

Agency of Human Services Department of Health 280 State Drive Waterbury, VT 05671-8340

SEALED BID REQUEST FOR INFORMATION

Harm Reduction Dispensing/Vending Machines

ISSUE DATE February 11, 2024

QUESTIONS DUE February 22, 2024 – 2:00 PM (EST)

RFI RESPONSES DUE BY March 1, 2024 – 4:30 PM (EST)

PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND ADDENDUMS ASSOCIATED WITH THIS RFI WILL BE POSTED AT:

https://www.vermontbusinessregistry.com/

THE STATE WILL MAKE NO ATTEMPT TO CONTACT INTERESTED PARTIES WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH BIDDER TO PERIODICALLY CHECK THE ABOVE WEBPAGE FOR ANY AND ALL NOTIFICATIONS, RELEASES AND ADDENDUMS ASSOCIATED WITH THIS RFI.

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1. PURPOSE

This Request for Information (RFI) is issued for the Health Department to gather input and obtain information and cost estimates in proceeding with proposals to support expanding low-barrier access to overdose prevention and harm reduction supplies. This RFI will also help to understand what machines and devices are currently available to expand public distribution or dispensing of opioid overdose reversal medications and other harm reduction supplies in communities across Vermont.

The Health Department intends to evaluate the submissions by respondents to explore how they would meet the needs and understand the cost associated with proposed solutions. The Health Department shall not be held liable for any costs incurred by the vendors in the preparation of their submission or for any work performed prior to contract issuance.

1.1 LIABILITY

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit the State to contract for any materials or service whatsoever. Further, the State is not at this time seeking proposals and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If an RFP is released, it will be posted on the bid opportunities web site: https://www.vermontbusinessregistry.com/. It is the responsibility of the potential offerors to monitor this site for additional information.

SINGLE POINT OF CONTACT: All communications concerning this RFI are to be addressed in writing to the State Contact listed on the front page of this RFI. Actual or attempted contact with any other individual from the State concerning this RFI is strictly prohibited and may result in disqualification.

1.2 CONFIDENTIALITY

The Health Department retains the right to promote transparency and to place this RFI into the public domain, and to make a copy of the RFI available as a provision of the Vermont access to public records laws. Please do not include any information in your RFI response that is confidential or proprietary, as the Health Department assumes no responsibility for excluding information in response to records requests. Any request for information made by a third party will be examined in light of the exemptions provided in the Vermont access to public records laws.

The solicitation of this RFI does not commit the Health Department or the State of Vermont to award a contract. This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.

2 BACKGROUND INFORMATION

Public health vending machines (PHVM) are an emerging strategy to support low-barrier access to naloxone, sterile syringes, and other harm reduction and wellness supplies. As an established syringe distribution strategy in Europe, Canada, and Australia, PHVMs increase access to sterile injection equipment, increase access to other harm reduction supplies among networks of people who use drugs (PWUD). In the United States, PHVMs have becoming increasingly common as a way to increase access to harm reduction supplies within communities across the US. In 2023, Vermont Department of Health received funds to work with communities' partners and other state agencies to pilot the purchase/lease and installation of PHVMs to deliver overdose prevention and harm reduction supplies.

For this PHVM initiative, low-barrier access means free supplies, easily understandable messaging, and instructions in multiple languages. PHVMs will be placed in locations with expanded or offer 24-hour access, both indoor and outdoor settings. Priority populations include people who may not be currently connected to harm reduction services, potentially because of stigma associated with these services, barrier to access, communities disproportionately burdened by opioid overdose, including rural communities, Black and Latinx communities, LGBTQ+ individuals, people who engage in sex

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work, neighborhoods with a very high poverty level, and people who are most likely to witness or experience an overdose.

3 RFI DESCRIPTION

The State is seeking information to gain an understanding of what products and services are available to expand public distribution of opioid overdose reversal medications and other harm reduction supplies in communities across Vermont. This Request for Information (RFI) includes two sections: Opioid Overdose Reversal Medication and Harm Reduction Supply Vending Machines and Non-Vending Machine Dispensing Devices. Companies responding to this RFI do not need to respond to both sections.

