

February 11, 2022

## **Concept Paper for Culturally Competent SUD Services in Chinatown/Lower East Side Communities**

### **Overview**

The COVID-19 pandemic has had a profound and disproportionate impact particularly on Asian communities that have experienced [anti-Asian hatred, violence](#), and xenophobic political rhetoric (“Kung flu”), often leading these communities to isolate and be at increased risk of infection, death and worsening mental health, according to August 2020 report from McKinsey & Company titled [COVID-19 and Advancing Asian American Recovery](#). Areas of New York City including the Lower East Side/Chinatown area of Manhattan are historically already affected by social determinants of health that drive health disparities. For example, according to our [NYC DOHMH 2018 Community Health Profile](#) the residents of the Lower East Side/Chinatown have the following characteristics:

- 36% Asian vs. 15% Asian in NYC
- 28% limited English proficiency vs. 23% in NYC
- 18% of residents in poverty vs. 14% in Manhattan
- 11% lack health insurance vs. 9% in Manhattan
- 23% binge drinking vs. 17% for NYC
- 12.9 rate of death before age 65 per 100,000 people vs 9.4 for NYC

New York City Department of Health and Mental Hygiene (NYC DOHMH) is committed to reducing harms and other health consequences of alcohol and substance use among New Yorkers, especially in communities affected by health inequities or that are underserved.

Organizations who have been long time, trusted members of the local community and sources of support to community members during these extremely difficult times will be invaluable stakeholders and partners in the healing required for these communities long after the pandemic ends.

Recognizing the profound impact that the COVID-19 pandemic has had particularly on Asian New Yorkers and the behavioral health consequences on these communities, the New York City Department of Health and Mental Hygiene is providing funds for one organization to provide culturally and linguistically competent, evidence-based, outpatient substance use disorder treatment services in Lower East Side/Chinatown area of Manhattan.

### **Purpose of the Proposed RFP**

The purpose of this forthcoming Request for Proposals (RFP) is to support sustained access for Asian New Yorkers to culturally and linguistically competent, evidence-based, outpatient substance use disorder (SUD) treatment services based in Lower East Side/Chinatown area of Manhattan. Funds should be used to support the operational costs of SUD treatment services to Asian New Yorkers struggling with and impacted by substance use including individuals, families, and their loved ones.

The following types of organizations would be eligible to propose:

Requirements/Eligibility

- 1) Existing NYS Office of Addiction Services and Supports (OASAS)-licensed [part 822](#) Medically Supervised Outpatient provider with active operating certificate; preferable if provider is also NYS Office of Mental Health (OMH)-licensed

- 2) Organizations that are currently registered as Opioid Overdose Prevention Programs (OOPPs), or will become OOPPs, would be eligible to propose
- 3) Ability and history of providing culturally competent clinical services to program participants in the following languages: Mandarin, Cantonese, and Fujianese. Additional language competency in other Asian languages welcomed.
- 4) Program located in Lower East Side/Chinatown area of Manhattan with an established history serving the communities of these neighborhoods.
- 5) Direct Care staff and supervisors trained in and employing evidence-based practices like Motivational Interviewing and/or Cognitive-Behavioral Therapy in addition to providing trauma-informed care as part of treatment services
- 6) Promote, educate, and possess the ability to prescribe medications for addiction treatment (MAT) to participants with Opioid Use Disorders (OUD) (including buprenorphine) and to participants with Alcohol Use Disorders
- 7) Promotion of harm reduction principles including validating and respecting participants' individual treatment goals which may not include abstinence
- 8) Provide services to participants at least 18 years-old and older. Ability to provide targeted services to youth (ages 12-17) and/or young adults (ages 18-25) welcomed.
- 9) Ability to raise awareness about problem gambling in culturally and linguistically competent manner

### **The Goals of the RFP**

Under the broader goal of reducing the morbidity and mortality associated with substance use disorders for Asian New Yorkers, the goals of this solicitation are to:

- Increase sustainability of culturally and linguistically competent SUD treatment services located in Lower East Side/Chinatown area of Manhattan for Asian New Yorkers
- Increase the availability of Medications for Addiction Treatment (MAT) for those with Opioid Use Disorders and Alcohol Use Disorders
- Increase the availability of naloxone to individuals and communities affected by unintentional opioid overdose.
  - a. Dispense naloxone to individuals at risk of experiencing or witnessing an opioid overdose (including people who use both opioid and non-opioid drugs that could be contaminated with fentanyl), and to their families, friends and loved ones.
- Promote availability of SUD treatment that promotes trauma-informed care and person-centered care including harm reduction-oriented treatment goals that are not limited to abstinence
- Promote integrated SUD treatment that addresses the following needs of its participants via onsite services and/or referrals to partners in the community with follow-up care coordination: mental health, primary care, and vocational/rehabilitation counseling.
- Reduce stigma in the community associated with people who use substances and those who seek care

### **Program Information**

**The Contractor would be responsible for the following:**

#### **Services**

- 1) Providing SUD outpatient treatment including:
  - a. individual counseling that includes discussing the full continuum of appropriate care for opioid use disorder and the effectiveness of medications with participants

- b. onsite access to medication management (MAT for opioids (including buprenorphine) and alcohol and psychiatric medications for co-occurring mental health disorders)
  - c. overdose education and naloxone kits offered to all participants upon intake and ideally prior to discharge
  - d. family counseling
  - e. collateral coordination
  - f. group counseling welcomed if enough participant interest but not required
- 2) Providing care coordination and case management- e.g. connecting program participants to primary care services, assisting participants with service navigation due to limited English, vocational/educational assistance, legal/immigration services, etc.

