



Request for Proposal

Bureau of Recovery Services

Peer-based Syringe Removal Team

May 22, 2024

I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC’s mission is to work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities. The Bureau of Recovery Services (BRS) works with partners from across government and communities to address substance use disorder and the needs of people who use drugs. Through outreach, engagement, advocacy, referrals, harm reduction, and recovery services, BRS helps people access the support they need.

BPHC BRS is issuing a Request for Proposals (RFP) to identify qualified individuals or organizations with expertise in operating employment and cleaning services, syringe disposal, and peer-based programming for people who use drugs (PWUD). The chosen vendor will run a program that provides a low-barrier work opportunity for PWUD, removing syringes and used harm reduction supplies from Boston streets, while at the same time offering program participants job training and skills building. Additionally, the program will connect participants to life-saving social services like medicine for opioid use disorder and housing.

All service contracts awarded by the Boston Public Health Commission may be subject to following the City of Boston’s living wage ordinance. This ordinance requires that all employees working on sizable city contracts earn an hourly wage that is enough for a family of four to live at or above the federal poverty level. This wage amount, called the living wage, is recalculated every year. For more information, please visit <https://www.boston.gov/worker-empowerment/living-wage-division> .

As part of BPHC’s efforts to have an equitable procurement process, BPHC will consider and encourage Certified Unrepresentative Businesses Enterprises(CUBE) that includes; Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Disability-owned Business Enterprise (DOBE), Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE), Minority Non-Profit(MNPO), Women Non-Profit(WNPO), Minority Women Non-Profit(MWNPO) and local businesses to apply to this RFP.

II. RFP Timeline

May 22, 2024	RFP posted on The Boston Globe
May 22, 2024	RFP available online at BPHC RFPs and Bids Boston.gov 10:00 AM EST
May 31, 2024	RFP questions due via email by 5:00 PM EST Send questions via email to: RFR@bphc.org and BRAdmin@bphc.org Subject: Peer-based City Syringe Removal Team
June 5, 2024	Responses to questions available for viewing at BPHC RFPs and Bids Boston.gov by 5:00pm EST

June 20, 2024	<p>Proposals due via email by 5:00 PM EST</p> <p>Send proposals to: RFR@bphc.org and BRSadmin@bphc.org</p> <p>Subject: Email Subject: “[Organization Name] – Peer-based Syringe Removal Team - RFP Response”</p> <p>Applicants must also complete the submission form located on the RFP webpage.</p> <p>NO EXCEPTIONS TO THIS DEADLINE</p>
June 27, 2024	BPHC completes any optional interviews with agencies about their proposals.
June 28, 2024	<p>Notification of Decision: The desired date for notification of award to the vendor. This date may be extended without notice. The contract resulting from this RFP shall be in effect when all necessary documentation is fully executed by both parties.</p>
July 1, 2024	Anticipated start of contract term

III. Background

As a result of public drug use, items and used harm reduction supplies such as syringes may be improperly discarded. Boston Public Health Commission (BPHC) operates a mobile sharps team which responds to 311 requests to collect syringes, and also proactively sweeps sensitive locations like schools and parks in the City of Boston. BPHC provides kiosks for disposal of syringes. BPHC has also supported a Community Syringe Redemption Program (funded through June 30, 2024) which provides stipends to individuals who return syringes. Newmarket Business Improvement District runs the Back2Work program in partnership with BPHC, cleaning the neighborhood, removing syringes, and providing employment services to its team members. BPHC and the City of Boston are looking to further expand services through innovative models to address improperly discarded syringes and used harm reduction supplies, especially in priority areas.

BPHC recognizes the value of low-barrier work opportunities. PWUD face multiple [hurdles to employment](#), including the disruptive effect of substance use disorder, mandatory drug testing, and barriers related to criminal records. Income generated from low-barrier employment can help [stabilize the lives](#) of PWUD and provide a sense of purpose. Additionally, [47% of PWUD](#) from one study reported they would rather engage in low-barrier employment opportunities than activities deemed “disorderly.” Furthermore, these programs help develop vocational skills and feelings of self-efficacy. Research on low-barrier employment shows these opportunities [build social capital](#) that assists in initiating and sustaining recovery, and employment status [can predict completion of treatment](#). Programs supporting individuals in early recovery are relatively more available than programs supporting PWUD, meaning this latter population misses out on the benefits of job training and employment services. In [New York City](#),

harm reduction programs employ peers who then build feelings of accomplishment by serving their local community. Subsequently, the current RFP addresses a gap in low-barrier employment services for PWUD in Boston, building on programs the City has funded previously.

