STATE OF WASHINGTON DEPARTMENT OF HEALTH
OLYMPIA, WASHINGTON
OFFICE OF INFECTIOUS DISEASE

REQUEST FOR APPLICATION (RFA)

***NOTE**: This is an informal application process and not a formal competitive procurement. A formal competitive procurement is not required for this project, however DOH has elected to conduct an informal application process so that we can assure a fair and open opportunity for any qualifying applicants to request funding from DOH. Any similarities to a formal competition are merely to assure consistency and an open and fair competition.*

PROJECT TITLE: Syndemic Approach to Infectious Disease Prevention & Linkage Services

APPLICATION DUE DATE: No later than 5:00 pm, June 5, 2023

EXPECTED TIME PERIOD FOR CONTRACT: Initial Contract January 1, 2024 – June 30, 2025

APPLICANT ELIGIBILITY: This application is open to organizations, applicants, or teams licensed or capable of becoming licensed to do business in the state of Washington, who are available for work, and who satisfy the minimum qualifications stated in Section 1.5.

REQUEST FOR APPLICATION (RFA) SCHEDULE:

Application Release Date	April 4, 2023
Pre-application information webinar	April 12, 2023, 10:00 am PST
Questions Due from Applicants	April 18, 2023, 5:00 pm PST
DOH Response to Questions	April 28, 2023
Complaint/Suggestion Deadline	May 26, 2023, 5:00 pm PST
Applications Due	June 5, 2023, 5:00 pm PST
Evaluation Period (approximate time frame – includes optional Best and Final Offer period)	June 6, 2023 – June 28, 2023
DOH will announce Apparently Successful Applicant (ASA) upon completion of evaluation period. Announcement of ASA will be made by email and available on the designated website to all applicants.	July 3, 2023
Deadline for a request for Debriefing must be within three (3) days of announcement of ASA. See Section 4.5 for details.	

Projected Contract Start Date (approximate time – specific time dependent on debrief and contract negotiations)	January 1, 2024

All times shown above are Local Time in Tumwater, WA.

The DOH reserves the right to revise the above schedule. Revisions (if any) will be made by amendment and posted to our RFA website: Funding Opportunities | Washington State Department of Health

REQUEST FOR APPLICATIONS (RFA) COORDINATOR

The RFA coordinator is the sole point of contact in the DOH for this RFA. Upon release, all communications regarding this RFA should be sent, by email, to the RFA Coordinator or their designee:

Name	Summer Wurst (RFA Coordinator) or Elizabeth Crutsinger-Perry (Designee)
E-Mail Address	ID.RFASyndemic@doh.wa.gov

Any other communication will be considered unofficial and non-binding on the DOH. Applicants are to rely on written statements issued by the RFA Coordinator or their designee. Communication directed to parties other than the RFA Coordinator may result in disqualification of the Applicant.

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1. INTRODUCTION

We at the Washington State Department of Health (DOH) are releasing this Request for Applications (RFA) to fund programs able to successfully partner with individuals and communities impacted by overlapping and intersecting burdens of HIV, sexually transmitted infections (STIs), viral hepatitis, and other related conditions, such as overdose. We refer to this work as a syndemic approach.

The services in this RFA complement those in the Ryan White RFA, available on our website: Funding Opportunities | Washington State Department of Health. You may apply for funds under both the Syndemic and the Ryan White RFAs, if you want.

This RFA is focused on services that use diverse program models, implementation strategies, and outreach to communities to link those needing assistance to appropriate medical and social services; prevent or reduce harm from HIV, STIs, viral hepatitis, and other related conditions, such as overdose; and improve health outcomes for people and communities in Washington state. We are most interested in proposals that address barriers and disproportionate impacts that result from:

- Racism,
- Homophobia,
- Gender discrimination (particularly as it relates to transphobia and the impact on transgender women),
- Substance use,
- Social determinants of health (such as criminalization, poverty, class, and homelessness), and
- Geographic barriers to access.

Please review the information provided in the Office of Infectious Disease (OID) 2022 Disparities Report and the section of this RFA titled State of the Syndemic in Washington (Exhibit A) for further information on the current state of these syndemic conditions in Washington and the populations most impacted.

Our Office of Infectious Disease (OID) centers work on HIV, STIs, viral hepatitis, and other related conditions, such as overdose, combining efforts and funds to achieve goals that align across these state and national initiatives:

- Ending the HIV Epidemic in the U.S. (EHE)
- National HIV/AIDS Strategy (NHAS)
- STI National Strategic Plan
- Viral Hepatitis National Strategic Plan
- Hep C Free Washington (WA state)

You can learn more about our work on our website.

1.1. ASPIRATIONAL OUTCOMES

The goal of this RFA is to partner with agencies and organizations across Washington state who are developing or implementing syndemic approaches that demonstrate innovative program approaches, strengthen collaborations across disease and condition areas, and use an equity lens to improve health outcomes. Through this process, we hope to:

1. Increase the number of people in Washington who can access comprehensive infectious diseases and sexual health testing (HIV, STIs, Hepatitis C) and, if needed, are immediately offered or referred to treatment.

2. Increase access to HIV, STI, and viral hepatitis prevention and harm reduction services through mobile services, mail order options, and low- or no-barrier care services.

3. Improve health outcomes for Black, Hispanic/Latine/Latina/Latino/Latinx, and Indigenous/Native American/Alaska Native individuals and communities, who experience the greatest burden of disease and least available resources.

4. Increase engagement in appropriate HIV, STI, viral hepatitis, and harm reduction services through promotion, education, testing events, and other community engagement activities.

5. Decrease new HIV and STI infections.

6. Increase the number of people in Washington cured of Hepatitis C.

7. Increase access to health care and harm reduction services for people in Washington who use drugs in order to reduce HIV, STIs, and viral hepatitis, improve access to care and treatment for these conditions, and prevent and respond to other health conditions, such as overdose.

1.2. INFORMATIONAL WEBINARS

We held a general webinar for those interested in learning more about writing a successful grant application and expectations for contracting with DOH on March 20th, 2023, at 10:00 am. We recorded the webinar and uploaded it to our RFA website, where you can watch it: Funding Opportunities | Washington State Department of Health

We will hold a bidder pre-application webinar on **Wednesday, April 12, from 10 am – 12 pm PST** on Microsoft Teams. This webinar will be specific to the Syndemic RFA. We will walk through the RFA and review the expectations and documents to be submitted. We will collect any questions that you ask during the webinar and post on our website, with their answers. We will record the webinar and post the recording to our website: Funding Opportunities | Washington State Department of Health

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1.3. FUNDING

Initial contracts will be for 18 months of funding (January 1, 2024 – June 30, 2025). We can extend contracts for up to 4 additional 1-year periods, which would align with the state government fiscal year (July 1 – June 30).

The total funds available for the preliminary 18-month period of this RFA are up to $9,000,000 (nine million dollars). Additional 1-year budget periods will have up to $6,000,000 (six million dollars) in funding available per year.

Applicants will be awarded funding based on the scoring of the applications and how well the scope and scale of their projects meets the current needs of communities in Washington. Applicants who apply for more than the total funds available will be rejected as non-responsive and will not be evaluated.

Any contract(s) awarded from this solicitation depends on the availability of funding. If additional funding becomes available, we reserve the right to renegotiate and amend any contract awarded to provide for additional related services.

1.4. MINIMUM AND DESIRED QUALIFICATIONS

To be eligible for this RFA, you must be licensed to do business in the state of Washington, or able to become licensed to do so. You must also meet these minimum criteria:

Minimum:

- Be a business, including those registered as a federal 501(C) (3), or as a non-profit organization registered with the Secretary of State to do business in the State of

Washington, or be a Washington state local health jurisdiction or a Tribal health jurisdiction.
- Demonstrate capacity to provide to provide services to communities impacted by HIV, STIs, viral hepatitis, and substance use.

Additionally, we hope to work with applicants who meet these desired criteria:

Desired:

- Have a demonstrated history of developing and implementing culturally specific services for people impacted by HIV, STIs, viral hepatitis, and/or substance use; LGBTQ+ communities; and/or BIPOC communities.
- Be well-embedded and respected within your community.
- Show a commitment and willingness to provide syndemic services that are culturally relevant and trauma informed.[1]

We may reject as non-responsive any applicants who don't meet these criteria. If an application is rejected, it will not receive further consideration. We will not evaluate or score any application that we rejected as non-responsive.

1.5. PERIOD OF PERFORMANCE

The initial period of performance of any contract(s) resulting from this Solicitation is tentatively scheduled to begin on or about January 1, 2024, and to end on June 30, 2025, for a total of 18 months. We reserve the option at our sole discretion to extend the contract for 4 additional 1-year periods.

1.6. DEFINITIONS

Definitions for the purposes of this RFA are in Exhibit B.

2. ELIGIBLE PROGRAM ACTIVITIES

2.1. LIST OF SYNDEMIC SERVICE CATEGORIES

- Community-based integrated infectious disease testing and linkage to services in high-impact settings.
- Syndemic service navigation.
- PrEP housing & supportive services for BIPOC gay and bisexual men and other men who have sex with men and their sexual networks (pilot program).
- Syringe service programs:
    - Operational support,
    - Harm reduction care navigation, and

[1] For more on trauma-informed care or a trauma-informed approach, please see these resources: Trauma-Informed Approach (HCA), 6 Guiding Principles to a Trauma-Informed Approach (CDC)

    - Clinical services.
- Mail-order naloxone project.
- Mail-order condom project.
- Innovative syndemic community engagement and community-driven capacity building projects.

We understand that adhering to service categories can be restrictive. We encourage applicants to "braid" funding from different sources to provide optimal service delivery for community members impacted by the syndemic.

2.2. SERVICE CATEGORY DESCRIPTIONS

2.2.1. Community-focused integrated infectious disease testing and linkage to services in high-impact settings

Overview: This service category relates to the provision of non-clinical client-centered HIV, sexually transmitted infection, and viral hepatitis testing services; and linkage to preventive and care services.
Core activities: Activities must include the following: 1. Pre-test education describing the tests offered, the testing process, and how results will be provided. 2. Receipt of informed consent to test from the client. 3. Post-test education about the meaning of the test results. 4. Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. 5. Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. 6. Appropriate public health reporting of testing to local health jurisdiction.
Outcomes: Integrated Testing outcomes include, but are not limited to: • # of test events with priority population(s) conducted • # of STIs identified • # of persons living with undiagnosed HIV identified • # and % of persons living with previously diagnosed HIV re-connected to HIV care • # of cases of viral hepatitis identified • # and % of testing clients referred or linked to essential support services, including clients linked to regional syndemic service navigators
Requirements: Requirements for this service category include the following:

Engagement:

- Implement recruitment strategies that engage priority population(s) to access testing, whether onsite at your organization or during outreach-based testing (e.g., online outreach through hook-up apps; outreach in venues that reach the priority population). (Note that high-impact incentivized testing models will be considered, but a clear plan for tracking incentives must be developed and approved by OID before incentives may be used as part of OID-funded services).
- Gather client satisfaction and feedback to ensure service provision aligns with client needs and that program uses client feedback to better meet client needs.

Testing:

- Provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of test events must be done through venue-based/mobile/outreach-based testing. (This requirement can be reduced if a program is meeting or exceeding the provision of 200 onsite testing events per month, of which at least 80% reach priority populations, and results in successful identification of new infections and linkage to services.)
- Make onsite blood draw (venous-puncture phlebotomy) immediately available during all testing events.
- Ensure that at least 80% of the tested persons are of the proposed priority population(s) identified in your application.
- Offer confidential testing for STI and hepatitis C; and default to confidential for HIV.
- Provide integrated testing options. (Standalone HIV testing programs are not eligible for funding through this RFA.)
- Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs.
- Provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are encouraged (e.g., evenings, early morning hours, weekends).

