation Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing, or Cognitive Behavioral Therapy (CBT) for Post-Traumatic Stress Disorder (PTSD). Additional points will be awarded to applicants who already provide these EBPs and/or can demonstrate strong existing relationships with organizations providing these services that will be applied to this project.
20. Describe how your organization will facilitate the health insurance application/enrollment processes and Medicaid enrollment process for eligible Medicaid clients.
21. Describe how your providers will minimize the diversion of buprenorphine for illicit purposes.
22. Describe in detail how the organization will market the NS MAT-PDOA grant to community agencies, hospitals, jails, outreach workers and other providers in the region.
23. Describe your organization 's understanding of cultural competency and its role in serving individuals in our communities, and how will you address health disparity issues.

### **Evidence Based Practices: (scored)**

Points in this category will be awarded based on the understanding of Evidenced-Based Practices (EBP) and the likelihood of one or more being successfully integrated. The applicant should demonstrate a commitment to evidence-based practices and a willingness to implement evidence-based practice guidelines, train staff to the practices and monitor fidelity to these standards.

The NS MAT-PDOA project will use the Massachusetts' (MA) Office-Based Opioid Treatment (OBOT) model, using FDA-approved medications for OUD treatment available outside an OTP, such as buprenorphine/naloxone (B/N), buprenorphine (B) and injectable naltrexone, to establish rural OBOT sites for more localized MAT options in resource-limited communities. Massachusetts' OBOT-B Model with Nurse Care Managers: The OBOT-B program uses NCMs to coordinate and manage patients on MAT using buprenorphine (B). This model has been successfully replicated in Community Health Centers in MA, and WA State DBHR's MAT-PDOA program. Although B/N is effective for the treatment of OUD and waived prescribers have highly positive views of the treatment (Quest, 2012), multiple barriers exist for broader implementation, including lack of nursing and office supports and limited institutional support (Walley, 2008; Hutchinson, 2014). The MA OBOT-B Model successfully addresses these barriers; it was cited as an innovative MAT funding model by (SAMHSA, 2014). We will replicate the key components of this OBOT model: Nurse Care Managers (NCMs) located at each site, responsible for patient screening, assessment, education, care planning, medication induction, stabilization, maintenance, collaborations with referrals, ongoing care coordination, telephone monitoring when needed, relapse prevention, and support for patient self-management.

Caseload capacity per nurse is 75. Although NCMs in the MA model sometimes have higher caseloads, we have opted to keep NS MAT-PDOA caseloads lower due to the isolation and resource issues inherent in the project, and the challenges of operating out of two sites each. NCMs must have manageable caseloads to allow them adequate time for quality care coordination. Prescribing physicians will maintain a federal waiver to prescribe OBOT medications, conduct the medical intake to assure the patient's appropriateness for MAT, write orders and prescriptions, supervise clinical services, and refer patients for counseling, psychosocial or primary care services. Modifications: The MA model offered services in primary care settings which are not always available in the communities we propose to serve, but there is evidence of successful implementation in other settings.

The WA State MAT-PDOA project and the NS Hub and Spoke (H&S) project have implemented similar models in SUD treatment facilities, with preliminary positive outcomes, and Dr. Adam Kartman, the NS Hub's Medical Director has been successfully implementing an OBOT model in SUD facilities for many years. Dr. Kartman will provide Technical Assistance (TA) to the NS MAT-PDOA project, and the Grant Evaluator will monitor performance measures to assess any variations in outcomes between the sites. Also, the MA model did not use naltrexone which is now an evidence-based option for patients. Behavioral Health agencies within the region may already utilize Contingency Management or 12-Step Facilitation Therapy, both identified as EBPs for OUD, or Eye Movement Desensitization and Reprocessing (EMDR) or Cognitive Behavioral Therapy (CBT) for Post-Traumatic Stress Disorder (PTSD), which are both EBPs for trauma, as well as Motivational Interviewing and Trauma Informed Care. Applicants should describe their organization's plan for each of the areas below:

1. Describe which evidence-based practice(s) your organization plans to implement for this project. Additional points will be awarded for organization's that are already offering OUD treatment focused EBPs.
2. If not already in practice, describe the training needs of your organization's staff to implement OUD focused EBPs.