Additionally, [linking PWUD to care](#) and social services reduces the risk of overdose and supports individuals in stabilizing and improving their wellbeing. For example, linking individuals to medicine for opioid use disorder like [methadone and buprenorphine](#) decreases the likelihood of fatal overdose. Ensuring PWUD have naloxone and are trained in overdose rescue [helps prevent](#) fatal overdoses among peers. Offering services such as [housing, food, and transportation](#) to individuals with a history of prior overdose has been shown to reduce future overdoses. Enrollment in low-barrier shelter programs acts as a [bridge to more permanent housing](#), and has been shown to [increase access](#) to regular meals, improve quality of sleep, connection to others, and the ability to think about the future. The linkage to care model recommends [warm handoffs](#), where the referrer compassionately and collaboratively accompanies the patient in connecting with a service, rather than simply providing information about that service and leaving the patient to navigate the referral themselves.

IV. Scope of Service

The Bureau of Recovery Services is seeking a vendor who will operate a team or teams of PWUD who will identify and dispose of syringes and other used harm reduction supplies in high need areas of the City, including parks and playgrounds. The vendor will coordinate monetary compensation for the program participants, also ensuring that participants build job readiness skills to support this work. Lastly, the vendor will link individuals to care and social services, conducting warm handoffs.

Removing syringes and used harm reduction supplies: The vendor will manage a team or teams of peers who will remove syringes and other used harm reduction supplies through proactive sweeps of designated routes/parks/playgrounds in the city. This includes both [recruiting and training the peers](#), collaborating with BRS programs to engage prospective participants. The vendor will work with the City to identify priority areas (any requests will be outside the real-time 311 response addressed by the BPHC Mobile Sharps Team). Current priority areas include Roxbury/Nubian Square, South End, Upham's Corner, Mattapan, Downtown, and Andrew Square. To this end, the vendor may establish an internal management structure within the teams, where individuals elevate to supervisory roles and take on more responsibilities. [Peer-based programs](#) should track and tailor support to assist individual growth. Cleanup may also entail coordinating with the Department of Public Works or the BPHC BRS Mobile Sharps Team. The vendor must then dispose of the syringes using an appropriate biohazard service who also estimates the syringe quantity. BPHC expects the vendor to address barriers to participation among peers such as transportation or cellphone access, utilizing resources such as MBTA passes or [Assurance Wireless](#).

Providing monetary compensations: The vendor should also provide monetary compensation (not gift cards) to participants for their cleanup work (e.g., pay-per day). This includes tracking and ensuring any tax implications are explained and followed (e.g., 1099 forms).

Job training for PWUD: Develop job training and self-efficacy of participants to support removing syringes and used harm reduction supplies, incorporating biohazard cleaning protocol. Training should include topics identified by other [peer-based programs](#), such as overdose rescue and conflict resolution. Additionally, the vendor should support the participant in acquiring longer-term employment, a function achieved by activities such as providing on-the-job experiences, motivational interviewing, trainings or workshops, and/or assisting the participants in obtaining identification, writing resumes and applying for jobs, and/or learning budgeting and banking skills. Vendors can consider [guidance](#) around tracking individual growth and scaling responsibility according to participant stability, transitioning from looser day-by-day work to team supervisor opportunities ([peer participation and economic development models](#)).

Linkage to care and supports for PWUD: Conduct warm handoffs for program participants. Work with the City to identify the needs of the peers and also inventory partner agencies for referrals. The referrals should be made in collaboration with participants and should be non-coercive. All linkages should get tracked for later reporting. These linkages should include places like long-term employment, medicine for opioid use disorder and other treatments, harm reduction programs, low-barrier shelter, food, transport, primary care, mental health care and other services.

