

**California Department of Public Health  
Prescription Drug Overdose Prevention Program**

**REQUEST FOR APPLICATIONS (RFA):  
Local Coalitions to Address Opioid Misuse and Abuse**

**A. Introduction**

In accordance with its mission to protect the health of all Californians and pursuant to Health and Safety Code Sections 131085 and 104325-104330, the California Department of Public Health (CDPH) maintains programs to prevent and control accidental injuries. The Centers for Disease Control and Prevention (CDC) has awarded Grant #6NU17CE002747-02-01 to CDPH as part of the Director's Prescription Drug Overdose Prevention Initiative aimed at reducing rates of prescription drug abuse, misuse, and overdose -- a significant public health issue in California.

**B. Purpose and Focus**

The overall purpose of this funding will be to reduce the number of opioid overdose incidents, deaths, and unsafe opioid prescriptions in targeted counties/jurisdictions in California. To accomplish this, CDPH, Safe and Active Communities Branch (SACB), intends to fund coalitions that will focus on several core program elements:

- Safe opioid prescribing and naloxone co-prescribing;
- Communications and media messaging;
- Health care policy development and adoption;
- Increased access to medication assisted treatment;
- Safe disposal and storage of prescription medication; and,
- Data analysis and reporting.

**C. Background**

With the dramatic rise in opioid misuse, abuse and overdose in California, there has been a multi-faceted statewide response involving many partners and a variety of strategies. This comprehensive approach has been a key factor in addressing the negative impact opioid misuse and abuse has on individuals, families and communities. Data demonstrating the severity of the problem is substantial and can be found at the California Opioid Overdose Surveillance Dashboard:

[https://pdop.shinyapps.io/ODdash\\_v1/](https://pdop.shinyapps.io/ODdash_v1/)

A major leader and partner in the ongoing opioid collaboration work is the California Health Care Foundation (CHCF). Over the past year, CHCF has funded 17 community-based coalitions, working in 24 counties within California. These coalitions have conducted a range of activities, including promotion of safe prescribing, naloxone

usage, and medication assisted treatment; outreach and education; development of health care policy and guidelines; training; communication planning; and, data collection. It is the intent of CDPH (with funding from CDC Federal Grant #6NU17CE002747-02-01; CFDA 93.136) to provide Grant funding to 8-10 existing or newly formed coalitions.

**D. Funding Amount and Non-Responsiveness**

A total of \$525,000 is available to fund 8-10 coalitions from June 1, 2017 through February 28, 2019 (21 months), at a maximum amount of \$52,500 each. The amount awarded each applicant will be dependent on scoring for identified qualifications, as outlined in the Agency Capacity Section G. All grant awards are contingent on the annual allocation of funding that CDPH receives from CDC.

An application will be considered non-responsive if an applicant:

- Does not meet bid format/content or submission requirements.
- Submits false, inaccurate, or misleading information.
- Is unwilling or unable to comply with the agreement terms, conditions and/or exhibits cited in this RFA and/or the resulting agreement.
- Is aligned with other irregularities not specifically addressed herein the applicant places any conditions on performance of the scope of work, submits a counter offer, etc.). Any deviation from the specifications may be cause for rejection of the application.

**E. Funding Restrictions**

These funds may **not** be used for:

- Treatment of substance use disorder (including Medication Assisted Treatment)
- Enforcement of laws pertaining to illicit opioid activities
- Funding for-profit agencies or entities
- Equipment purchase of any kind
- The purchase of any naloxone product
- The disposal of prescription medications (medicine take back events or equipment)

**F. Applicant Eligibility**

All applicants must be from not-for-profit organizations, including local government agencies (such as health departments) and community-based agencies and clinics. Proof of 501(c)3 status is required.

To provide proof of 501(c)3 status or identification as a government agency, please submit an IRS Determination Letter with your application.

Preference will be given to:

1. agencies serving California's high burden areas for opioid misuse, abuse and overdose (refer to Attachment A for a summary of the identified high burden counties); and,
2. agencies currently operating local opioid coalitions.

**G. Agency Capacity**

To ensure that deliverables are met within the funding timeframe (by February 28, 2019), agencies must begin implementing program activities after a 2-3 month planning and start-up period, beginning from the date of grant agreement execution.

