**PATERSON COALITION FOR OPIOID ASSESSMENT AND RESPONSE (COAR)**

**REQUEST FOR PROPOSALS (RFP) FOR OPIOID RESPONSE TEAM (ORT) OUTREACH PARTNER/S**

**Contract Timeline: May 1, 2025 – April 30, 2026**

The Paterson Coalition for Opioid Assessment and Response (“COAR”) seeks proposals from community-based organizations (“CBOs”) interested in performing street-level outreach in partnership with the Paterson Opioid Response Team (ORT). The ORT is comprised of specially-trained, off-duty, and plain-clothed police and FF/EMS first responders who volunteer to pair with a professional outreach worker [either ORT Social Workers from Paterson Health and Human Services (HHS) or a CBO] to perform outreach. ORT’s Geographic Outreach began in Paterson on April 1, 2024; currently, outreach operates two days per week, four-hour shifts per day (Wednesdays and Saturdays).

COAR plans to launch an expanded approach to ORT outreach; the goals are to perform outreach more frequently per week, to introduce new recovery mechanisms as they become available and to reach additional audiences with positive messages about Opioid Use Disorder (OUD) and recovery, including but not limited to the following:

* OUD is a medical condition that can be medically treated. When medication is used, it is vital to secure a legitimate prescription and oversight from a licensed medical professional.
* There are three Medications for Addiction Treatment (MAT)—Suboxone, Methadone, and Sublocade—that are clinically proven to reduce mortality rates among those suffering with OUD.
* Medical treatment alone is not likely to resolve OUD for an individual that is struggling with additional factors like homelessness, lack of income or social supports, health care coverage, etc.; there are often many complex barriers to recovery that must be addressed in order to help an individual be successful. There is no one-size-fits all approach to recovery or “right way” to embark upon recovery. The ORT and/or its partners can help provide consistent case management, service navigation, and support to those who need assistance.
* There are many ways to reduce potential harm (i.e. overdose, injury, or death) among people who use drugs, including those with OUD. Individuals who participate in harm reduction programs or services are five times more likely to eventually enter recovery treatment.
* Those suffering from OUD (as well as their loved ones) deserve to be treated with dignity and respect, therefore, they:
  + Deserve to be provided factual information about mortality rates related to a variety of recovery options (MAT included);
  + Deserve to be provided information about strategies and services that can reduce harm to their life or livelihood; and
  + Deserve to be offered genuine, reliable assistance and navigation that yields clear points of access to effective services and as few “dead ends” as possible.

The ORT is meant to provide a consistent, community-based presence of factual information about data-driven, patient- centric methods of OUD recovery. ORT members are meant to provide a safe and positive exchange of factual information regarding the above messages. ORT members are not meant to debate, argue, convince, shame, or coerce individuals into believing the above messages. Information and/or items disseminated by the ORT during outreach are not contingent upon believing or agreeing with the above messages or agreeing to seek/access any ORT-related services. All individuals who interact with the ORT must be afforded respect, patience, and factual information; even if an individual does not wish to receive the ORT’s information or support at that moment, that is very acceptable and should not impact the way that any ORT member talks to, respects, or treats them. This is in an effort to build trust over time between the ORT and its target audience, as well as the Paterson community. Similarly, all MAT referrals made by the ORT or its partners during ORT Geographic Outreach must be made to trusted, medically-appropriate treatment providers; lists of approved MAT referral sources will be provided and are subject to change. Assuring quality referrals is necessary to building trust and a positive impact over time.

All ORT outreach activities occurring alongside CBOs must conform to the following parameters:

* Must occur for at least four hours per outreach session.
* Must occur alongside ORT members (no less than one specially-trained, off-duty, plain-clothed police officer and no less than one specially-trained, off-duty, plain-clothed FF/EMS member).
  + CBOs are not responsible for financially supporting the needs/time of other members.
* Must take place within a COAR-approved target area, at COAR-approved address(es)/location(s), and/or among COAR-approved target audience(s). Locations may be subject to change based on need. CBOs will have the opportunity to propose their ideal/suggested outreach strategy in the ORT Partner Application Questions. COAR and the CBO must mutually agree on the outreach strategy prior any outreach activity taking place. Award of this RFP does not constitute direct approval of the proposed outreach strategy.
* Must account for every individual that was reached out to on a real-time basis; this will be facilitated by a secure survey tool that was specially developed by COAR for use by ORT members. Please note that the depth/quality of outreach per individual is more important to the COAR team than quantity of individuals reached. This tool must be used to track each individual interacted with, and include (at minimum):
  + Which group is performing the outreach;
  + What information or item(s) the individual was provided during outreach (if any); and
  + Where the outreach occurred.