Prevention:

- Offer condoms to 100% of priority population members who are sexually active and for whom condoms are appropriate. (For more on condoms, see note below in section 2.3)

Linkage/referral to care:

- Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis.

- Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result.
- Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance.
- Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result.

Note: this may also include community-based treatment services, in collaboration with a clinical partner.

Partnerships:

- Partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional services as needed or requested by priority populations. (See Scope of Work checklist in Exhibit J for details on MOUs required.)

Data:

- Work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations; and be willing to shift testing locations in response to changes to the syndemic, including supporting infection cluster and outbreak response.
- Review program data on a regular basis to adjust testing efforts as needed (e.g., shifting testing locations to reach priority populations).
- Develop strategies to collect and report the required integrated testing variables to DOH.

Other requirements:

- Participate in DOH trainings and capacity building activities for staff providing integrated testing services.
- Adhere to all relevant federal and state laws and regulations (see checklist in Exhibit C).

Priority populations: Priority populations for non-clinical testing services include:

- People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region.

- Men who have sex with men.
- Gender expansive/transgender individuals.
- People who use drugs.
- People engaged in sex work.

Optional enhancements: Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional service:

- Services provided in Spanish to monolingual clients by Spanish-speaking testing staff.

Additional notes:
Services can be provided through sub-contractor or MOU arrangements if there is a justification the relationship will support efforts to reach specific priority populations (e.g., working with "by and for" agencies that do not currently have testing capacity, but have trusted relationships with community members, particularly community members systemically marginalized: BIPOC individuals; those involved in criminal-legal systems; people who use drugs; non-binary/gender fluid/transgender; female identifying; as examples).

2.2.2. Syndemic service navigation

Overview: Syndemic service navigation refers to providing client-centered activities focused on improving access and retention in needed prevention and care services. Service navigators provide coordination, guidance, and assistance in accessing the medical, social, community, legal, financial, employment, vocational, and/or other needed services.

Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare, State Pharmacy Assistance Programs (including PrEP Drug Assistance Program), Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. Services includes all types of encounters (e.g., face-to-face, electronic, telehealth, phone contact, and any other forms of communication).

Core activities: Activities must include the following:

1. Initial assessment of service needs,
2. Development of a comprehensive individualized service plan that addresses the client's self-identified goals and needs,
3. Timely and coordinated access to medically appropriate levels of health and support services and continuity of care,
4. Client-specific advocacy and/or review of utilization of services; and,
5. Continuous client monitoring to assess the efficacy of the navigation/service plan.

Service Navigation includes, but is not limited to, the following additional activities as appropriate for the client's self-identified needs:

- Outreach to locate clients.
- Re-engagement of clients previously engaged in syndemic navigation services, if necessary.
- Coordination of a navigation plan to ensure clients are appropriately referred and linked to supportive services.
- Linkage to a broad array of services, including:
    a. PrEP and PrEP retention support.
    b. HIV community services, such as a warm hand-off[2] to an HIV case manager or HIV navigation specialist, and/or a warm hand-off to a clinic or medical provider treating HIV.
    c. STI care and treatment services, including a warm hand-off to a clinic or medical provider treating STIs and support to complete the treatment.
    d. Viral hepatitis care and treatment, including a warm hand-off to a clinic or medical provider treating hepatitis B and/or hepatitis C and support to complete hepatitis C treatment through to cure.
    e. Harm reduction services, including a warm hand-off to harm reduction services inclusive of referrals and/or provision of syringe services programs (SSP).
    f. Sexual health education and supportive services, such as access to vaccines for vaccine-preventable STIs (HPV, HBV), supportive MPox services, cervical and anal cancer screening, and reproductive health care (including pregnancy testing, pregnancy options, abortion, and birth control).
    g. Gender-affirming care services including, but not limited to, education and support for accessing health care (e.g., hormone therapy, genital, breast, and chest reconstruction, facial plastic surgery, speech therapy, urologic care, and psycho-social services).
    h. Mental health counseling services and substance use services, including medications for opioid use and contingency management services, where possible.
    i. Treatment, including medications for opioid use.
    j. Health benefits navigation and enrollment (e.g., Insurance navigation, enrollment, and utilization).
    k. Appropriate supportive and social services, such as food banks and food programs, Supplemental Nutrition Assistance Program (SNAP), housing programs, employment services, or other services that address social determinants of health.
- Transportation support, including, but not limited to accompanying clients to appointments and providing transportation vouchers (e.g., bus passes, cab vouchers).
- Timely, routine follow up with clients, as necessary.

[2] Please see definition in Exhibit B

- Development or enhancement of systems for assisting clients with navigating services (obtaining necessary information, support, and skills to access complex medical systems).
- Condoms provided to 100% of priority population members who are sexually active and for whom condoms are appropriate (see note on condoms below in section 2.3).

S**yndemic Navigation outcomes include, but are not limited to:**

- # and % of navigation clients linked to PrEP or nPEP
- # and % of navigation clients linked to STI treatment (GC/CT, Syphilis)
- # and % of navigation clients linked to viral hepatitis treatment
- # and % of navigation client linked to services to address substance use (e.g., SSPs, substance use treatment services)
- # and % of navigation clients linked to mental health counseling or other services
- # and % of navigation clients linked to other supportive services (housing, employment, mental health services, insurance/benefits programs.

Requirements:

- Partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional health and support services as needed or requested by priority populations. (See Scope of Work checklist in Exhibit J for details on MOUs/MOAs required. Note that some formal partnerships may be discussed/developed in contract negotiations with the apparently successful applicants.)
- Gather client satisfaction and feedback data to ensure service provision aligns with client needs and that program uses client feedback to better meet client needs.
- Develop strategies to collect and report any required syndemic navigation data variables to DOH, documenting client-level services provided including referral outcomes, services provided, and materials distributed. (Note: Syndemic navigation services cannot be delivered anonymously, as some information is needed to facilitate necessary follow-up and care.)
- Participate in DOH trainings and capacity building activities for staff providing syndemic navigation services.

Priority populations:

Priority populations for service navigation include:

- People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region.
- Men who have sex with men.

- Gender expansive/transgender individuals.
- People who use drugs.
- People engaged in sex work.

Optional enhancements: Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional services:

- Peer positions that leverage lived and living experience across the syndemic. This includes fair and equitable compensation that honors lived and living experience and supports people in these positions as staff members.
- Services provided in Spanish to monolingual clients by Spanish-speaking Navigators.
- Navigators tasked to provide services to people systemically marginalized and underserved by systems, including the following examples: BIPOC individuals; those involved in criminal-legal systems; people who use drugs; people who are non-binary/gender fluid/transgender; people who are female identifying; and others.

2.2.3. PrEP Housing & Supportive Services for BIPOC gay and bisexual men and other men who have sex with men and their sexual networks (Pilot Program)

Overview: Housing is a social determinant of health. For people living with HIV, housing assistance has been a cornerstone of our response. We recognize that housing is health care and supports people to achieve viral suppression and overall health and wellness (as demonstrated through HRSA Ryan White-supported housing and the Housing Opportunities for People Living with HIV/AIDS (HOPWA) Programs). To date, we have not had a similar opportunity for people who are not living with HIV, but we know there are many who would benefit from housing supports to access and stay retained on PrEP and related health services.

Our status-neutral approach recognizes that the challenges faced within our community are not defined by disease status; waiting until someone has HIV to provide housing is not a humane or cost-effective approach to disease prevention. This pilot program is modeled after similar programs in other US jurisdictions and provides needed housing support to enhance effective HIV prevention.

Core activities: The program's primary focus is to support successful use of HIV PrEP, including engagement and retention in health care, HIV PrEP adherence, and supportive services necessary to meet the unique and diverse needs of program customers. Specifically, the program will:

- Provide short-term assistance (up to 24 months) to support emergency, temporary, or transitional housing. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.
- Plan for sustainable housing by developing a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining, a long-term, stable living situation.

- Provide employment support or ensure client is engaged in employment support services to support a path toward economic security.
- Promote collaboration with existing housing programs, HIV-focused programs, healthcare providers, and funders.

Outcomes: PrEP housing program outcomes include, but are not limited, to:

- # and % of clients provided with emergency or short-term housing assistance.
- # and % of clients transitioned to stable or permanent housing.
- # and % of clients retained on PrEP.

Requirements: Successful proposals will:

- Maximize the number of customers with whom you work over a 5-year period.
- Reduce housing instability for their clients:
    - Propose transitional living projects that reduce short-term housing instability experienced by HIV-PrEP-using gay, bisexual, and other MSM who use HIV PrEP, with an emphasis on Black, Indigenous/Native American/Alaska Native, and Latino/Latine/Latinx men.
    - Create transitional living opportunities that provide stability, such as short-term rental and move-in assistance, and that promote streamlined entry into permanent stable housing funded through other sources.
    - Limit programmatic prerequisites for participation and create low-barrier policies for admission and expectations once a person is housed (e.g., "Housing First" models).
        - Note: If applicants choose to propose any programmatic prerequisites, like income requirements, applicants should explain why those prerequisites are necessary and appropriate to their region and population.
- Meet other, non-housing needs of their clients:
    - Propose additional support services to ensure client success in housing and PrEP including, but not limited to, transportation, food/nutrition, utility payment, and employment services (e.g., linkage to job training and vocational services, assistance with resume writing and job seeking).
    - Establish relationships with existing support services to leverage other resources and maximize program funds (e.g., utility assistance programs, vocational rehab programs).
    - Meet the unique and diverse needs of gay, bisexual, and other MSM who use HIV PrEP and the communities with which they identify.
    - Provide supportive services that cultivate customers' self-sufficiency and capacity for independence.
- Plan for sustainable operations:
    - Articulate a reasonable, well-leveraged funding strategy.
    - Clearly define a plan for maintaining the housing opportunities once grant funds are expended.

• Develop strategies to collect and report data variables related to the PrEP housing program to DOH.
Priority populations: The priority population for PrEP Housing & Supportive Services are Black, Indigenous/Native American/Alaska Native and Hispanic/Latino/Latine/Latinx gay and bisexual men and other men who have sex with men (MSM) and their sexual networks. (Note that "men" is inclusive of cisgender and transgender men.)
Optional enhancements: Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional services: • Services provided in Spanish to monolingual clients by Spanish-speaking staff
Additional notes and considerations: • One to three programs will be funded in this service category. Total allocation in this service category will not exceed $1,000,000. • Funding available through this service category may not be used to purchase medications. • Services provided through the PrEP housing program cannot be delivered anonymously, as some information is needed to facilitate necessary follow-up and care.

2.2.4. **Syringe services programs**

Level 1: Support for operations *Level 2: Harm reduction service navigation* *Level 3: Clinical services*
Overview: This service category relates to syringe services programming and other harm reduction services for people who use drugs. Funded programs will promote low-barrier, evidence-based distribution of harm reduction supplies, including sterile syringes and naloxone, to prevent transmission of infectious disease and overdose fatalities. Additionally, this service category includes referrals to improve the health and wellbeing of people who use drugs. Level 1 refers to funding to support basic SSP operations. Level 2 includes all activities and requirements for level 1, as well as individual harm reduction service navigation for clients. Level 3 includes all activities and requirements for levels 1 and 2, as well as on-site clinical services as described below. Applicants can apply for level 1, 2, or 3. Please note: This RFA is to support operational costs for SSPs (e.g., staff hours, equipment, rent). If your organization is only seeking harm reduction supplies from DOH, you do not have

to apply for this RFA. DOH will release a separate application for SSPs to apply for in-kind support to receive harm reduction supplies.