Include racial justice and health equity focus: In accordance with [BPHC's commitment](#) to racial justice and health equity, the vendor should actively seek to address disparities and mitigate biases within its programming. [From 2020-2022 combined](#), the average annual opioid overdose mortality rate for Black and Latinx residents was 66% and 31% higher than white residents, respectively. Given these populations have increased risk for overdose, the vendor should take extra measures to engage Black and Latinx individuals and support their participation and graduation from the program.

Evaluation and reporting: The vendor must collect data on metrics such as the following and will work with BPHC to finalize evaluation variables and processes.

- Number of syringes collected
- Number of people compensated
- Participant demographics
- Average daily compensation for participants
- Number of warm handoffs made, by service type
- Number and types of training supports provided to program participants
- Number of individuals who complete the program and acquire long-term employment or stability; "graduated"

The vendor will need to onboard to the BPHC data collection system, in order to track weekly syringe pickup. BPHC expects the vendor to also capture qualitative stories and summarize quantitative metrics, reporting back to the Commission at a quarterly cadence.

BPHC requires the vendor to submit to BPHC monthly reports and invoices by the 15th of the following month. Services will be reimbursed through a cost reimbursement contract.

V. Minimum Qualifications

A qualified vendor will demonstrate expertise in syringe handling, peer-based harm reduction, substance use treatment or recovery programs, and job training/employment services.

- Must follow bio-hazard removal protocols
- Lead staff will have knowledge of biohazard handling and removal, advanced experience with safely handling syringes, etc
- Demonstrated expertise in communicating with people who use drugs, community members, business owners, city employees, etc
- Demonstrated expertise in creating and implementing employment training and supports for PWUD
- Strong communication skills, time management, and skills in de-escalation

VI. Proposal Requirements

Proposal Page Limit: The proposal narrative should not exceed 10 pages. It should be single-spaced, 12-point Times New Roman font, and have one-inch margins. This page limit does not include cover page and requested attachments (i.e., workplan table, budget sheet and budget justification, and CVs of key staff). Please submit only one PDF document with all materials.

To be considered for funding, the proposal must include the following in this order (scored):

1. Organizational Experience: *How is your organization prepared to address the aims of the program?*

Provide a description of relevant organizational experience with similar programs, including organizational resources and external partnerships that you will leverage to implement this project, with a focus on how your organization meets the qualifications outlined above. Provide information about your organization's experience with providing services in the areas of substance use disorder, harm reduction, employment training, and/or racial equity. **No longer than 1 page**

2. Understanding of the Need: *What is your understanding of the need for this RFP regarding syringe pick up, low-barrier employment, and linkage to care for PWUD in the City of Boston?* Describe the specific and local needs and what gap that your proposed program model will meet. **No longer than 1 page**

3. Program Model: *What is the program model to meet the need? Please describe the specific components of your proposed low-barrier work program model to remove syringe and used harm reduction supplies improperly discarded in the city.* This section should include the following:

- Staffing model, including both program administration and peer staffing. Please explain the rationale for the chosen configuration
- Plan for recruiting peers for this type of work, including agency's policies around peers and substance use to ensure that abstinence is not a requirement in order to get or maintain a position
- Training plans, including orientation, and methods for tracking and supporting individual growth
- Plans for addressing barriers among peers, such as losing a cellphone or lack of transportation
- Safety protocols, for example, how will program participants be easily identifiable, such as uniforms or fluorescent vests; what are the plans for biohazard retrieval training? What is the

plan to connect peers to care if they receive a needlestick injury? How will the program handle adverse weather conditions like heavy rain, snow, or extreme heat? Participants will need a reliable way to report emergencies such as a dedicated phone line or SMS channel.

