



NOTICE OF INTENT

NOI No: 4000003720

NOI Title: HIV/Hepatitis C and Opiate Overdose Prevention Among Injection Drug Users

NOI due by 4:00 P.M. on: Monday, May 4, 2015

Issue Date: April 17, 2015

Responses Due: May 4, 2015
Not Later Than 4:00 PM
LATE RESPONSES SHALL NOT BE CONSIDERED

Refer Questions to:
Name: Christy Tran
Phone: (503) 988-7997
Email: christy.tran@multco.us

Submit Responses to:
Multnomah County Purchasing
501 SE Hawthorne Blvd, Suite 125
Portland, OR 97214

Multnomah County seeks responses from providers interested in providing the services described below. The purpose of this Notice of Intent is to determine if there are multiple parties interested in providing these services who have the qualifications to do so. If multiple qualified parties are available the County intends to issue a Request for Proposal to select a provider.

Responses to this Notice of Intent shall be signed by the Offeror and submitted in a sealed envelope clearly marked with the Offeror's name, address, and NOI number. Responses must be received not later than 4:00 P.M., May 4, 2015 by Multnomah County Purchasing, 501 SE Hawthorne Blvd., Suite 400 (mail)/Suite 125 (in person), Portland, OR 97214, for:

I. BACKGROUND

The mission of Multnomah County Health Department is to work in partnership with the communities we serve to assure, promote and protect the health of the people of Multnomah County. The STD, HIV, Hepatitis C Program is seeking one qualified contractor to provide syringe exchange, opiate overdose prevention, and targeted HIV and Hepatitis C (HCV) testing services for active injection drug users (IDUs).

Syringe Exchange

Syringe exchange is part of a comprehensive public health approach to prevent the spread of HIV/AIDS, HCV, and other blood-borne pathogens among IDUs, their families, and the larger community. Syringe exchange and disposal programs provide clients with new, sterile syringes in exchange for used ones, along with safer sex supplies. Program services include essential referrals to medical care and social services, such as mental health counseling, HIV/STD testing, and alcohol and drug treatment. Studies have consistently shown that syringe exchange programs reduce HIV/HCV infection among IDUs and are a cost effective prevention strategy. Research findings demonstrate participants are more likely to follow through with HIV testing referrals¹ and are more likely to seek drug treatment as well as remain in drug treatment^{2 3 4}. Studies have demonstrated exchange programs do not lead to an increase in drug use or initiation of drug use^{5 6}.

Opiate Overdose Prevention

Heroin overdose deaths in Oregon increased 46% from 2002 to 2012 (101 to 147 deaths).⁷ Prescription opioid overdose deaths have increased by more than 200% from 2000 to 2012 (48 to 164 deaths).⁸ Oregon had the highest rate in the nation for illicit prescription opiate use from 2010-11.⁹ Illicit prescription opiate use and heroin use can overlap.^{10 11 12 13} In a 2011 survey done at Portland-area syringe exchanges, 45% of heroin users said they were hooked on prescription opiates before they started using heroin (196 out of 431).¹⁴ In June 2013, Oregon enacted a law that allows public health departments and community-based organizations to train lay people how to provide emergency treatment for people who appear to be suffering from an opiate overdose. This treatment includes administering naloxone, rescue breathing and calling 911. Naloxone (or Narcan) is a prescription medication, but it is not a controlled substance. It reverses opiate overdoses, effectively bringing the overdose victim back to life. It has no potential for abuse, side effects are rare, and it has been used for over 40 years by emergency medical personnel.

HIV and Hepatitis C Testing

In January 2012, the Centers for Disease Control and Prevention (CDC) HIV prevention funding was redirected for alignment with the National HIV/AIDS strategy. This change moved resources to jurisdictions with the highest HIV incidence in an effort to direct resources to geographic areas of greatest need. Oregon was not designated as a high incident area. As a result of this designation, a 44 – 50% funding reduction to Oregon was initiated in 2012 with planned incremental reductions being carried out between January 1, 2012 and December 31, 2016.

To ensure the most effective use of prevention funding, CDC directed the state level allocation of programmatic and financial resources be based on the burden of disease. The HIV/STD/TB section of the Oregon Health Authority, in partnership with a statewide advisory group (Integrated HIV/VH/STI Planning Group – IPG), designated the following priority populations as those with the highest burden of disease:

- Persons living with HIV and their sex or injection partners.
- Men who have sex with men (MSM) whose HIV status is unknown or was negative at last test.
- Persons who inject drugs whose HIV status is unknown or was negative at last test.

Chronic hepatitis C virus infection is highly prevalent among IDUs. Routine screening and counseling of current IDUs as well as screening of non-tested ex-IDUs are demonstrated effective methods for identifying new and undiagnosed infections.¹⁵

Multnomah County has an estimated \$201,700 available for FY 2016 and \$194,200 available for FY 2017 should the vendor meet their deliverables and satisfactorily deliver all services to the County and the County's funding is available. Service deliverables include syringe exchange, opiate overdose prevention, and targeted HIV and HCV testing services for active IDUs.