Core activities: Activities for all levels must include:

- Provide needs-based syringe access*
- Provide syringe disposal
- Distribute Naloxone
- Refer clients to community and clinical services

*Programs must use a needs-based model for syringe access. If a program is not using a needs-based model, the program must provide justification in the Scope of Work Narrative for Syringe Service Programs (Exhibit J). If a needs-based model is not proposed and a program does not provide sufficient justification for using a one-for-one model, 5 points will be automatically deducted from the application.

Outcomes: SSP operations outcomes include:

- # of sterile syringes distributed
- # of naloxone kits distributed
- # of participant encounters
- # of referrals to health and social services

Program requirements: Programs applying for all levels must adhere to the following requirements:

1. Operate for a minimum of 8 hours per week and 2 days per week.
2. Provide mobile and/or street outreach (note: programs must have a vehicle for mobile outreach.)
3. Offer safer injection supplies (see list of required safer injection supplies in Exhibit D).
4. Submit monthly SSP data in accordance with DOH standards.
5. Attend required capacity building/training opportunities provided by DOH.
6. Participate in annual site visits with DOH staff.
7. Demonstrate structure for receiving and incorporating participant feedback about services.
8. Partner with relevant local agencies to ensure effective outreach and service provision. (See Scope of Work checklist in Exhibit J for details on MOUs required.)
9. Develop and maintain a Universal Precautions and Sharps Handling policy and procedure, including clear, written policies on handling biohazardous waste, avoiding

unnecessary handling of sharps, and potential needle stick injuries to staff, volunteers, and participants. Programs should follow the universal precaution guidelines established by the CDC and OSHA. SSPs may need to adapt those precautions to accommodate the circumstances of their work (e.g., mobile and outreach settings). Programs should also anticipate the potential of needlestick injury and have a "post-exposure-prophylaxis" protocol included in this document.

10. All staff and volunteers working directly with participants/clients must complete CPR & first aid certification within the first 3 months after contract start date (if not already complete).

Additional services:

Level 2: Harm Reduction Care Navigation. Care navigation services for participants of syringe services programs includes providing appropriate referrals; facilitating access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opiate use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification.

Includes all level 1 requirements, plus the following:

- Outcomes: Harm reduction care navigation outcomes include:
  - # of participants enrolled in care navigation services
  - # of care navigation sessions
  - # of referrals to health and social services
  - # of linkages to care for health and social services
  - # of outreach attempts per participant
- Additional requirements:
  - Attend Harm Reduction Care Navigation training provided by DOH
  - Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
  - Accompany participants to appointments or provide "warm hand-offs."
  - Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
  - Submit monthly outcome data in accordance with DOH standards.

Level 3: Clinical Services. Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.

Includes all level 1 and 2 requirements, plus the following:

- Outcomes: SSP Clinical services outcomes may include, but are not limited to:
    - # of wound care sessions
    - # of infectious disease tests conducted (hepatitis C, HIV, GC/CT, syphilis)
    - % positive of infectious disease tests (hepatitis C, HIV, GC/CT, syphilis)
    - # of participants started on hepatitis C treatment
    - # of participants inducted on medications for opioid use
- Additional requirements:
    - Must have clinical staff licensed to practice in the state of Washington to provide clinical services (e.g., RN, PA, ARNP, LCSW).
    - If providing advanced level clinical services (e.g., PA, ARNP, CNM), programs must have appropriate clinical oversight.

Note: Clinical services can be provided through sub-contractor arrangement or MOU with a Federally Qualified Health Center or other clinical partner if there is a justification the relationship will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services. Clinical services can also be provided using telemedicine services with appropriate description of why in-person services cannot be provided and who the telemedicine partner(s) will be.

Priority populations:
People who use drugs, with a focus on:

- People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.
- People who are unhoused or unstably housed.
- People engaged in sex work.
- People involved in the criminal legal system.
- Gender expansive/transgender individuals.
- Men who have sex with men.

Optional Enhancements: Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional services:

- Programs led by Black, Indigenous/Native American/Alaska Native, Hispanic/Latino/Latina/Latine/Latinx communities, and people who use drugs.
- Services provided in Spanish to monolingual clients by Spanish-speaking staff
- Services provided during non-traditional hours (e.g., early mornings/evenings/weekends)
- SSP Mentorship: Established SSPs to serve as mentors to smaller, less developed programs or organizations in the field of harm reduction and overdose prevention by providing safer drug use supplies, syringe disposal services, training and technical assistance, and administrative support to newer/smaller harm reduction programs.

Other notes and considerations:

- Funds from this RFA may not be used to purchase basic SSP supplies (listed in Exhibit D). Instead, DOH will release a separate application for SSPs to apply for in-kind support to receive these supplies.

2.2.5. **Mail-order naloxone project**

Overview: One agency will be funded to provide mail-order injectable and nasal naloxone to Washington State residents at risk of experiencing or witnessing an opioid overdose. This plan of action is to increase access to naloxone for those who may not have access to naloxone and reduce overdose mortality.

Core activities: The program will conduct widescale, free naloxone distribution throughout Washington state by conducting the following activities:

1. Assemble naloxone kits.
2. Receive, package, and ship naloxone orders.
3. Provide naloxone training materials (written and/or video) upon request.
4. Communicate with program recipients and other community members to answer questions, clarify order details, etc.

Outcomes: Mail-order naloxone project outcomes include, but are not limited to:

- # of naloxone kits distributed
- # of naloxone training materials provided

Requirements:

- Provide all supplies except naloxone (e.g., packaging, postage, printed literature/resources)
    - Note that naloxone will be purchased directly by DOH's OID.
- Utilize ordering system provided by OID.
- Attend monthly project meetings with OID staff.
- Work with OID to develop marketing strategies and outreach to high-priority communities (e.g., rural communities with lack of access to naloxone through "brick-and-mortar" agencies).
- Work with OID to ensure online ordering system available in English and Spanish.

Priority populations: People who use drugs

Optional enhancements: N/A

2.2.6. **Mail-order condom project**

Overview: Condom distribution is a cost-effective structural intervention that provides communities with resources needed to prevent the spread of HIV & STIs and prevent unwanted pregnancy. This service category will fund work to develop and implement a statewide mail-order condom program to distribute condoms, lubricant, and other safer sex materials to individuals across Washington. A maximum of one agency will be funded through this service category.

Core activities:

- Enhance availability, acceptability, and accessibility of condoms across Washington state through mail-order condom program sending condoms and other safer sex supplies directly to individuals who request them across the state.

Outcomes: The outcomes for the mail-order condom program include, but are not limited to:

- # of condoms and other safer sex supplies provided
- # of individuals requesting condoms
- # of people engaged through social marketing or other outreach efforts

Requirements: The organization funded through this service category should adhere to the following elements:

- Develop online condom order program where Washingtonians can request condoms to be mailed free of charge to their requested location(s) in Washington.
- Implement a social marketing campaign to promote the availability of mail-order condoms in, at minimum, English and Spanish.
- Develop and distribute safer sex educational materials to be included in mail order condom shipments.
- Support the referral of clients to other syndemic resources, including integrated infectious disease testing, syndemic service navigation, SSPs, and other essential support services (e.g., include referral information with local resources in shipments).
- Develop strategies to collect and report condom distribution data variables to DOH, including how many distributed and where.
- Conduct needs assessment within first six months of contract period to determine customer product preferences.
- Products available through Lifestyles should not be included in the budget, as OID can purchase these through a statewide vendor agreement. Only include products in the budget that are not available through Lifestyles (e.g., specialty products requested by customers).

Priority populations:
General distribution - no priority populations for this activity. All populations eligible.

Optional enhancements: N/A

2.2.7. Innovative syndemic community engagement and community-driven capacity building projects

Overview: This section is to hold space for proposals that do not fit neatly into the service categories above. The focus of these projects should be syndemic in nature and specific to prioritized communities. Examples of projects could include, but are not limited to: • Broader community engagement or community building projects with a priority population (e.g., developing a statewide leadership development program for members of a community of focus; developing an anti-stigma campaign with members of a community of focus). • Capacity building, training, or mentorship for other programs working with a specific community. • Community education, information, and outreach. • Service delivery innovation. • Projects to advance understanding of community preferences around service design, delivery, and environment. • Projects to pilot service delivery in communities where understanding of need and data supporting services are minimal. Projects like this could go beyond prioritized communities outlined in this RFA if appropriate rationale is provided. Proposals in this section can be of shorter (1 year) or longer (up to 5 years) duration in concept and design.
Priority populations: • People systemically marginalized and underserved due to racism – Black, Hispanic/Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region. • Men who have sex with men. • Gender expansive/transgender individuals. • People who use drugs. • People engaged in sex work.
Optional enhancements: N/A

2.3. ADDITIONAL REQUIREMENTS AND CONSIDERATIONS

Accessibility of materials and services: One important way to reduce health disparities is to remove barriers by making materials and services more accessible. Below are some minimum

requirements of accessibility. We encourage applicants to identify and make plans to address other barriers that clients might face.

- All service categories must:
    1. Address the provision of both oral and written interpretation and translation services to eligible clients.
    2. Ensure that services are provided by a qualified linguistic services provider as a part of service delivery between the provider and the client.
    3. Ensure that services are provided when necessary to facilitate communication between the service provider and client or to support the delivery of services.
- All service categories must address the provision of hearing and vision accessible services (e.g., ASL interpretation, braille translation) and services for people with physical limitation (e.g., ADA compliant facilities).

Condom Distribution: Free and accessible condoms are an integral component of a syndemic prevention program. OID will provide condoms free of charge for distribution. All successful applicants, regardless of service category (except for mail-order categories and the innovative project category), will be required to:

- Implement condom distribution as a structural intervention to increases access to and use of condoms of priority population members, regardless of HIV status.
- Offer condoms to 100% of priority population members regardless of HIV status.
- Ensure that condom distribution programs adhere to the following principles:
    - Provide condoms free of charge.
    - Promote condom use by increasing awareness of condom benefits and normalizing condom use.
    - Conduct promotion and distribution activities at the individual, organizational, and community levels, where relevant. For additional information and guidance, please visit https://www.cdc.gov/hiv/effective-interventions/prevent/condomdistribution-programs/index.html.

Partnerships: When contracts are finalized, we expect funded partners in the same region to work with each other and develop MOUs if they do not already exist. If needed, OID can offer support to facilitate these relationships. Some service categories have specific MOU requirements; see Scope of Work checklists in Exhibit J for details.

Regional focus: OID's goal is to fund programs that can deliver robust, comprehensive services that together provide coverage across each of the following regions of the state, depending on applications received and funding available:

1. King County
2. Pierce County
3. North Central/East (Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Stevens)
4. North Sound (Island, San Juan, Skagit, Snohomish, Whatcom)
5. Southwest (Clark, Klickitat, Skamania, Wahkiakum)
6. South Central (Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Walla Walla, Whitman, Yakima)

7. Spokane
8. West (Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Kittitas, Lewis, Mason, Pacific, Thurston)

Application review panel members will be instructed to recommend a mix of programs/applicants that provide the best quality and range of coverage across the state, including broad geographical coverage; provision of services to regions highly impacted by syndemic conditions; and provision of services to regions with few existing services available.

Syndemic workforce:

When clients and participants see their identities and experiences reflected in the services they access, they may experience increased rapport, improved engagement, and better outcomes.[3] The workforce in agencies providing syndemic services should reflect different identities of their particular client population, including race, ethnicity, language, ability, culture, and other aspects of lived experience such as class, history of unstable housing, history of criminal legal involvement, and drug use.

Individuals with lived and living experience should be part of all aspects of the organization, from leadership, to administration, to board governance, to direct services. Agencies should ensure that compensation is fair relative to the experience, performance, and job requirements of their staff; and that wages are livable wages relative to their location or region.