Applicants will be scored on their agency capacity as follows:

- Demonstrated partnerships with local and state agencies addressing opioid misuse issues;
- Demonstrated ability to form, manage and nurture local coalitions, especially as related to opioid misuse and abuse;
- Demonstrated ability to reach the target populations, such as prescribers, patients, pharmacists and the general public;
- Demonstrated ability to track and utilize data in problem identification and program planning;
- Demonstrated administrative capacity to implement the grant, including fiscal responsibility, invoicing, staffing and reporting; and,
- Demonstrated accomplishments working on opioid abuse prevention.

**H. Timeline/Due Dates**

Intent to Award Release	December 20, 2016
Informational Webinar	January 12, 2017 2:30 – 3:30 pm
Letter of Intent Due to CDPH (optional)	January 20, 2017
<b>Applications Due to CDPH</b>	<b>February 10, 2017</b>
Award Announcements	February 24, 2017
Letter of Appeal Due to CDPH	March 3, 2017
Contract Negotiations	March – April 2017
Grant Effective Start Date	June 1, 2017

I. Letter of Intent to CDPH

While it is not required, CDPH highly encourages that a Letter of Intent be sent to CDPH by **January 20, 2017**, stating that the agency intends to apply. The letter should be on agency letterhead, include the name of the coalition, and the county or counties to be covered under the application. This letter is not mandatory and is non-binding if the applicant chooses not to apply.

Letters of Intent may be sent electronically to **PDOP@cdph.ca.gov**.

J. Application Submission Instructions

1. Format

Applications are to be in 12 pt. Arial font, with 1-inch margins, single spaced. Please use the provided forms and adhere to stated page limits.

2. Cover Page/Contact Information

Complete the Cover Page (Attachment B). The form requests essential contact and other information regarding the applicant agency.

3. Narrative

The Narrative section of this application should not exceed **5 pages**. Please respond to items 1-5 by citing local data and describing agency and/or coalition experience with these issues.

- a. Describe the extent of the problem of opioid misuse, abuse, and overdose within the applicant's jurisdiction. Provide data on overdose deaths, emergency department visits, and any known opioid prescribing practices and rates, or other information that illustrates the opioid problem within the jurisdiction.
- b. Explain how the jurisdiction has responded to the opioid crisis, including prescribing guideline development, buprenorphine and naloxone use, healthcare policy adoption, academic detailing efforts, community outreach, or other applicable interventions.
- c. Describe the applicant's capability and experience with:
  1. identifying and building partnerships related to opioid abuse issues;
  2. coalition development, facilitation, and maintenance;
  3. reaching populations at risk for opioid misuse and abuse; and,
  4. utilizing data to address problems and demonstrate program progress.

- d. Describe the applicant's capacity to:
1. implement program activities with minimal planning and start-up time;
  2. execute a government contract;
  3. submit timely invoices;
  4. accomplish Scope of Work deliverables;
  5. track and report on program progress;
  6. submit progress report documentation; and,
  7. sustain grant activities beyond the funding period.
- e. Identify other funding sources currently being utilized to focus on addressing the opioid abuse issue. List the funding source, brief summary of activities funded, and the funding term.

4. Scope of Work

A Scope of Work (SOW) template has been provided in Attachment C. Each applicant will submit a SOW that combines two (2) required objectives/activities (pre-populated in the SOW, Attachments D1-D2), in conjunction with a minimum of three (3) additional objectives/activities chosen by the applicant. The required objectives, labeled #1 and #2, address coalition functioning and program reporting.

A list of potential additional activities follows, however, an applicant may also submit SOW activities that fall outside of this list, if the activity is relevant to the opioid misuse and abuse issue (excluding the funding restrictions listed on page 2 of this RFA). The final selection and approval of SOW activities will be part of the contract negotiation process between CDPH and the awardee.

**Potential Additional Activities for SOW Inclusion:**

**Safe Prescribing**

- Develop and adopt safe prescribing guidelines for local hospitals, Emergency Departments (ED), or physician and healthcare groups utilizing both the CDC and Medical Board of California guidelines.
- Implement academic detailing (AD) visits with physicians and pharmacists, especially if higher opioid prescribing behavior is suspected or known. *An AD curriculum developed by the San Francisco Department of Public Health should be used for any planned AD visits.*

- Research and promote the availability of local alternate therapy options (physical therapy, chiropractic, acupuncture, etc.) to local health care insurers and prescribing physicians.