Requested Information to be provided by the companies providing the associated products.

The RFI has 4 key objectives:

- 1. Solicit respondent information to develop a comprehensive list of commercially available, for purchase and/or rental/leasing harm reduction supply dispensing machines/containers, including non-powered/non-technical and electronic products;
- 2. Solicit respondent information to assist the State in understanding the cost associated with harm reduction supply dispensing machines/containers and any necessary ongoing maintenance;
- 3. Provide prospective respondents with information regarding the business need; and
- 4. Solicit respondent information to assist the State in determining if identified requirements can be met in a cost effective manner.

The State is seeking feedback on the information in this RFI and will consider any information, including partial responses, received in response to this RFI. If the State moves forward in the development of an RFP, the RFP process will be open to all respondents regardless of their decision to participate in this RFI.

The State envisions that the solution will support the following high-level goals:

- Support low-barrier access to overdose prevention and harm reduction supplies;
- Increase overdose prevention and harm reduction resources in publicly available locations; and
- Provide easily identifiable or otherwise branded machines/containers for overdose prevention and harm reduction supplies.

4 CURRENT STATE

Currently the Department of Health collaborates with 250 community organizations to provide face-to-face interactions with community members to distribute harm reduction materials including, but not limited to drug testing strips, overdose prevention education and naloxone. There is at least one non-profit operated harm reduction vending machine operating in rural Vermont, not run by the State.

5 STATEMENT OF WORK

ANTICIPATED REQUIREMENTS

The purpose of this RFI is to determine if there are solutions capable of meeting the State's anticipated requirements and to determine alternatives for meeting those requirements that are consistent with the overall vision for the Health Department and the State.

6 REQUESTED INFORMATION

Each submission prepared in response to this RFI must include the elements listed below, in the order indicated. The vendor, when presenting the response, must use the following outline:

- Cover Page (6.1)
- Vendor Information (6.2)
- Cost Estimates (6.3)

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Revised: July 28, 2022

- Inquiry Table Response (6.4)
- Photos of Machines/Devices (6.5)
- Additional Materials (6.6)

6.1 COVER PAGE

The first page of the vendor's RFI Response must be a cover page displaying at least the following:

- Response of RFI Title
- Vendor's Name
- Contact Person
- Telephone Number
- Address
- Fax Number
- Email Address

All subsequent pages of the RFI Response must be numbered.

6.2 VENDOR INFORMATION

Companies responding to this RFI are encouraged to provide information demonstrating experience working with governmental, or non-profit organizations in the area of harm reduction supply including, but not limited to public health naloxone vending machines.

6.3 COST ESTIMATES

We are asking for a total cost estimate (low and high estimates) comprised of software, hardware, and necessary implementation services. We understand that the cost figures provided are for planning purposes only and will not be binding in any way.

COST ESTIMATE TABLE

Item	General Requirements Description	All-Inclusive	All-Inclusive	Ongoing
		Purchase	Purchase	Maintenance/Licensing
		Cost	Cost	Fees
		(per item)	(bulk pricing)	(monthly/annual)
1				
2				
3				
4				
5				

6.4 INQUIRY TABLE RESPONSE

Opioid Overdose Reversal Medication and Harm Reduction Supply Machines Inquiry tables

Vending Machines Dispensing Devices

The first section is to understand what kind of "vending machines" are available to dispense opioid overdose reversal medications and other harm reduction supplies in public settings.