Workforce caseloads should allow them to adequately perform the duties and activities associated with the needs of their clients, in order to maintain continuity of services. (See each service category for any specific requirements.)

Training and reporting requirements:

- Funded partners must be willing to attend trainings that the Office of Infectious Disease determines are minimally required for work in the relevant service category(ies), including the trainings specific to the above service categories as well as others yet to be identified.
- Funded partners must be willing to attend any meetings required by DOH.
- Funded partners must be willing to participate in any site visits as required by DOH.
- Funded partners must complete monthly reports, including:
    - Required data for service category.
    - Description of partner engagement and relationship building activities, including meeting dates, attendees, and outcomes.

2.4. UNALLOWABLE ACTIVITIES AND COSTS

[3] See, for example, this video about physician diversity in Washington state, and this article about improved patient satisfaction when patients and providers share the same racial/ethnic background.

The following activities and costs are unallowable and cannot be funded with these grant fund. They should not be included in the application's proposed budget:

- Construction costs.
- Renovation costs.
- Vehicle purchases.[4]
- Fundraising costs.
- Lobbying activities.

3. GENERAL INFORMATION FOR APPLICANTS

3.1. QUESTION AND ANSWER PERIOD

If you have questions about this application, you can ask them until April 18, 2023 at 5 pm (please see the RFA schedule on the cover page). You must submit questions by email to the RFA Coordinator: ID.RFASyndemic@doh.wa.gov

We will provide written answers for questions received during the question and answer period. We will post answers to our RFA website: Funding Opportunities | Washington State Department of Health. We will revise and post responses to your questions on our website on April 14, April 21, and April 28.

We will only provide written answers to questions, not verbal. You should only consider written responses to be official and binding. If we find that we need to make interpretations or other changes to this RFA as a result of questions made during the question and answer period, we may amend the RFA. Amendments are posted to our RFA website: Funding Opportunities | Washington State Department of Health.

3.2. COMPLAINT PROCESS

If you have issues or concerns that are not resolved to your satisfaction during the question-and-answer period, you may make a complaint. You may make a complaint if you believe that:

1. The RFA unnecessarily restricts competition;
2. The evaluation or scoring process is unfair or flawed; or
3. The RFA requirements are inadequate or insufficient to prepare a response.

A complaint must:

[4] We are exploring opportunities to pay for vehicle purchases in the future, but for the purposes of this RFA, applicants should assume that vehicle purchases are not allowed with these funds.

1. Be timely: received by the DOH by the date specified in the RFA Schedule (May 26, 2023). We can reject without further consideration any complaint received after this deadline.
2. Be sent by email to the RFA Coordinator (ID.RFASyndemic@doh.wa.gov); and
3. Include the RFA number and be clearly labeled as "Complaint."

If you make a complaint, you should:

1. Clearly explain the basis of the complaint (consistent with the complaint criteria above); and
2. Include a proposed remedy or solution.

If we receive a timely complaint, we will consider all the facts available and respond in writing before the Application Due date and time. (We can change the application due date and time if we need to allow time to respond to complaints.)

The RFA Coordinator will promptly post the response to a timely complaint on our RFA website: Funding Opportunities | Washington State Department of Health.

Our response to a complaint is final and not subject to appeal. Issues raised in a complaint may not be raised again during the protest period.

3.3. PUBLIC DISCLOSURE PROPRIETARY/CONFIDENTIAL INFORMATION

All records related to procurements under RCW 39.26 are subject to disclosure; except that application submissions and evaluations are exempted until the apparent successful applicant (ASA) is announced. Upon announcement of the ASA, all applicant submissions and evaluation information will be available by email request at: DOH Public Records (govqa.us) Per RCW 42.56.120, DOH may charge a fee for providing records in a public disclosure request.

If there is any information in your application that you want to keep as proprietary or confidential and exempt from disclosure, you must specifically reference that in your application. You must include that information as a separate document and clearly identify it as "Proprietary/Confidential Information" at the top of the document. References in your application documents to proprietary/confidential information must clearly show which part of the "Proprietary/Confidential Information" document you are referring to (for example: "see section A of the Proprietary/Confidential Information section"). Each page of the bid containing the proprietary/confidential information must be clearly identified by the words "Proprietary/Confidential Information" on the lower right hand corner of the page. Marking the entire application proprietary/confidential and exempt from disclosure will not be honored and the application will be rejected as non-responsive.

3.4. REVISIONS TO THE REQUEST FOR APPLICATION

In the event it becomes necessary to revise any part of this RFA, an amendment will be made available to all potential applicants on our RFA website: Funding Opportunities | Washington State Department of Health.

We reserve the right to cancel or to reissue the RFA in whole or in part, prior to execution of a contract.

3.5. MINORITY & WOMEN-OWNED BUSINSS ENTERPRISES AND VETERAN-OWNED BUSINESS ENTERPRISE PARTICIPATION

Minority and Women Owned Business Enterprises (MWBE)
In accordance with the legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all of its Contracts by Minority and Woman Owned Business Enterprises (MWBE) firms certified by the Office of Minority and Women's Business Enterprises (OMWBE). While the state does not give preferential treatment, it does seek equitable representation from the minority and women's business community. In addition, the state welcomes participation by self-identified minority and woman owned firms and strongly encourages such firms to become certified by OMWBE.

Veteran-Owned Business Enterprise
The DOH strongly encourages participation of businesses owned by veterans. No minimum level of veteran-owned business participation is required as a condition of received an AWARD and no preference will be included in the evaluation of responses in accordance with chapter 43.60A RCW.

3.6. RESPONSIVENESS

The RFA Coordinator will review all applications to make sure that they comply with all the administrative requirements and instructions. Failure to comply with any part of the RFA may result in rejection of the application as non-responsive.

We reserve the right, at our sole discretion, to waive minor administrative irregularities.

3.7. CONTRACT AND GENERAL TERMS & CONDITIONS

The apparent successful applicant (ASA) will be expected to enter into a contract, which is substantially the same as the sample contract and its general terms and conditions available on our RFA website: Funding Opportunities | Washington State Department of Health. In no event is an Applicant to submit its own standard contract terms and conditions in response to this solicitation. The Applicant may submit exceptions as allowed in the Certifications and Assurances section, **Exhibit F** to this RFA. The DOH will review requested exceptions and accept or reject the same at its sole discretion.

3.8. COSTS TO PROPOSE

The DOH will not be liable for any costs incurred in preparation of an application submitted in response to this RFA, in conduct of a presentation, or any other activities related to responding to this RFA.

3.9. NO OBLIGATION TO CONTRACT

This RFA does not obligate the state of Washington or the DOH to contract for services specified herein. The DOH reserves the right at its sole discretion to reject any and all applications received without penalty and not to issue a contract as a result of this RFA.

4. APPLYING FOR THIS RFA

You must submit your application by email: ID.RFASyndemic@doh.wa.gov. Your application must be received by the RFA Coordinator before the application deadline of 5:00 pm PST on Monday, June 5, 2023. Any delay in the delivery of your application is your risk; we do not take responsibility for delays in email delivery. You may not send your application by fax.

We will not accept late applications and will disqualify them from further consideration. All applications and any accompanying documentation become the property of the DOH and will not be returned.

As a reminder, information provided in application documents is subject to public disclosure per section 3.3 of this RFA. Do not include information in your response that you do not want disclosed to the public.

The required sections of the application are listed below with longer explanations and instructions provided in sections 4.1 to 4.6. The items below are **mandatory** and must be included as part of the application for the submission to be considered responsive. Not all of these items are scored, however. See each item for scoring and rating details.

For your convenience, we have created application packets specific to each service category. The application packet has the service category description as well as each form and application section required, and a checklist to review the contents of your application. You should review the application description, instructions, and scoring here, but when you are ready to apply, you may download the relevant application packet(s) at our RFA web page: Funding Opportunities | Washington State Department of Health.

Please keep the application packet materials in the same order they appear when you download You should maintain the original formatting for narrative responses (letter-sized (8 ½ x 11 inch) format, with 1-inch margins, single spacing, and use either Arial, Calibri, or Times New Roman, in a

minimum of 12-point font). When you submit the application packet, please be sure the title of the document includes the name of your organization. On any document that requires a signature, you can sign with an electronic/digital signature format: /s/First name Last name. (Example: /s/John Doe.)

Applicants may apply for more than one service category. Please submit one complete application packet per service category.

Application contents:

4.1 Submission Cover Form
4.2 Signed RFA Certifications and Assurances
4.3 Organizational Background
4.4 Proposal:
- a. Scope of Work
- b. Program approach
- c. Program development, implementation startup, and capacity building needs

4.5 Qualifications:
- a. Staffing
- b. Partnerships

4.6 Budget

4.1. SUBMISSION COVER FORM

Required?	Yes
Scored?	No; applications missing the cover letter will not be accepted.
Suggested length or format	See Exhibit E for reference. Fill out the form in the application packet.
Description	The submission cover form must be signed and dated by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

4.2. RFA CERTIFICATIONS AND ASSURANCES

Required?	Yes
Scored?	No; applications missing the RFA certifications and assurances forms will not be accepted.

Suggested length or format	See Exhibits F, G, and H for reference. Fill out the forms in the application packet.
Description	The RFA Certifications and Assurances forms should be signed and dated by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

4.3. ORGANIZATIONAL BACKGROUND

Required?	Yes
Scored?	Up to 10 points.
Suggested length or format	Maximum 3 pages, narrative.
Description	*Who are you?* • What type of organization are you? (e.g. community-based organization, local health jurisdiction, AIDS Service Organization, Federally Qualified Health Center) • What is your organization's purpose or goals? (If applicable, can include agency mission or vision statement) • Who is on your Board of Directors? (If applicable; provide names for all board members, and name and contact of Board Chair.) • What is your organization's total budget (rounded to the nearest dollar, for the current fiscal year)? ○ Please list the major sources of funding for your budget. What does your organization do? • What are your organization's core services? • What is your current geographic service area? • For which communities or populations does your organization provide services?

	• Describe any relevant current partnerships that demonstrate your organization's success in collaborating with other organizations to expand or deepen your reach and avoid duplication of efforts. • Give a brief explanation of your organization's commitment to providing equitable services. (You can provide your organization's equity statement, or some examples of policies you have implemented to improve equity.)
Rating criteria	*A strong application meets all the criteria below:* • *The applicant responds to all provided prompts.* • *The applicant demonstrates a history of successful collaboration with other organizations.* • *The applicant provides a strong equity statement.*

4.4. PROPOSAL

a. Scope of Work	
Required?	Yes
Scored?	Up to 30 points, plus enhancements (2 points per enhancement).
Suggested length or format	Scope of Work narrative (See Exhibit J for reference). Respond to questions in application packet; maximum 5 pages.
Description	*What will you do?* Respond to all the questions in the Scope of Work narrative form for your service category. This document will help us understand which activities you plan to carry out, where, how often, how many people you plan to reach with services; and some information that is specific to each service category.
Rating criteria	*A strong application meets all the criteria below:* • *The applicant responds to all provided prompts.* • *The application includes all the required activities listed for the service category.* • *Projected client numbers and activities are feasible and reasonable, given program budget and staffing.*

	• *The applicant demonstrates knowledge of and plans to conduct meaningful outreach, engagement, and inclusion of their priority population(s).*
b. Program approach	
Required?	Yes.
Scored?	Up to 30 points.
Suggested length or format	Maximum 4 pages; narrative.