DOHMH would expect RFP proposers to describe their experience in and ability to provide these above services in a culturally and linguistically competent manner. For care coordination and case management, this would also include describing current linkages and/or plans to recruit or engage additional community resources.

### **Community Work**

- 1) Addressing stigma amongst Asian communities towards people who use substances and those who seek care
- 2) Problem Gambling- providing culturally and linguistically competent resources (e.g. via website, social media, community events) to Asian communities who may be [particularly vulnerable to problem gambling](#)

### **Racial Equity Work**

- 1) DOHMH would expect that RFP proposers will provide a detailed plan that describes its organizational strategy and approach to racial equity and social justice through programming and operations and ensuring that services are equitable and responsive to program participants' needs in an effort to address racial health gaps and improve health outcomes for all New York City residents. For more information regarding racial equity and social justice please visit <https://www1.nyc.gov/site/doh/health/health-topics/race-to-justice.page>.
  - a. This plan must also include seeking community input for feedback on services (e.g. holding community meetings, focus groups, creating a community advisory board, etc).

### **Reporting**

- 1) As required by NYS OASAS, maintain service data information on all admissions and discharges in the NYS OASAS Client Data System (CDS) on a monthly basis with data for a given calendar month entered into the system by the 15<sup>th</sup> of the following calendar month
- 2) Submit aggregate naloxone data on a quarterly basis to NYC DOHMH
- 3) Submit reports on a quarterly basis to NYC DOHMH on the following deliverables:
  - a. Service Provision, Care Coordination, and Case Management Tracking (e.g. summary of participant demographics (race, ethnicity, gender, age, zip code/neighborhood of residence, languages spoken, service highlights, service challenges, service counts including number of those prescribed MAT and types of MAT, types of referrals/linkages made, if applicable, changes made to service provision)
  - b. Staff Supervision and Training on evidence-based practices (including Motivational Interviewing and/or Cognitive behavioral Therapy, trauma-informed care, use of and talking to participants about MAT for Opioid Use Disorders and Alcohol Use Disorders,

- etc.) (e.g. summary of trainings or session content, provided internally or by outside consultants, attendance sheets, highlights and challenges)
- c. Addressing Stigma Plan: plan creation and ongoing implementation and progress reports
  - d. Increasing Problem Gambling Awareness Plan: plan creation and ongoing implementation and progress reports
  - e. Racial Equity Community Engagement Plan: plan creation and ongoing implementation and progress reports
- 4) Submit Invoices and/or receipts on a quarterly basis for Program Supplies: purchased office supplies and program-related supplies

**Resources provided by DOHMH:**

Selected Contractors will also receive the following resources:

**1. Technical Assistance-**

DOHMH provides individualized programmatic guidance to maximize SUD service delivery and to promote best practices to its contractors including the following resources:

- Provider meetings, trainings, learning collaboratives, and online resources
- Guidance related to promoting harm reduction, overdose education and naloxone distribution, MAT/buprenorphine implementation, and promoting equity for Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ populations

**2. Naloxone**

DOHMH will provide intranasal naloxone to all registered OOPPs free of charge. OOPPs will place orders for naloxone and will have naloxone shipped to their program sites, where they will be responsible for assembling naloxone kits (putting doses of naloxone and other required informational materials provided by DOHMH and SDOH in one bag), to dispense to individuals, and storage. (Please note that these resources are available to ALL registered OOPPs, regardless of whether a contract is awarded from the RFP).

**Proposed Term of Contract**

The anticipated start date for this contract is January 1, 2023. The anticipated contract term would be nine (9) years, with no renewal options, subject to funding availability.

**Procurement Timeline**

It is anticipated that the RFP issuance date would be in summer 2022 with an approximate proposal due date in early fall of 2022. Expected award decisions would be made in the late fall of 2022.

**Funding and Anticipated Number of Contracts**

The anticipated annual funding amount is \$505,682 per year for 9 years or a total of \$4,551,138. The agency anticipates making 1 award. Actual funding levels will depend upon the availability of funds.

**Planned Methods of Evaluating Proposal**

DOHMH anticipates that proposals will be evaluated based on proposers' relevant experience and proposed approach to the scope of services; program monitoring; data management; and reporting; racial equity, social justice and addressing health disparities; organizational capacity; including proposed staffing plan; and budget management.



### **Use of PASSPort**

To respond to the forthcoming Culturally Competent SUD Services in Chinatown/Lower East Side Communities in New York City RFP, organizations must have an account and an Approved HHS Accelerator PQL qualification status in PASSport. Proposals and Prequalification applications will ONLY be accepted through PASSport. If you do not have a PASSport account or Approved PASSport HHS Accelerator PQL Application, please visit [nyc.gov/passport](https://nyc.gov/passport) to get started. If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSport account, submit an inquiry to the [MOCS Service Desk](#).

### **Contact Information /Deadline for Questions/Comments**

Comments are invited through March 28, 2022. Please email all comments to [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov) and indicate **“SUD Services Concept Paper”** in the subject line of the email.