Inventory and Usage Reports			
La acción :	Van (Na (Duavida Attackusanta	December Memorine	
<u>Inquiry</u>	Yes / No (Provide Attachments	<u>Description Narrative</u>	
	As Needed)		
Do your machines have automated item			
access via card swipe/scanning or other			
access technology that identifies users and			
allows access?			
allows access:			
Do your machines report usage and			
summaries of on hand inventory?			
•			
Do your machines report usage by item and			
user name or ID?			
Describe how your machines report usage			
and inventory summaries.			
D			
Describe any real time inventory reporting and			
summaries available via the internet or			
company portal.			
Describe or provide as an attachment an			
•			
example of your company's standard			
implementation documentation.			
Pricing Structure	and Other Associated Costs		
Inquiny	Yes / No (Provide Attachments	Description Narrative	
<u>Inquiry</u>	As Needed)	<u>Description Narrative</u>	
	As Needed)		
Describe any minimum or mandatory			
purchase volumes of machines.			
F			
What is your cost structure?			
Physical and Network Requirements			
<u>Inquiry</u>	Yes / No (Provide Attachments	<u>Description Narrative</u>	
	As Needed)		
Describe any required network connections or		1	
technology needed for the full functionality of			
toormology mooded for the fall falletionality of			
vour machines			
your machines.			
your machines. Describe or provide as an attachment an			
Describe or provide as an attachment an			
Describe or provide as an attachment an example of your company's standard			
Describe or provide as an attachment an			
Describe or provide as an attachment an example of your company's standard			
Describe or provide as an attachment an example of your company's standard implementation documentation.			

Is there a (physical) space requirement for a		
stand-alone vending machine? If so, describe		
<u> </u>		
those space requirements.		
What are the machine's (electrical) power and		
communication requirements?		
Servicino	g and Maintenance	
00.7.0	y and mames and	
Inquiry	Yes / No (Provide Attachments	Description Narrative
<u>mqumy</u>	I	<u> Description Ivanative</u>
	<u>As Needed)</u>	
D (6 /) 17 / /)		
Do you offer/ provide IT support/service for		
machines 24/7?		
Describe any machine leasing, maintenance,		
service, warranty or other agreements that		
•		
are available through your company.		
Machir	ne(s) Description	
Machir	ne(s) Description	
	• •	Description Narrative
Machir <u>Inquiry</u>	Yes / No (Provide Attachments	Description Narrative
	• •	Description Narrative
<u>Inquiry</u>	Yes / No (Provide Attachments	<u>Description Narrative</u>
Inquiry What kind of temperature/environmental	Yes / No (Provide Attachments	Description Narrative
<u>Inquiry</u>	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any?	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental	Yes / No (Provide Attachments	<u>Description Narrative</u>
Inquiry What kind of temperature/environmental regulation is available, if any?	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers?	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your	Yes / No (Provide Attachments	<u>Description Narrative</u>
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid	Yes / No (Provide Attachments	<u>Description Narrative</u>
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your machine?	Yes / No (Provide Attachments	<u>Description Narrative</u>
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your machine? Provide a picture of your machine(s).	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your machine?	Yes / No (Provide Attachments	Description Narrative
Inquiry What kind of temperature/environmental regulation is available, if any? Do you offer/allow customize branding on the outside of the containers? Describe the quantity or quantities of opioid reversal medication you can include in your machine? Provide a picture of your machine(s).	Yes / No (Provide Attachments	Description Narrative

Non-Vending Machines Dispensing Devices

The second category is to understand what kind of dispensing devices are available that are 'low tech' for dispensing harm reduction supplies. These devices may include but are not limited to the following examples: newsstand style containers, large volume dispensing storage units or chests, and mailbox style, etc.

Inventory and Usage Reports			
<u>Inquiry</u>	Yes / No (Provide Attachments As Needed)	<u>Description Narrative</u>	
Do your devices have automated item access via card swipe/scanning or other access technology that identifies users and allows access?			
Do your devices report usage and summaries of on hand inventory?			
Do your devices report usage by item and user name or ID?			
If applicable, describe how your devices report usage and inventory summaries.			
Pricing Structure and Other Associated Costs			
<u>Inquiry</u>	Yes / No (Provide Attachments As Needed)	<u>Description Narrative</u>	
Describe any minimum or mandatory purchase volumes of devices.			
What is your cost structure? (cost estimate table is available below)			
Physical and Network Requirements			
<u>Inquiry</u>	Yes / No (Provide Attachments As Needed)	Description Narrative	
Describe any required network connections or technology needed for the full functionality of your device(s).			
Describe or provide as an attachment an example of your company's standard implementation documentation.			
Do your devices allow for indoor or outdoor installation?			