Description	*Why are you the right people to do this work?*
	
	Briefly describe your programmatic vision by addressing each of the following questions:
	• Is the service category you are applying for a new service for your organization, or does it represent a continuation or expansion of existing services?
	  ○ If this is a continuation of existing services, describe your organization's past successes and challenges providing these services. Include numerical data where possible. How do you ensure your services are meeting the needs of your population?
	  ○ If you are expanding existing services, please describe where and how you plan to expand, and explain why expanding existing services is needed.
	• How does your programmatic vision incorporate a syndemic approach?
	• How does your program incorporate evidence-based practices?
	• What are the priority populations that you intend to work with?
	  ○ Please reference the priority populations listed in the service category you are applying to, and be specific about any sub-populations or communities you plan to work with.

	○ Remember to reference the syndemic data provided as part of this RFA in Exhibit A**,** "The State of the Syndemic in Washington." • What barriers to access do the identified priority populations face, and how does your program address those barriers? ○ In addition to other access barriers, you must address how your program currently provides language access appropriate to your populations, or how you plan to provide language access services (for example translation of written materials, interpreting services, and recruitment and hiring of bilingual staff, as needed). • How will you define success for the program you are proposing, and what data would you need to measure your success? ○ Please reference any applicable outcomes from the service category tables. • How will you involve members of the priority populations in program design and implementation? • How will you gather feedback from the individuals reached by this program and make programmatic changes in response to this feedback? • If your program plans to include any of the optional enhancements, describe how they will be integrated into your program.
Rating criteria	*A strong application meets all the criteria below:* • *The applicant responds to all provided prompts.* • *The applicant provides a complete description of the program to be implemented.* • *The applicant incorporates the syndemic (e.g. HIV, viral hepatitis, sexually transmitted infections, and overdose) data provided as part of this solicitation into their response. (Note: applicants may use other data, as well as anecdotal data, as appropriate; but are not required to do so.)* • *The applicant demonstrates an understanding of "syndemic" programming and of the required activities for the service category.* • *The applicant demonstrates an understanding of the strengths and needs of the community or communities of focus.*

	• *The applicant demonstrates their ability to reach and engage the identified priority populations.* • *The applicant has, or has plans to develop, systems to incorporate community input in program design and ongoing monitoring and evaluation.*
c. Program development, implementation startup, and capacity building needs	
Required?	Yes – for applicants proposing new or expanded services. *(Applicants requesting funding to replace existing funding for services already provided can omit this section. Note that this section is **required for those applying for funding under the PrEP Housing pilot**)*
Scored?	No
Suggested length or format	1 page
Description	*How will you do the work?* We understand that some programs will require a period of development before program implementation can begin. In most cases, this startup period should be 3 to 6 months. Some programs may require longer than this (for example, the PrEP housing pilot will likely require a 6-to-12-month development phase). Please provide a timeline describing program development and implementation startup activities, including, but not limited to: ▪ Staff hiring (note: if staff will be hired for less than the full contract period, be sure this is reflected in your description of program FTEs.) ▪ Attending any training needed to implement program ▪ Partnership development and creation of MOUs/MOAs, if needed In addition, we understand that some programs will need capacity building assistance, including technical assistance and training. Please describe what capacity building assistance your agency needs to implement the proposed program(s).

4.5. QUALIFICATIONS

a. **Staffing**	
Required?	Yes
Scored?	Up to 15 points.
Suggested length or format	Narrative; 2 pages maximum (*Position descriptions and organization chart do not count toward page limit).* Attachments: • Position descriptions for all funded positions • Organizational chart
Description	*Who will do the work?* Please describe your staff capacity and explain why they can make the proposed program a success by addressing the following points: • Describe the relevant experience and qualifications of current staff who will be working on this project, including project role and title, activities they would take on as part of your proposal, and any relevant licenses or trainings. Explain how their capacity, including lived experience, work experience, and technical skills, will ensure implementation of the services as you have described in your work plan. • If you will hire additional staff to fulfill project activities, list the proposed job titles, activities, and qualifications. • Please list any technical assistance or training needs you anticipate needing to implement a syndemic approach. *Attach position descriptions for all funded positions, including existing staff and proposed new hires, as attachments to your submission.* *Attach an organizational chart that includes all positions in this proposal. You may include the agency org chart but please indicate which positions are to be funded by this grant and which are not.*
Rating criteria	*A strong application meets all the criteria below:* • *The applicant responds to all provided prompts.* • *The program has enough qualified staff to deliver service as described, or a plan to build staff capacity.* • *Staff qualifications, skills, and experience are appropriate to their responsibilities.*

b. Partnerships	
Required?	Yes.
Scored?	Up to 15 points.
Suggested length or format	1 page maximum *(Letters of support, Memoranda of Understanding (MOUs), and Memoranda of Agreement (MOAs) do not count towards page limit).*
Description	*Who else will you involve?* List any other organizations you propose to formally partner with to complete program activities. Briefly describe what services each partner would provide and how your proposed partners' activities and strengths complement your work. If you have current partnerships that you plan to continue to complete these program activities, please include any current MOUs. If you plan to pursue new partnerships as part of these program activities, please include a Letter of Support from each partner and plan to develop MOUs or MOAs during contract negotiation. *See the service category definition for more details or requirements.*
Rating criteria	*A strong application meets all the criteria below:* • *The applicant responds to all provided prompts.* • *The applicant describes how the partnerships and collaborations listed will enhance service quality and reach, minimize duplication of efforts, and ensure continuity of care.*

4.6 BUDGET

Required?	Yes
Scored?	No; application missing a budget will not be accepted.
Suggested length or format	Download "Syndemic RFA Budget Template" from our RFA web page: Funding Opportunities | Washington State Department of Health.
Description	How much will this cost?

	Complete the attached budget template that incorporates all overhead and any other anticipated costs associated with providing the services detailed in this RFA. **All budget figures should reflect a 12-month budget**. Include hourly billing rates by classification and anticipated level of effort for each team member identified. Bidders must collect and pay Washington State taxes as applicable. The evaluation process rewards the applicant whose bid best meets the solicitation's requirements. Lowest cost is not a guarantee of acceptance. Applicants should submit applications with bids consistent with state government efforts to conserve state resources.

5 EVALUATION AND CONTRACT AWARD

5.1 EVALUTION PROCEDURE

Responsive applications will be evaluated by the explanation stated in this RFA and any amendments issued. The evaluation of applications will be completed by application review teams designated by the DOH.

5.2 CLARIFICATION OF APPLICATION

The RFA Coordinator may contact an applicant for clarification of any portion of the proposed application.

5.3 EVALUATION WEIGHTING AND SCORING

Below is the highest amount of points each section of the application can score:

Application Item	**Points**
Submission Cover Form	*n/a*
Signed RFA Certifications and Assurances	*n/a*
Organizational background	10
Proposal: Scope of work	30
Proposal: Program Approach	30
Proposal: Program development, implementation startup, and capacity building needs	*n/a*
Qualifications: Staffing	15

Qualifications: Partnerships	15
Budget	*n/a*
SUBTOTAL:	**100**
Optional enhancements:	*2 points per enhancement*
Total points possible:	*108 POINTS (if four enhancements included)*

5.4 APPLICATION REVIEW AND SELECTION

The application review panel will score applications using the scoring matrix above. They will provide their scores along with their funding recommendations to OID. Application review panel members will be instructed to recommend for funding a mix of programs/applicants that provide the best regional coverage across the state, including broad geographical coverage; provision of services to regions highly impacted by syndemic conditions; and provision of services to regions with few existing services available. We will not necessarily award a contract to the application with the highest score, as we will also consider the other factors listed here.

Additionally, application review panels will be instructed to focus on completeness and content of the applications, and not on grammar, spelling, or punctuation. It is not our intention to privilege applicants with the resources to hire professional grant writers or with staff holding advanced formal education.

5.5 NOTIFICATION TO APPLICANTS

The applicants we select for funding will be declared the Apparent Successful Applicants (ASA). This does not guarantee that the State will contract with all ASA. When we designate an applicant ASA, we can enter contract negotiations.

Applicants that act or fail to act in reliance on this notification do so at their own risk and expense.

Applicants not selected for further negotiation or award will be notified by email.

5.6 DEBRIEFING OF UNSUCCESSFUL APPLICANTS

If you are unsuccessful, you may request a debriefing conference with us. You must send your request for a debriefing to the RFA Coordinator within three (3) business days after the announcement of the apparent successful applicants.

Your debrief request should include a list of people who plan to attend, including their names and titles. The RFA Coordinator may decide to conduct debriefing either in person, by telephone, or by

electronic means. If you fail to request a debrief within the time period specified, you give up your right to submit a protest.

In a debrief, will limit discussion to a critique of the requesting applicant's bid. We will not make comparisons between applications or discuss evaluations of the other applications. Debriefing conferences will be scheduled for a maximum of one hour.

If you have questions about any of the above, please contact the RFA Coordinator: ID.RFASyndemic@doh.wa.gov

6. APPLICATION EXHIBITS

(Order and content of Exhibits may vary)

A. The Current State of the Syndemic in Washington
B. Definitions
C. Testing checklist
D. List of safer injection supplies
E. Submission cover form
F. Bid Certifications and Assurances
G. Wage Theft Certification
H. Executive Order 18-03 Certification
I. Scope of Work table example
J. Scope of Work narrative

A. THE CURRENT STATE OF THE SYNDEMIC IN WASHINGTON

The service categories described in this RFA use a syndemic approach to address the overlapping epidemics of HIV, STIs, viral hepatitis, and other related conditions, such as overdose, among populations disproportionately impacted by these conditions. Below you will find data from Washington state describing some of the dynamics of these topics and how the service categories fit into the goal of reducing the burden of these conditions and improving health equity.

HIV, STIs, and hepatitis C are distinct conditions with their own biological and physiological processes. However, viewing them as independent events overlooks their shared modes of transmission and distribution. These conditions interact on an individual and community level. In some cases, having one of the conditions greatly increases the chance of getting another (see Table 1, below).[5] For example, having a condition such as gonorrhea or syphilis can create biological processes that make it easier for HIV transmission to occur. Having HIV can make it easier to get hepatitis C through condomless sex, and having HIV and hepatitis C can make liver disease from hepatitis C get worse faster. In other cases, there is no biological interaction, but there is significant overlap in risk factors and barriers to preventive services. For example, increases in overdose fatalities impact people who inject drugs, who are also profoundly impacted by hepatitis C.

Table 1. Risk of Subsequent Infection by Health State, Washington State 2015-2020

	New Condition		
Current Health State	**HIV**	**Gonorrhea**	**Syphilis**
None	<1%	1%	<1%
Living with HIV	0%	12%	8%
Diagnosed with Gonorrhea	8%	31%	6%
Diagnosed with Syphilis	8%	41%	23%

We designed this Syndemic RFA to address the ways these conditions interact, and to give communities a range of services and tools to prevent these conditions. This will improve the health of people experiencing the poorest outcomes related to these conditions because of historic and current social inequities, such as racism, homophobia, transphobia, stigma against people who use drugs, poverty, and other social determinants of health. There is ample data on the health disparities experienced by communities in our state (see the OID Disparities report for more detail).

Here are just a few examples of the health equity impacts of those social inequities:

[5] From the 2022 OID Disparities Report, p. 7

Black, Indigenous/Native American/Alaska Native, and Hispanic/Latine/Latino/Latina/Latinx communities: Racism creates sharp divides in health outcomes that fuel disparities in the conditions our office oversees. Taken together and compared to people who identify as white, people of color are:

- 1.6 times more likely to be diagnosed with HIV;
- 1.7 times more likely to be diagnosed with syphilis; and
- 1.4 times more likely to be diagnosed with gonorrhea than the average person in Washington state.[6]

There are many factors from many parts of our society that cause these disparities. The simplest and most powerful cause is the existing prevalence of these conditions in social networks, and the social conditions that lead to that prevalence. (Behavior is not a leading cause of disparities in these conditions.)[7] Meanwhile, other factors such as income, education, trauma, stigma, and access to healthcare (which are higher in certain racial groups) can affect a person's ability to make their own choices and take care of their health.