Program Requirements:

1. Begin implementation of services by July 1, 2015.
2. Accept a cost reimbursement contract and demonstrate the ability to manage a 90 day payment schedule.
3. Comply with Oregon law regarding the distribution of syringes to individuals 18 years of age and older.
4. Provide agency level opiate overdose training oversight by a licensed physician or nurse practitioner with prescriptive privileges.
5. Ensure agency level opiate overdose training protocol meets required criteria as outlined by the Oregon Health Authority, Public Health Division.
6. Provide agency level HIV and HCV medical oversight and medical authorization for non-licensed employees.
7. Ensure prevention funded individuals conducting HIV testing have received training in the essentials of HIV prevention for client focused counseling.
8. Obtain and maintain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver for rapid HIV testing.
9. Meet Occupational Safety and Health Administration standards for employee blood-borne pathogen training, vaccination and exposure prevention.
10. Comply with state and federal rules related to HIV testing including HIPAA and disease reporting.
11. Comply with state and federal rules for biohazardous waste handling and disposal.
12. Collaborate with MCHD Disease Intervention Services program to ensure individuals testing HIV positive gain access to medical/support services and partner services.
13. Ability to enter data into a web-based test record database following Oregon Health Authority STD/HIV/TB Program guidelines. Ensure data accuracy and data safety.
14. Obtain and maintain professional liability insurance with Professional Liability insurance covering any damages caused by error, omission or any negligent acts of the Contractor, its sub-contractors, agents, officers, or employees performance under this Contract. Combined single limit per occurrence shall not be less than \$1,000,000. Annual aggregate limit shall not be less than \$2,000,000.

II. PREFERRED QUALIFICATIONS

Interested offerors must demonstrate in their Letter of Intent how they meet the Program Requirements and the Preferred Qualifications listed in a submittal of six (6) pages or less.

1. Respondent is able to demonstrate sufficient organizational experience, capabilities, and resources to successfully implement the following prevention activities serving IDUs:
 - a. Syringe exchange and disposal.
 - b. Opiate overdose prevention.
 - c. Targeted HIV and HCV testing.
2. Respondent is able to demonstrate the following organizational experience:
 - a. Successful direct management of at least two public or private contracts and/or grants equal or greater than \$100,000 each in the past five years.
 - b. Ability to leverage other funding and program capacity.
 - c. Successful completion and timeliness of contract required monthly reports including de-identified record-level syringe exchange and naloxone enrolment/refill data.
3. Please demonstrate your agency's or organization's sustainable business practices, which could include, but are not limited to, a formal sustainability program and/or policies covering recycling measures; energy conservation plans; water conservation policies; and a green cleaning policy. Please provide specific examples, metrics, and details of practices and include copies of reports, policies or plans if available.
4. What sustainability and social equity innovations can your agency integrate into the delivery of services?

Offerors shall submit one (1) original letter of intent to:

Christy Tran, Procurement Analyst
Multnomah County Purchasing
501 SE Hawthorne Blvd. Suite 400 (mail)/Suite 125 (in person)
Portland, OR 97214
Phone: (503) 988-7997
Email Address: christy.tran@multco.us

¹ Des Jarlais C, Perlis T, Friedman SR, et al. ***Behavioral risk reduction in a declining HIV epidemic: injection drug users in New York City, 1990-1997.*** *American Journal of Public Health.* 2000; 90: 1112-1126

² Hagan H, McGough JP, Thiede H, et al. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse and Treatment.* 2000; 19: 247-252.

³ Strathdee et al., Facilitating entry into drug treatment among injection drug users referred from a needle exchange program. *Drug and Alcohol Dependence.* 2006: 83:225-232

⁴ Larkin et al., Needle exchange program utilization and entry into drug user treatment. *Substance Use and Misuse.* 2006;83:225-232.

-
- ⁵ Hou et al., Cessation of injection drug use and change in injection frequency. *Addiction*. 2006. 101:1606-1613
- ⁶ Kuo et al., Feasibility of referring drug users from a needle exchange program into an addiction treatment program. *Journal of Substance Abuse Treatment*. 2003. 24:67-74
- ⁷ Oregon State Medical Examiner. Drug Related Death Reports. Accessed online June 8, 2012 at: http://www.oregon.gov/OSP/SME/Drug_Related_Death_Statistics.shtml.
- ⁸ Oregon Health Authority, Center for Prevention & Health Promotion, Injury & Violence Prevention Section. Drug Overdose Deaths, Hospitalizations, Abuse and Dependency among Oregonians. May 2014. Accessed online Aug 20, 2014 at: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drugoverdose-report.pdf>.
- ⁹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011 (2010 Data - Revised March 2012).
- ¹⁰ Cicero TJ, Ellis MS, Surratt HL. Effect of abuse-deterrent formulation of OxyContin. *N Engl J Med*. 2012 Jul 12;367(2):187-9.
- ¹¹ Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend*. 2013 Feb 11. [Epub ahead of print]
- ¹² Lankenau, S.E., Teti, M., Silva, K., Jackson Bloom, J., Harocopos, A., Treese, M., 2012. Initiation into prescription opioid misuse amongst young injection drug users. *Int. J. Drug Policy* 23, 37–44.
- ¹³ Peavy, K.M., Banta-Green, C.J., Kingston, S., Hanrahan, M., Merrill, J.O., Coffin, P.O., 2012. "Hooked on" prescription-type opiates prior to using heroin: results from a survey of exchange clients. *J. Psychoactive Drugs* 44, 259–265.
- ¹⁴ Multnomah County Health Department. 2011 Syringe Exchange Survey: Drug Use, Injection Practices, and Overdose. May 2014.
- ¹⁵ Sources: CDC. Viral hepatitis. Available at <http://www.cdc.gov/hepatitis>; Agency for Healthcare Research and Quality. Guide to clinical preventive services, 2010–2011, section 2, infectious diseases. Available at <http://www.ahrq.gov/clinic/pocketgd1011/gcp10s2b.htm>; CDC. [A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices. MMWR 2006;55\(No. RR-16\).](#)