All CBOs awarded via this RFP must comply with/agree to the following parameters:

* Attending all COAR Stakeholder Meetings (hosted on a quarterly basis). If the meeting cannot be attended, the CBO must inform the COAR Sr. Program Manager ahead of time.
* Attending all ORT Trainings/Team-building Activities (in-person). If the training/activity cannot be attended, the CBO must inform the COAR Sr. Program Manager ahead of time.
* Only being reimbursed for outreach performed on the dates/times that are scheduled and mutually agreed upon by the CBO and COAR. All scheduling will be negotiated and/or confirmed on a quarterly basis.
* Signing HIPAA-advised confidentiality agreements with COAR and other ORT-related entities (as needed) to ensure that personally-identifiable information (PII) entered into the outreach tool and/or passed between ORT Social Workers and the ORT Outreach Team can be shared and kept confidential between all parties.
* Sending an invoice for all billable outreach services on a monthly basis with detailed monthly report. Invoices shall be addressed to the COAR Sr. Program Manager and sent via email. Please note that expenses related to food or refreshments are not billable.
* Provide proof of liability insurance.
* Being generally available during reasonable business hours (Monday through Friday 9 am to 4 pm) for meetings, timely emails, and/or phone discussions with the COAR/ORT team.
* Agreeing to participate in any requested and/or ongoing Quality Improvement meetings, should they be called. Any such meetings will be held on dates/times that are scheduled and mutually agreed upon by the CBO and COAR.
* Recognizing that COAR activities, decisions, and programs (including those which dictate ORT Geographic Outreach, as well as the RealFix program) are rooted in data, and thus are subject to change with new data insights. Any data insights that implicate change to a CBO’s outreach strategy will be discussed between COAR and the CBO on a case by case basis. Any changes to the outreach strategy must be approved by COAR, and a reasonable diversion for the CBO to fulfill.

CBOs that are aligned to the ORT’s mission and are interested in being a partner in ORT Geographic Outreach are invited to **submit the following application materials to Tenee Joyner at 155 Market Street, 4th Floor, City Hall no later than 6:00 pm on Friday, April 25, 2025:**

* Completion of the ORT Partner Application Cover Page (with complete checklist and signatures)
* Completion of the ORT Partner Application Questions, including:
  + Proposed outreach strategy, including any harm reduction supplies (needles are not allowable), supportive information, or additional services/linkages/direct referrals your team would provide on-site.
    - Please note that any group making direct referrals will be required to follow-up with all individuals to whom referrals were written and to help create a data-sharing plan with the COAR Data Manager so all metrics can be centralized.
  + Proposed target location(s), venue(s), and/or audience(s) .
  + Relevant credentials of those who will perform outreach .
  + Weekly schedule/availability (Section D)
* Completion of the ORT Partner Line Item Budget and Budget Justification.
  + Please note that COAR cannot reimburse for expenses related to food or refreshments
* Business Registration Certificate (can be ordered here: <https://www.state.nj.us/treasury/revenue/busregcert.shtml>)
* Most Recent W-9
* Five (5) total copies of the final application packet.
  + Please note the following:
* **There will be an virtual Technical Assistance (TA) session held on April 7, 2025 at 6:00 pm, Zoom Meeting ID: 856 4039 8682 Passcode: 2025** to review the Application Cover Page, Application Questions, and Budget Justification Forms. This is the venue in which the COAR/ORT team will answer any outstanding questions about either document.
  + If you plan to attend the TA session, please RSVP by email to tjoyner@patersonnj.gov
* Anyone is invited to pick up a blank application packet at 155 Market Street, 4th Floor. However, all final application packets must be submitted as typed pages (handwritten pages will not be accepted).
* One or more entities may be awarded via this RFP.