Men who have sex with men (cis and transgender), particularly those who are Black, Indigenous, or People of Color (BIPOC MSM): Even though BIPOC populations have relatively higher rates of HIV, and could greatly benefit from the HIV prevention medication PrEP (Pre-Exposure Prophylaxis), PrEP uptake in this population is low outside of King County. Five percent of PrEP Drug Assistance Program (PrEP DAP) clients are BIPOC, despite BIPOC people representing nearly 20% of people newly diagnosed with HIV and having a rate of HIV infection approximately 5 times higher than the general population.

People who are transgender or gender expansive, particularly transgender women: Despite the large amount of research that has been conducted about people living with or at risk of HIV, STI, and Hepatitis C, we have very little data about transgender women in Washington state. Most of what we can say comes from the experience of these women nationally; in the United States, transgender women face significant stigma and discrimination, which pushes them into situations that greatly increase their risk of acquiring sexually transmitted and blood-borne infections and limit their ability to get appropriate health care.[8] These situations are familiar to those working in harm reduction, and include drug use, sex work, incarceration, unstable housing, poor mental health, negative health care encounters, lack of familial support, and violence. Surveys of transgender women find high rates of HIV infection. In King County, the HIV prevalence among a sample of transgender women was 20%, which is consistent with studies in other regions and internationally. Although we cannot estimate it directly, there is reason to believe that transgender women are also at high risk of gonorrhea and syphilis; the rate of diagnosis of these

[6] From the 2022 OID Disparities Report, p. 3.
[7] Millett GA, Flores SA, Peterson JL, Bakeman R. Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. AIDS. 2007 Oct 1;21(15):2083-91. doi: 10.1097/QAD.0b013e3282e9a64b. PMID: 17885299.
[8] See, for example, results from the 2015 US Transgender Survey.

conditions among transgender women living with HIV is between 10-20 times as high as other women living with HIV and similar to that of men who have sex with men.[9]

People who use drugs:[10] Substance use is a growing contributor to the burden of HIV, gonorrhea, chlamydia, and Hepatitis C in Washington state. Substance use can take multiple forms and does not always constitute a disorder. Taken as a whole, however, the use of methamphetamine, cocaine, and opioids is a significant driver of the conditions our office oversees. This occurs in three main ways:

- Injection drug use is a direct route for introducing HIV and hepatitis C into the body. In Washington state, 14% of HIV diagnoses and 79% of acute hepatitis C diagnoses are associated with injection drug use.
- Substance use may lead to situations where individuals are more likely to acquire STIs and/or where people are less willing to access sexual health services (e.g., due to stigma around drug use from service providers). In King County, 6% of people who inject drugs had been diagnosed with an STI in the past 12 months.
- Substance use creates barriers and competing priorities in people's lives which can make getting infectious disease treatment more challenging. Although almost everyone is eligible for hepatitis C treatment in Washington state, only 23% of people who inject drugs with diagnosed hepatitis C have started or completed treatment. People who inject drugs who have HIV also have the lowest rate of successful HIV treatment; on average, 26% are not virally suppressed at a given time.

As a result, helping Washingtonians manage substance use should be a priority for disease prevention programs. For this RFA, management of substance use can take the form of providing access to harm-reduction services (syringe service programs (SSPs) and naloxone distribution), increasing access to medications for opioid use disorder (MOUD), and lowering the barrier to disease prevention and treatment (service navigation).

People engaged in sex work/survival sex: While we have little state-level data about the prevalence of sex work among people newly diagnosed with HIV, STIs, and viral hepatitis in Washington, a recent outbreak of HIV in Seattle highlighted the importance of reaching people engaged in sex work with infectious disease prevention and linkage to care efforts. In 2018, Public Health – Seattle & King County identified a North Seattle cluster of HIV. This cluster grew to 30 people with related HIV infections diagnosed between 2008 and 2019. In total, 70% of cluster members were female, 77% were people who inject drugs, 87% were homeless, and 27% reported exchanging sex for money or other resources to meet immediate needs.[11]

[9] From the 2022 OID Disparities Report, p. 9
[10] From the 2022 OID Disparities Report, p. 4.
[11] Buskin S et al. Detection and response to an HIV cluster: People living homeless and using drugs in Seattle, Washington. Am J Prev Med. Vol 61(5), Supp1, Nov 2021 pp S160--S169.

People experiencing homelessness:[12] People experiencing homelessness are in a vulnerable position that can make day-to-day survival a challenge. Although most of our information about homelessness comes from studies of people living with HIV (PLWH), describing this population gives us information about those at high risk of acquiring HIV and other infectious conditions. Ten percent PLWH have experienced homelessness in the past 12 months, which points to obstacles to disease prevention created by homelessness. We also see that homelessness makes it difficult to obtain and adhere to medical treatment; 44% of homeless PLWH are not virally suppressed, compared to 24% of people who are not homeless. Challenges among PLWH represent people at risk of other conditions as well—barriers to medical care apply equally to taking PrEP and therapy for other conditions (e.g., hepatitis C treatment and medications for opioid use disorder). Finally, we know that homelessness disproportionately affects younger people and people of color who already have higher rates of HIV, hepatitis C, and STIs.

People outside of urban areas with limited access to "brick and mortar" services:[13] People living in rural areas may have to travel further for health care and sexual health services, and with less access to public transit. PLWH in rural areas of Washington have lower rates of viral suppression compared to their peers in urban and surrounding areas, and report experiencing a higher amount of stigma and a larger unmet need for peer group support. This suggests that PLWH in rural areas may experience isolation and social barriers to HIV prevention and care, factors which likely impact our other conditions as well.

[12] From the 2022 OID Disparities Report, p. 6.
[13] From the 2022 OID Disparities Report, p. 7.

B. DEFINITIONS

1. **Applicant:** Individual, company, firm, or organization submitting a proposal to this RFA.
2. **Application:** A formal offer submitted in response to this RFA.
3. **Contractor:** Individual or company whose application has been accepted by the DOH and is awarded a fully executed, written contract.
4. **DOH:** The Washington State Department of Health (DOH).
5. **Harm Reduction Care Navigation**: Providing appropriate referrals to facilitate access to physical and behavioral health services for participants of syringe service programs. Those services include substance use treatment (e.g., medications for opioid use), housing, and other social services. Care navigators advocate on behalf of participants regarding issues including but not limited to criminal legal involvement, medical care, benefits navigation, and family reunification. Harm Reduction Care Navigation strategies for engagement include street outreach and accompanied transportation to appointments with participants. Participant-centered goal plans are used to determine the services provided to each individual.
6. **High-impact setting:** Settings that work for and with a high proportion of clients who are disproportionately impacted by HIV, STIs, and/or viral hepatitis, or who are at high risk for acquiring or transmitting HIV, STIs, and/or viral hepatitis. Examples include, but are not limited to, LGBTQ+ centered spaces (e.g., clubs, bars, LGBTQ+ centers), programs serving people who use drugs (e.g., syringe service programs, substance use disorder treatment centers, opioid treatment programs), programs serving people experiencing homelessness (e.g., housing programs, day drop-in centers), and criminal-legal institutions (e.g., jails, prisons).
7. **Historically marginalized populations:** Groups and communities that experience discrimination and exclusion because of unequal power relationships across political, economic, social and health systems. Examples of marginalization may include devaluing, undermining, or disadvantaging people with specific identities. Historically marginalized populations are the priority populations for this funding opportunity.
8. **Integrated:** Blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services.
9. **Innovation:** The development and application of something new and creative which meaningfully improves population or community health outcomes. An innovation could occur in the way services are designed and provided, or in changes to processes and procedures.
10. **Mobile Services:** Services provided outside of “brick-and-mortar" structures (like offices). Mobile services bring services to community members where they live, work, and play. Mobile services can be provided on foot or by vehicle (e.g., testing out of a RV).
11. **Needs-based syringe distribution:** Needs-based syringe distribution provides people who inject drugs (PWID) access to the number of syringes they need to ensure that a new, sterile syringe is available for each injection. A needs-based approach provides sterile syringes with no restrictions, including no requirement to return used syringes.

12. **Non-traditional hours:** Services provided outside of traditional office hours (e.g., Monday through Friday 9am-5pm). This includes providing services during evening or early-morning hours and on the weekends. Service hours should reflect the hours that best meet the needs of the community.
13. **OID:** The Office of Infectious Disease, an office within the Division of Disease Control and Health Statistics within the Washington State Department of Health. The Office of Infectious Disease provides and funds services to prevent and control sexually transmitted infectious, HIV/AIDS, hepatitis C and assesses the incidence and prevalence of these diseases. The office is also responsible for the HIV Client Services Early Intervention Program which pays for medications, insurance premiums and limited medical, mental health and dental care for low-income, eligible HIV-positive individuals. It tracks and assesses disease and health conditions by collecting, analyzing and evaluating data. It maintains databases that aid in prioritizing resources toward current data trends. In addition to the above, the Office of Infectious Diseases supports programs to improve the health of people living with HIV (including services funded through the federal Ryan White Part B program and Housing Opportunities for People Living with HIV/AIDS, aka HOPWA), as well as programs to improve the health of people who use drugs (including support for syringe service programs and operation of the statewide overdose education and naloxone distribution program).
14. **Priority Area:** Geographic areas of focus where most new HIV, STI, and/or viral hepatitis infections occur.
15. **Underserved populations:** Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. This systemic denial is often due to factors like racism, anti-immigrant sentiment, homophobia, transphobia, and criminalization.
16. **Request for Applications (RFA).** This document in which services needed are identified and individuals, agencies, and organizations are invited to provide their qualifications to provide the services and their cost associated with providing these services.
17. **Social Determinants of Health.** Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; language and literacy skills. SDOH can be grouped into 5 domains:
    a. Economic stability
    b. Education access and quality.
    c. Health care access and quality.
    d. Neighborhood and built environment.
    e. Social and community context.

18. **Street/Mobile Outreach:** Designed to meet the immediate needs of people who are living unsheltered or marginally housed (e.g., in transitional housing programs or day-to-day single room occupancy hotels) by connecting them with health and harm reduction supplies, resources, and referrals. Street outreach/mobile outreach requires programs to provide services where unhoused individuals congregate (e.g., encampments, parks, shelters, and day centers).
19. **Syndemic:** A clustering and interaction of two or more diseases or conditions, resulting from social and structural determinants of health (SDOH), which leads to an excess burden of the diseases or conditions and ongoing health disparities in affected populations. Syndemic approaches leverage and integrate a variety of health care, social services, and other community support programs and policies to improve health care outcomes and quality of life.
20. **Test Event:** The provision of HIV, STI, and/or viral hepatitis testing for a client from beginning to end. The test event includes all elements of client interaction, such as obtaining consent, providing education about the testing process and/or the conditions for which someone is being tested, running and reading point-of-care tests and/or collecting specimens for submission to an offsite laboratory, providing results (if rapid testing offered) and/or coordinating a time for the client to receive results, and providing any relevant linkages to additional services or prevention resources.
21. **Types of testing service delivery models:** HIV, STI, and viral hepatitis testing can be done in a variety of nonclinical or community-based settings, as well as outreach sites, or in a person's home. Nonclinical settings are easy to access and useful for people who might not be willing or able to access medical services regularly. They may do outreach and recruitment to reach priority populations. Offering testing in these settings is an effective way to bring testing to the community. Testing can be provided in many places and spaces and through different service models. There may also be opportunities to provide community-based treatment services in these settings, in collaboration with a clinical partner. Below is a description of potential models.
    a. **Street, Field, Mobile, Outreach or Venue-Based Testing:** Street-based and venue-based outreach are done by engaging the focus population in their own environment, such as a particular street, neighborhood, hot spot, or venue (e.g., a bar, hotel, substance use treatment program, encampment, or community center). Outreach workers aim to reach the focus population with key messages about HIV, STIs, and viral hepatitis and testing. Testing services are offered, and some agencies will bring a mobile testing unit, such as a van or tent, to provide testing for the community of focus.
    b. **Office-based or onsite testing:** Providing testing services within a "brick-and-mortar" setting at an agency's main or satellite office. This can be provided by appointment only or on a drop-in basis during set office hours.
    c. **Self-Collected Testing and Mail-in Testing:** This is sometimes called "home-based" testing, but we recognize that not everyone who uses it may be housed. This model of testing can be offered during street/mobile/outreach testing, in addition to mail-order service. Self-collected testing is a test that can be administered alone,

without the assistance of agency staff or a medical professional. Self-collected specimens can include oral or rectal swabs to test for gonorrhea or chlamydia or collection of a small sample of blood from a finger stick to test for HIV or viral hepatitis. When used with mail-in testing, someone can order the test online, have it delivered to their home or other fixed location where they receive mail, and send the sample(s) to a lab for testing.