**Budget Detail and Narrative:** *(scored)*

NS BHO/ASO will identify sub-recipient applicants through an RFQ process. Sub-recipient applicants will employ Nurse Care Managers (NCMs) comply with training expectations for NCMs and clinical staff (e.g. MAT EBPs, GPRA data collection, etc.), provide DATA 2000 waived prescribers, provide office/patient exam space as needed, follow all other NS MAT-PDOA project policies/protocols, advance DATA 2000 training for non-waivered prescribers on staff, and comply with data collection and other expectations required by contract, including adequate time for NCMs to provide high quality care coordination. See details of the proposed budget below.

1. Each “sector” (Islands, Northeast and Southeast) will be staffed with one full-time equivalent (FTE) Nurse Care Manager (NCM). NCMs are essential to the NS MAT-PDOA project to provide MAT waived prescribers adequate support for their patients’ care and to provide MAT clients the care coordination they need to be successful in their recovery. Each NCM will be assigned to work and serve patients at two OBOT sites. Laptops, mobile phones and mileage expenses are necessary to facilitate the NCMs’ work at and travel between sites. Final site locations will be determined through the RFQ process and negotiations with community-based partners, based on the resources each sub-recipient brings to the project and local resources that may be leveraged without cost to the project.
2. Patient incentives will increase the likelihood of achieving the desired 80% or greater follow-up rate for GPRA data collection. Follow-up data collection points are at 3 and 6 months, and at discharge. Patients will be offered \$10 gift cards per follow-up data collection visit with the NCM (up to \$30 gift cards total per patient).
3. The NS MAT-PDOA project will place OBOT services in rural resource-limited community-based sites such as SUD treatment centers which are not equipped for medical services. The miscellaneous medical supplies are estimated based on one examination table per site only as needed (6 sites), miscellaneous medical equipment for project startup (e.g. blood pressure cuffs, stethoscopes, etc.) and miscellaneous medical supplies ongoing throughout the project for each NCM.
4. Proposed Budget: Please refer to Table 1 below for details of the proposed budget for each FTE Nurse Care Manager (NCM), supplies, equipment, patient incentives and NCM travel cost reimbursement rates. Please note: The NCMs’ salary is intentionally set to exceed current regional rates for similar positions to assist with staff recruitment/retention and compensate for the challenges inherent in the project (working in remote locations, frequent travel and sharing time between two sites). This NCM salary is an expectation of the NS MAT-PDOA project.

Table 1: Proposed Budget

	Year 1	Year 2	Year 3
NCM Salary \$80 k/Benefits 27%	\$84,667	\$101,600	\$101,600
NCM Computer/phone	\$2,800	\$600	\$600
NCM Travel: 500 miles/month @ .545	\$2,453	\$3,270	\$3,270
Patient Incentives	\$1,800	\$2,000	\$2,500
Miscellaneous Medical Supplies	\$2000	\$600	\$600
Equipment: Exam tables	\$1200	\$0	\$0
<b>Subtotal</b>	<b>\$94,920</b>	<b>\$108,070</b>	<b>\$108,570</b>

Note: Unreimbursed waived prescriber expenses (such as travel and care coordination time) may be negotiated on a case by case basis as needed.

## **APPEALS**

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to applicants who wish to appeal a disqualification of application or award of contract:

1. All appeals must be in writing and physically received by the North Sound BHO/ASO Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the date of the notice of intent to award or disqualification.

Address appeals to:

Joe Valentine, Executive Director  
North Sound BHO/ASO  
301 Valley Mall Way, Ste.110  
Mount Vernon, WA 98273

2. Appeals must specify the grounds for the appeal including the specific citation of law, rule regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.
3. Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

**Section 4: TESTIMONY OF AGREEMENT, ACCURACY AND SIGNATURE – N/S**

All information submitted in this application is true to my best knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the North Sound BHO/ASO. I certify that this is signed by an individual authorized to make decisions for the organization.

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NAME AND TITLE (print or type)

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SIGNATURE DATE