- Program management plan, including administration such as scheduling, timekeeping, paperwork etc., as well as supportive supervision like meeting with the peer to address progress and issues in the workplace. A plan for connecting peers to trauma supports must be included in the proposal. Include program policies for “graduating” and terminating participants.
- Description of how your organization will incorporate cultural competency in employing and supporting peers
- Compensation amount and model
- Operation hours and days, and total worker hours per week
- Proposed areas for cleaning in the City
- Expected number of program participants, at a given time and across the year
- Plans for supporting participants with employment pathways, and linking peers to harm reduction, substance use treatment, and medical services, etc

No longer than 4 pages

3. Program Monitoring and Evaluation: *What metrics will your program track to ensure it is achieving the outcomes of the program (see above for minimum metrics)? What are your expected outcomes for each of these metrics for the first year of the program?* Describe how you will gather this data in an ongoing way. How will you define program “graduation” and successful exit from the program? **No longer than 1 page**

4. Workplan: *What is the proposed timeline for each activity?* Provide a workplan addressing how you will establish the first cohort of program participants, indicating key activities, timelines, person(s) responsible for completing tasks, and measurable outcomes. **No longer than 2 pages**

5. Challenges and Solutions: *What are some of the anticipated challenges in implementing this proposal and how would they be resolved?* Describe the anticipated challenges and solutions. **No more than 1.5 pages**

6. Budget and Budget Justification: *What budget is needed to complete the program?* Please propose an annual budget with line-items including personnel, personnel fringe rate, supplies, equipment, consultant, subcontractor, other direct costs, and indirect costs. A budget justification must include a detailed description of the rationale for and actual cost of each budget line item. **There is no page limit to the budget spreadsheet and budget justification. Both the budget spreadsheet and the budget justification does not count toward the proposal page limit.**

Examples of Allowable Expenses. Just because an item is not listed here, does not mean it is not allowable: Recovery coach or community health worker training, or other capacity building opportunities, MBTA passes for transportation, vehicle costs related to transporting groups of peers, spare clothes for emergency situations, work gear such as boots and gloves, pincer/grabber tools for picking up syringes, rakes, shovels, traffic cones, biohazard bins, and trash bins and trash bags.

Un-allowable Expenses: naloxone and fentanyl test strips, because both are available for free through State programs.

Applicants should email any budget-related questions to RFR@bphc.org and BRAdmin@bphc.org.

Additional Requirements (not included in page limit):

7. Curriculum Vitae (CV): Please submit the CV of each of the proposed **lead staff members/consultants** participating in scope of service.

8. Letters of Support: One letter of support from a biohazard company who can handle the disposal of collected syringes and provide estimates of the numbers collected (Required). One letter of support from a harm reduction agency (Required). Other letters of support from agencies who will act as partners for referrals (Preferred).

9. Certified Underrepresented Business Enterprises Certification (if applicable): CUBE Vendors must submit a copy of verification along with the proposal.

VII. Period of Performance and Funding

Period of Performance. The anticipated start date of services shall be July 1, 2024. The period of performance for this program is July 1, 2024 to June 30, 2025.

This contract is for the period listed above. BPHC may choose to extend the contract, contingent on funding, BPHC's approval of the future project budget, and both organizations mutually agreeing on a scope. BPHC retains the right to cease funding or terminate the contract at BPHC's discretion at any time. Future years will align with the scope described in this RFP, with understanding that the focus population and strategies may be modified depending on need.

Total Budget: Up to **\$750,000 per year**

Selected vendor will be required to enter into the BPHC's standard contract and complete required forms (this includes a CORI) prior to the start day of the contract. The contract(s) resulting from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC.

Services will be required on an as-needed basis. BPHC does not guarantee the amount of services to be performed. BPHC may extend the period of performance past the end of June 30, 2025. The availability of funds and need for further work will determine the possibility of an extension.

VIII. Proposal Scoring

Proposal Section	Points
Organizational Experience	10
Understanding of the Need	10

Program Model	40
Monitoring & Evaluation Plan	10
Workplan	20
Challenges and Solutions	15
Budget and Budget Justification	20
Total Points	125

IX. Submission Instructions

Note: Any risks associated with the electronic transmission of responses to this Request for Proposals is assumed by the vendor.

Proposals must be received no later than 5:00 PM on June 20, 2024.

Qualified applicants should compile all required documents into **one** PDF file and email it to: RFR@bphc.org and BRAdmin@bphc.org. Applicants must also complete the submission form located on the RFP webpage on the [BPHC RFPs and Bids | Boston.gov](#) website.

The subject line must contain: “[**Organization Name**] – Peer-based Syringe Removal Team – RFP Response”

No extensions will be granted.