22. **Warm hand-off**: A "warm hand-off" is a form of active referral using three-way conversation (individual/organization making the referral, individual/organization receiving the referral, and the client/participant). The healthcare and/or social service providers conduct the hand-off with the active participation of the client/participant. The referring provider introduces the client/participant to the new provider, and explains what has already been done to assist the client and the reason for referral. A warm hand-off could include physically accompanying a client/participant as they access services at another agency or accompanying them virtually (e.g., facilitating access to healthcare appointments via telemedicine and sitting with them through the visit, if they would like). Warm hand-offs are important to ensure client engagement and communication, for example by allowing clients to clarify or correct information about their situation or care. Warm hand-offs build relationships and ensure successful linkages to services clients/participants want and need.

C. INTEGRATED TESTING COMPLIANCE CHECKLIST

Requirement	Policy, RCW/WAC, Program Requirement	DOH Monitoring
Medical Test Site (MTS)/CLIA License	See RCW Chapter 70.42; WA State Non-clinical Testing Guidelines	• Agencies that conduct rapid, point-of-care, CLIA-waived testing function as laboratories when reading results from these test kits. • All laboratories in Washington must have a Medical Test Site (CLIA) license from the Department of Health Laboratory Quality Assurance program to use CLIA-waived test kits. • The contractor will obtain the MTS Certificate of Waiver to conduct integrated testing. • The contractor will show active MTS license status at annual site visits. • The contractor will operate FDA-approved test kits as indicated in test kit packet insert instructions.
Medical Oversight	See RCW 18.360; WAC 246-827-0420; WA State Non-clinical Testing Guidelines	• The contractor must acquire medical oversight within three months from start of contract period. • The contractor must submit documentation (MOU/MOA) that ensures medical oversight and provide contact information for medical oversight provider. • DOH will verify with medical oversight provider as part of routine monitoring on ad hoc basis.
Medical Assistant-Phlebotomist Requirement	See RCW 18.360; WAC 246-827; WA State Non-clinical Testing Guidelines	• All personnel in Washington who withdraw whole blood from clients must be medically certified to do so. Most non-clinical personnel will certify for this activity by becoming licensed Medical Assistants-Phlebotomist (MA-P)

		• OID makes phlebotomy training available to all subcontracted partners via partnership with UW STD Prevention Training Center at Harborview Medical Center in Seattle. • The contractor must ensure that MA-P trained staff obtain the MA-P credential from DOH licensing in order to collect whole blood samples from clients. • OID Program staff will periodically verify the active MA-P licensing status of contractor staff.
Bloodborne Pathogen Training and Bloodborne Exposure Control Plan	See Chapter 296-823- WAC	• DOH will provide contractor with a link to asynchronous bloodborne pathogen training and provide a model exposure control plan template for contractor review and use. • The contractor will provide evidence of training and exposure plan to DOH during annual site visits.
Rapid Testing Training & Policy	See WA State Non-clinical Testing Guidelines	• The testing program will access training on utilizing rapid test kits; this training will be made available in partnership with OID and test kit manufacturer representatives. The contractor will provide DOH with documentation of staff participation in training. • The testing program will access training on utilizing controls for rapid test kits. • The testing program will keep control logs on site and available for review by OID program staff during site visits as part of compliance monitoring.

Integrated Testing Quality Assurance (QA) Plan	See WA State Non-clinical Testing Guidelines	• The contractor must submit a QA Plan within three months of the start of contract year. • The contractor must update the QA Plan when major program changes occur and when there are staff changes. • OID Program Staff will store and review QA Plans routinely.
Linkage and referral of HIV, STI & viral hepatitis diagnoses to treatment, care, and partner services	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	• Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis. • Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result. • Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance. • Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result.
Integrated Testing	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	• The contractor must offer integrated testing within six months from the start of contract period. Integrated testing includes HIV, Gonorrhea/Chlamydia, syphilis, and Hepatitis C testing.

		Standalone HIV testing programs are not eligible for funding through this syndemic RFA. • The contractor must submit documentation that integrated testing is supported at their agency. • OID program staff will run monthly integrated testing monitoring reports to ensure integrated testing is supported. • OID Program staff will monitor test kit procurement & laboratory services at subcontractor sites to ensure integrated testing is supported.
Test Kit Procurement	Program requirement-defined by OID. WA State Non-clinical Testing Guidelines	• If the contractor procures test kits through OID, it must use those kits in the existing contract period. • Test kit volume requested should align with testing data entered into EvaluationWeb or submitted to DOH.
Outreach Testing	Program requirement-defined by OID *(to be developed*).	• The contractor must adhere to DOH Outreach Testing Guidance (to be developed) to support implementation of high-impact outreach testing for priority population(s). • OID Program staff will monitor outreach testing activities via test event entry into relevant data systems.
Incentivized Testing	Program requirement-defined by OID (t*o be developed*).	• The contractor must adhere to DOH Incentivized Testing Guidance (to be developed) to support implementation of incentivized prevention programs. • The contractor must complete a request to implement incentivized testing program, and that request must be approved by OID.

		• OID program staff will monitor Incentivized testing program monthly. • OID program staff will evaluate incentivized testing programs routinely to ensure effectiveness in reaching hard to reach priority populations, increasing testing volume, increasing positivity rates, and increasing case findings.
Hours of testing operation	Program requirement-defined by OID	• The contractor will inform OID Program staff of on-site and outreach testing hours and locations. • The contractor will notify OID program staff of any changes to hours of testing operation.
Routine Program & Data Review	Program requirement-defined by OID	• The contractor will evaluate testing program efficacy every six months with OID Program staff. • The contractor must be willing to make program revisions in response to findings and must reflect those revisions in updated program work plan and deliverables.
Data Entry-	Program requirement-defined by OID	• The contractor must develop strategies to collect and report the required integrated testing variables to DOH, including entering individualized integrated testing event data into Evaluation Web for each month by the 10th day of the following month. • OID program staff will review data submitted by the contractor and meet regularly with the contractor to discuss.

D. LIST OF SAFER INJECTION SUPPLIES

Below is the list of required supplies for SSPs:

1. Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
2. Alcohol pads
3. Non-latex tourniquets
4. Sterile water
5. Sterile saline
6. Cookers
7. Cottons and/or cellulose filters
8. Bandages/gauze
9. Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
10. Naloxone
11. Amber bags

E. SUBMISSION COVER FORM

1. Name of applicant (organization, firm, or entity):
2. Address and phone number:
3. Name and email address of primary contact:
4. Name and email of person authorized to legally bind the applicant in a contractual relationship:
5. Legal status of entity (ownership):
6. What service category is this application for?
7. Are you applying for any other service categories under the Syndemic RFA or the Ryan White RFA? If so, which ones?
8. Applicant's Federal Employer Tax Identification number:
9. Applicant's Washington Uniform Business Identification (UBI) number: *(Note: If none exists, initial below to affirm that it will be provided prior to contract signing)*
10. Is the applicant organization a Certified Minority-Owned or Certified Women-Owned firm? *(Note: If yes, please provide proof of certification issued by the Washington State Office of Minority and Women's business Enterprises.)*

11. Has the applicant ever had a contract terminated for default in the last five years? *(Note: If yes, please describe such incident and full details of the terms for default, including the other party's name, address, and phone number. The DOH will evaluate the facts and may, at its sole discretion, reject the RFA on the grounds of the Applicant's past experience.)*

Signature and date by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

Print name:

Signature:

Date:

EXHIBIT E

F. BID CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the bid to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the bid are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.
3. The attached bid is a firm offer for a period of 60 days following receipt, and it may be accepted by the DOH without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this bid, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this bid or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that the DOH will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of the DOH, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. Information that has been determined to be proprietary or confidential has been clearly marked and included in this bid as a separate document.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that we are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions.

Signature of Bidder

Title Date

EXHIBIT F

G. CONTRACTOR CERTIFICATION
WAGE THEFT PREVENTION – RESPONSIBLE BIDDER CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to awarding a contract, agencies are required to determine that a bidder is a 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).

Procurement Solicitation Dated: _____

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐ **NO WAGE VIOLATIONS.** This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

OR

☐ **VIOLATIONS OF WAGE LAWS.** This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certification on behalf of the firm listed herein.

FIRM NAME: _____
Name of Contractor/Bidder – Print full legal entity name of firm

By: _____ _____
Signature of authorized person | Print Name of person making certifications for firm

Title: _____ Place: _____
Title of person signing certificate | Print city and state where signed

Date: _____

H. EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS CERTIFICATION

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Health is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Procurement: RFA SFY2024 Office of Infectious Disease

I hereby certify, on behalf of the firm identified below, as follows (check one):

☐ **NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

☐ **MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: _____

Name of Contractor/Bidder – Print full legal entity name of firm

By: _____ _____

Signature of authorized person | Print Name of person making certifications for firm

Title: _____ Place: _____

Title of person signing certificate | Print city and state where signed

Date: _____

I. SCOPE OF WORK TABLE: EXAMPLE

You do not need to fill out this table for your application. *This is just for your reference. If you are selected as an Apparently Successful Applicant, we will work with you during contract negotiations to finalize a scope of work table like the example below.*

Activity	Description	Deliverables/Outcomes	Due Date/Time Frame	Reimbursement Information and/or Amount
Service Category: Community-based testing and linkage to services				
Name the activity	*Describe the activity*	*How many clients will you serve? What outcomes will you use to measure your success?*	*How long will this take?*	*How much will this activity cost?*
Testing	Deliver pre-test education, receive informed consent, and conduct requested tests.	# of people tested and types of tests received # of test events conducted with people from priority population(s) # of STIs identified # of persons living with HIV identified or re-connected to HIV care # of cases of viral hepatitis identified	# time for each test encounter ## time to test result delivery	$$
Linkage to services	Deliver linkage services appropriate to clients' needs and interests and relevant to the test result(s) received	# of testing clients referred or linked to essential support services, including clients linked to regional syndemic service navigators Outcome of linkage to care services for people who receive reactive/positive test result(s)	# time for linkage efforts	$$

J. SCOPE OF WORK NARRATIVE

Scope of Work Narrative: Community-focused integrated infectious disease testing and linkage to services in high-impact settings

Fill out the form below. Please reference requirements in section 2 for more information.

1. Signature of person responsible for ensuring adherence to relevant federal and state laws and regulations (e.g., Executive Director, Administrator, CEO) affirming they have read the testing checklist in Exhibit C and will ensure the agency follows all requirements outlined in the checklist.