Thank you for considering this RFP. Paterson’s COAR and ORT look forward to aligning efforts with one or more CBOs that are interested in performing (or already performing) outreach to the OUD population in a manner that highlights data-driven, patient-centric methods of recovery as well as the access points through which such services can be reached.

**ORT Partner Application Cover Page**

ORGANIZATION NAME:

|  |
| --- |
|  |

Thank you for responding to this RFP. Please ensure that you submit five (5) hard copies of the following documentation (in this order) to Tenee Joyner at 155 Market Street, 4th Floor, City Hall, no later than 6:00 pm on Friday, April 25, 2025:

 Application Cover Page (this document – completed and signed)

 Application Questions

* Section A
* Section B
* Section C
* Section D

 Budget Justification Form (Section E)

* Please type the **Total Grant Request: $**
* Please type the **Total Estimated Cost Per Outreach Event: $**
* Please note that Administrative costs must not exceed 10% of the overall request

 Business Registration Certificate (can be found here: <https://www.state.nj.us/treasury/revenue/busregcert.shtml>)

 Most Recent W-9

 Liability Insurance

**By signing the below line, I hereby confirm that the above application and its contents are as complete and accurate as possible.**

# Point of Contact

Signature:

Printed Name, Title: Date:

# Organization Lead (if different)

Signature:

Printed Name, Title: Date:

# SECTION 1: About Your Organization

### **General Information**

|  |  |
| --- | --- |
| Applicant Organization |  |
| Organization Legal Name |  |
| Organization Federal Tax ID EIN |  |
| Organization Website |  |
| Organization Mailing Address |  |
| Organization Physical Address |  |
| Organization Phone Number |  |

|  |  |
| --- | --- |
| Organization Lead (CEO/ED) |  |
| Organization Lead Title |  |
| Organization Lead Phone |  |
| Organization Lead Email |  |

|  |  |
| --- | --- |
| Financial Lead |  |
| Financial Lead Title |  |
| Financial Lead Phone |  |
| Financial Lead Email |  |

|  |  |
| --- | --- |
| Program Coordinator |  |
| Program Coordinator Title |  |
| Program Coordinator Phone |  |
| Program Coordinator Email |  |

|  |  |
| --- | --- |
| Social Media |  |
| Social Media |  |

### **Mission Statement: Share your organization’s mission, vision, and core values.**

|  |
| --- |
|  |

### **History and Background: Briefly describe your organization’s history, including major accomplishments or key milestones.**

|  |
| --- |
|  |

### **Expertise: Highlight your primary services, or areas of specialization.**

|  |
| --- |
|  |

### **Unique Capabilities: Explain what sets your organization apart.**

|  |
| --- |
|  |

### **Staffing/Team Structure: Outline your team’s size, structure and roles relevant to this proposal.**

|  |
| --- |
|  |

# SECTION 2: About Your Proposal

### **Title of your proposal:**

|  |
| --- |
|  |

### **8.**

|  |  |
| --- | --- |
| **Existing Current or Expansion Program** | **New or Pilot Program** |

### **Understanding of Our Needs: Describe your understanding of the objectives, goals, or challenges we aim to address. Discuss your view or understanding of Paterson’s opioid epidemic. Who is impacted? What barriers and/or gaps in service currently exist?**

|  |
| --- |
|  |

### **Proposed Solution: Explain your proposed approach, including key strategies, deliverables, and how they align with our needs. What are you proposing to do and why? What activities will you implement to address the need? Who will benefit? Describe how your organization is uniquely positioned to meet this need.**

|  |
| --- |
|  |

# SECTION 3: Implementation and Outcomes

### **Implementation Plan: Please describe how your proposal will be carried out. Provide a timeline of activities, with key dates and deliverables.**

### 

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Deliverable | Start Date | End Date |

### **Staffing plan: Provide a brief description of the project and the staffing goals. Be sure to include key roles and responsibilities, specific skillsets or qualifications.**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position/Title | Role and Responsibilities | Credentials/Qualifications/Specific Skillsets | % of effort |

# SECTION 4: Budget

### **Submit a line item budget**

### **Submit a budget justification**

### **Submit other documents**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| IRS 501(c)3 determination letter |  |  |
| Last Fiscal Audit is available ( if funded) |  |  |
| Will provide Liability Insurance (if funded) |  |  |
| NJ Business Registration Certificate (BRC) |  |  |
|  |  |  |