Describe how the device(s) can be placed.		
For example, how it is mounted to a wall or		
otherwise secured in place or is it free-		
standing?		
otanding:		
What are the device's electrical		
requirements?		
. oquiloniono		
Servicir	ng and Maintenance	
Inquiry	Yes / No (Provide Attachments	Description Narrative
<u></u>	As Needed)	<u>=</u>
	<u>As Neededy</u>	
Describe material warrantees and how to		
order replacement parts if container breaks		
without use.		
miliout dos.		
D.	des Bassadattes	
Dev	vice Description	
<u>Inquiry</u>	Yes / No (Provide Attachments	Description Narrative
	As Needed)	
	<u> </u>	
What kind of temperature regulation is		
available, if any?		
, ,		
Do you offer/allow customized branding on		
the outside of the device(s)?		
()		
Describe the quantity or quantities of opioid		
reversal medication you can include in your		
device(s)?		
acriss(e).		
Provide a picture of your device(s).		
Provide the measurement of your device(s),		
both external measurements and the		
measurements for inside the container to		
indicate the amount that can be filled.		

6.5 PHOTOS

Please include pictures of the machines/devices described in your response.

6.6 ADDITIONAL MATERIALS

Please provide any other materials, suggestions, cost, and discussion you deem appropriate.

7. EXPLANATION OF EVENTS

1. Issuance of RFI

This RFI is being issued by the Health Department. Additional copies of the RFI can be obtained from the Vermont Division of Substance Use Programs' web site https://www.healthvermont.gov/alcohol-drugs/grants-contracts/requests-proposals-information-and-applications or directly from the point of contact on the front page of this RFI.

2. Question and Answer Period

Any vendor requiring clarification of any section of this RFI or wishing to comment on any requirement of the RFI must submit specific questions in writing no later than the deadline for question indicated on the first page of this RFI. Questions may be e-mailed to the point of contact on the front page of this RFI. Questions or comments not raised in writing on or before the last day of the question period are thereafter waived. At the close of the question period a copy of all questions or comments and the State's responses will be posted on the State's web site https://www.vermontbusinessregistry.com/. Every effort will be made to post this information as soon as possible after the question period ends, contingent on the number and complexity of the questions.

3. Changes to this RFI

Any modifications to this RFI will be made in writing by the State through the issuance of an Addendum to this RFI and posted online at https://www.vermontbusinessregistry.com/. Verbal instructions or written instructions from any other source are not to be considered.

4. Submission of Responses

4.1 RESPONSES DELIVERY INSTRUCTIONS:

4.1.1 E-MAIL RESPONSES. Only emailed responses will be accepted.

5. Review and Evaluation of Responses

The review and evaluation of responses to the RFI will be performed by Health Department and their designees. The evaluation process will take place the week following the response due date. During this time, the RFI Manager or other Health Department representatives may, at their option, initiate discussion with respondents for the purpose of clarifying aspects of their responses.

6. Vendor Demonstration of Their Product

Vendors chosen from the review process may be called on to demonstrate their products and/or service offering. These selected vendors will make arrangements with Health Department to demonstrate their products and/or service offering. The Health Department shall not be liable for any costs incurred by the vendor in preparation of its demonstration. All costs occurred are the vendor's sole responsibility. All demonstrations are for planning purposes only and do not constitute a legal bid.

7. Vendor Product Test Trial

Certain Vendor products and/or service offering may be selected after review process to be trialed by Health Department, if this is an option allowable by the vendor. The test trial can last up to 90 days. Up to 2 vendors products selected will be involved with the test trial. The Health Department staff will provide feedback to the RFI Manager. The selection of vendor products for a test trial does not commit the Health Department or the State of Vermont to award a contract. This test trial is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI / test trial participation. All costs occurred are the vendor's sole responsibility. All product test trials are for planning purposes only and do not constitute a legal bid.

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