   _____
   (signature) (e-signature is acceptable)

2. Describe proposed locations of activity and how you will provide at least 50% of test events through venue-based, mobile, or outreach-based testing. (This requirement can be reduced if a program meets or exceeds the provision of 200 onsite testing events per month, of which at least 80% reach priority populations, and result in successful identification of new infections and linkage to services.)

3. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach (non-traditional hours of operation are encouraged).

4. Describe your recruitment, outreach, and engagement methods:
   a. How will you develop your strategy?
   b. How will you ensure you are engaging priority populations?

5. Number of clients you expect to reach monthly:
   a. Testing, including pre-test education, receipt of informed consent, administration of rapid test and/or phlebotomy, and post-test education.
   b. Linkage to preventive services (e.g. PrEP, SSPs, condoms).
   c. Linkage to care/referral to treatment for HIV, STIs, and viral hepatitis.
   d. Referral to partner services.

6. How will you ensure appropriate public health reporting?
   a. How will data be collected and stored?
   b. How will data be reported?
   c. How will you ensure client confidentiality?

7. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.

8. Attach, at minimum, the required letters of support, MOUs, and MOAs

a. At least 3 MOUs describing the agreement your agency has with community-based partners that reach and engage priority population(s) to provide integrated testing and linkage services for their clients/participants. If not possible, describe why they could not be obtained and include at least 3 Letters of Support from partners with whom you plan to work to develop MOUs by the time contracts are finalized.
b. At least 1 MOA or MOU with a health care provider offering PrEP services* near your service area that has capacity and history providing services to priority population(s). If not possible, describe why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.
c. At least 1 MOA or MOU with a medical provider* able to provide STI and/or viral hepatitis treatment or care services near your service area that has capacity and history providing services to the priority population(s). If not possible, describe why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.
d. Letter of support from local health jurisdiction. If not possible, explain why it was not obtained.

9. If you are proposing to provide services with sub-contractor or MOU arrangement, describe how the relationship will support efforts to reach specific priority populations (e.g., working with "by and for" agencies that do not currently have testing capacity, but have trusting relationships with community members, particularly community members systemically marginalized: BIPOC individuals; those involved in criminal-legal systems; people who use drugs; non-binary/gender fluid/transgender; female identifying; as examples).

*PrEP provider and medical provider may be the same provider requiring only one MOU to cover both PrEP and other medical services.
**If agency is applying for both integrated testing and syndemic service navigation categories, only one MOU from each category is required.

EXHIBIT J

Scope of Work Narrative: Syndemic service navigation

Fill out the form below. Please reference requirements in section 2 for more information.

1. Describe proposed locations of activity.

2. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach (non-traditional hours of operation are encouraged).

3. Describe your recruitment, outreach, and engagement methods:
    a. How will you develop your strategy?
    b. How will you ensure you are engaging priority populations?

4. Number of clients you expect to reach monthly:

5. How will you ensure appropriate data collection and reporting?
    a. How will data be collected and stored?
    b. How will data be reported?
    c. How will you ensure client confidentiality?

6. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.

7. If providing the optional enhancement of peer positions that leverage lived experience across the syndemic, please describe how you will recruit, train, support, and retain peer staff.

8. If providing the optional enhancement of navigators intentionally tasked to -provide services to people systemically marginalized and underserved by systems (BIPOC individuals; those involved in criminal-legal systems; people who use drugs; non-binary/gender fluid/transgender; female identifying; as examples), describe the population(s) you will reach and how services will be specialized or specific to appropriately meet the needs and interests of the population(s).

9. Attach, at minimum, the required letters of support, MOUs, and MOAs
    a. At least 1 MOA or MOU with a health care provider offering PrEP services near your service area that has capacity and history providing services to priority population(s). If not possible, describe why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.
    b. At least 1 MOA or MOU with a medical provider able to provide STI and/or viral hepatitis treatment or care services near your service area that has capacity and history providing services to the priority population(s). If not possible, describe

why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.

*If agency is applying for both integrated testing and syndemic service navigation categories, only one MOU from each category is required.

EXHIBIT J

Scope of Work Narrative: PrEP Housing & Supportive Services for BIPOC gay and bisexual men and other men who have sex with men and their sexual networks (Pilot Program)

Fill out the form below. Please reference requirements in section 2 for more information.

1. Describe your region of focus and why you have chosen this region.

2. Describe your program and activities:
    a. What specific strategies will you use to reduce housing instability? (e.g., Rental assistance? Housing-related referrals? Other?)
    b. What additional supportive services will you provide or facilitate?
    c. How many clients do you expect to reach?
    d. How will you incorporate a "Housing First" approach?
    e. How will you develop transition plans to support clients moving into permanent/sustainable housing by the end of 24 months?
    f. How will you support client success and retention in housing and PrEP?

3. Describe your recruitment, outreach, and engagement methods:
    a. How will you develop your strategy?
    b. How will you ensure you are engaging priority populations?

4. Define a sustainability plan for maintaining the housing opportunities once grant funds are expended.

5. How will you ensure appropriate data collection and reporting?
    a. How will data be collected and stored?
    b. How will data be reported?
    c. How will you ensure client confidentiality?

6. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.

Attach, at minimum, the required letters of support, MOUs, and MOAs

a. At least 1 MOA/MOU with the application for PrEP service provider(s) near the organization's service area(s) and have capacity and history of providing services to the priority population(s). The MOA/MOU must be updated, valid, and submitted annually. The MOU/MOA must describe the agreed upon referral and linkage process to PrEP and nPEP services and include the process for confirming that services were accessed as well as the specific role of the partner/collaborator. If not possible, explain why it was not obtained.*

b. At least 1 MOA/MOU with the application for a medical provider able to provide STI or viral hepatitis treatment or care services near the organization's service area(s) that have capacity and history of providing services to the priority population(s). MOA/MOU must be updated, valid, and submitted annually. The MOU/MOA must describe the agreed upon referral and linkage process to STI or viral hepatitis treatment or care services and include the process for confirming that services were accessed as well as the specific role of the partner/collaborator. If not possible, explain why it was not obtained.*

*If you are also applying for either integrated testing or syndemic service navigation categories, the same MOU of each type can be used, as long as you include at least one PrEP provider MOU and one medical provider MOU in each county of service.

Note: We expect you to establish additional collaborations supported by MOUs with service providers over the course of the period of performance. The agreement(s) should be reflective of the services most requested by the priority population(s) and submitted to DOH.

Scope of Work Narrative: Syringe services programs: *Level 1: Support for operations; Level 2: Harm reduction service navigation***;** *Level 3: Clinical services*

Level 1 refers to funding to support basic SSP operations. Level 2 includes all activities and requirements for level 1, and also includes individual harm reduction service navigation for clients. Level 3 includes all activities and requirements for levels 1 and 2, and also includes on-site clinical services as described below. Applicants can apply for level 1, 2, or 3.

Level 1: Support for Operations
**Note: all SSP applications MUST fill out the Level 1 checklist, at minimum. Levels 2 and 3 checklists are optional for those organizations applying for the additional funding and services.*

Fill out the form below. Please reference requirements in section 2 for more information.

1. Describe proposed locations of activity.

2. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach. (Non-traditional hours of operation are encouraged and qualify for an enhancement of 2 additional points.)

3. Describe your outreach and engagement methods:
    a. How will you develop your strategy?
    b. How will you ensure you are engaging priority populations?

4. How many people do you expect to reach monthly with the following activities?
    a. Syringe access and disposal.
    b. Naloxone distribution.
    c. Referrals to community and clinical services.

5. How will you ensure appropriate data collection and reporting?
    a. How will data be collected and stored?
    b. How will data be reported?
    c. How will you ensure client confidentiality?

6. Needs-based syringe distribution is an evidenced-based practice. Please describe your model for syringe distribution. If you do not provide needs-based access, please provide a justification.
7. If claiming the optional enhancement of being a program led by people disproportionately impacted by the criminal-legal consequences of drug policy (including Black, Indigenous/Native American/Alaska Native, Hispanic/Latino/Latina/Latine/Latinx communities, and people who use drugs), please describe the policies your organization uses to ensure this.

8. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.

9. If providing the optional enhancement of SSP mentorship, please describe how you will support smaller, less developed programs in the field of harm reduction and overdose prevention by providing safer drug use supplies, syringe disposal services, training, technical assistance, and administrative support.

10. Provide a minimum of 2 letters of support or MOUs to demonstrate partnerships with entities including but not limited to tribes and tribal organizations, physical health providers (including sexual and reproductive health), homeless services, youth and young adult services, mental health providers, substance use treatment providers, and opioid treatment programs. If MOUs are not available at this time, describe why and provide at least 2 letters of support from agencies with whom you plan to secure MOUs by the time the contract with DOH is complete.

Level 2: Harm Reduction Care Navigation
Note: you must fill out the above checklist for SSP operations funding, and the additional questions below:

1. Number of program participants that you expect to reach monthly with Harm Reduction Care Navigation:

2. Describe how you will ensure a 1.0 FTE does not have a case load that exceeds 25 individuals.

3. Describe how client transportation will be provided.

4. Describe how clients will be accompanied on appointments (e.g., does the agency have a vehicle that can be used for this purpose, will staff take public transportation with clients).

Level 3: SSP clinical services
Note: you must fill out the above checklists for Levels 1 and 2, as well as the checklist below:

5. Describe proposed locations of activity, if different from what was described above:

6. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach (non-traditional hours of operation are encouraged), if different from what was described above:

7. Describe your outreach and engagement methods:
    a. How will you develop your strategy?
    b. How will you ensure you are engaging priority populations?

8. Number of program participants you expect to reach monthly with clinical services:

9. Describe what clinical services will be provided. (Services must include at minimum onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services)
    a. If using telemedicine services, please describe why in-person services cannot be provided and how the telemedicine services will be conducted to provide low-barrier access to care.

10. If using a sub-contractor arrangement or MOU with a FQHC or other clinical partner, please describe the justification for this arrangement and how it will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services.

EXHIBIT J

Scope of Work Narrative: Mail-order naloxone

Fill out the form below. Please reference requirements in section 2 for more information.

1. Describe your outreach and engagement methods:
    a. Who will carry out these activities?
    b. How will you develop your strategy?
    c. How will you ensure you are engaging priority populations?

2. Number of program participants you expect to reach monthly:

3. How will you ensure appropriate data collection and reporting?
    a. How will data be collected and stored?
    b. How will data be reported?
    c. How will you ensure client confidentiality?

4. Describe how you will ensure the online ordering system is available in, at minimum, English and Spanish.

EXHIBIT J

Scope of Work Narrative: Mail-order condom project

Fill out the form below. Please reference requirements in section 2 for more information.

1. Describe your recruitment, outreach, and engagement methods:
    a. How will you develop your strategy?
    b. How will you ensure you are engaging priority populations?

2. Number of clients you expect to reach monthly:

3. Number of condoms you expect to distribute monthly:

4. How will you ensure appropriate data collection and reporting?
    a. How will program data be collected and stored?
    b. How will data be reported?
    c. How will you ensure client confidentiality?

5. Describe how you will ensure promotions and the online ordering system for condoms is available in, at minimum, English and Spanish.

6. Describe how you will conduct a needs assessment within first six months of the contract period to determine customer product preferences.

EXHIBIT J

Scope of Work Narrative: Innovative syndemic community engagement and community-driven capacity building projects

Answer the questions below. Please reference requirements in section 2 for more information.

Provide a 1-page maximum narrative description of your proposed project, including information such as activities, locations/sites, how many people you plan to reach, your recruitment/outreach/engagement strategy (or if you don't have one yet, your plan to develop one), priority population(s) you expect to work with and for, staffing plan, length of project (1-5 years), and any other information necessary to help us understand your project.