#### Medication Assisted Treatment (MAT)

- Ensure that the MAT community, such as harm reduction services, is represented on the coalition.
- Provide general education to the medical community on the benefits of Buprenorphine.
- Promote training programs on buprenorphine use with physicians and physician groups, hospitals, and ED's.
- Increase the number of x-waiver licensed physicians within the jurisdiction.

#### Naloxone Access

- Ensure that local syringe exchange programs are represented on the coalition, if applicable.
- Implement a standing order within the jurisdiction for increasing naloxone access and distribution, if none currently exists.
- Increase the number and/or capacity of naloxone distribution sites through enhanced community acceptance and program buy-in.

#### Public Education and Media Outreach

- Develop a jurisdictional communication plan and/or strategy.
- Implement CDC and CDPH-sponsored media campaign activities (future information and guidance will be provided on these interventions).
- Conduct community-based outreach to expand CDC and CDPH messaging, focusing primarily on patients and the public.

#### Data

- Utilize the CDPH Data Dashboard to monitor and target jurisdictional problems and progress.
- Work with partners to establish and obtain local data sources to further enhance surveillance.

#### Advanced Coalition Outreach

- Conduct outreach to policymakers regarding safe prescribing practices and the benefits of naloxone, MAT and related opioid issues.
- Provide ongoing opioid related educational opportunities for coalition members.

5. Budget Template

Attachment E1 contains the Budget Template Sample, which includes categorical and line item descriptions (the costs identified in the template are examples only). Use Exhibit B for developing the budget. Complete all sections of the budget according to Exhibit B content, estimating costs and personnel/positions according to the applicants operating needs.

6. Letters of Recommendation

A minimum of two Letters of Recommendation are required. For those agencies currently receiving CHCF funding, include one letter from a CHCF staff or mentor. Additional letters could include the Local Health Department, local health care agency, local law enforcement, community-based organizations, or other partners. These letters should specifically address the ability of the applicant to implement the activities as proposed in the application.

7. Submission

All applications are **due by 11:59 p.m. on Friday, February 10, 2017.**

Applications should be submitted electronically to **PDOP@cdph.ca.gov.**

Applications received after this time will not be accepted.

8. Application Review Process

The application review process will be conducted by SACB staff. Each application will be scored using the point categories listed below. Applications will receive a score of up to 100 points, based upon how thoroughly each RFA component is addressed. The applications with the highest scores will be considered for funding.

<u>Component</u>	<u>Maximum Points</u>
Application Completeness	10
Agency Capacity	25
Narrative Description	20
Scope of Work	20
Budget	15
Letters of Recommendation	10
<b>Total Points</b>	<b>100</b>

9. Grant Award Appeal Procedures

An applicant who has submitted an application and was not funded may file an appeal with CDPH/SACB. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:

- a. CDPH/SACB failed to correctly apply the application review process, the format requirements, or evaluating the applications as specified in the RFA.
- b. CDPH/SACB failed to follow the methods for evaluating and scoring the applications as specified in the RFA.
- c. Appeals must be sent by email to [PDOP@cdph.ca.gov](mailto:PDOP@cdph.ca.gov) and received by March 3, 2017. The Branch Chief of SACB, or her designee, will decide based on the written appeal letter. The decision of the Chief of SACB, or her designee, shall be the final remedy. Appellants will be notified by e-mail within 15 days of the consideration of the written appeal letter. CDPH/SACB reserves the right to withdraw, or respond to the satisfaction of CDPH/SACB.



## ATTACHMENT A

2014 Prescription Opioid Overdose Deaths					
Rank	County	Age-Adjusted Rate	Rank	County	Age-Adjusted Rate
1	Lake	25.39	30	Kings	3.32
2	Mariposa	22.65	31	Sutter	3.22
3	Plumas	20.52	32	Imperial	3.14
4	Humboldt	16.38	33	Nevada	3.07
5	Modoc	14.20	34	Riverside	3.05
6	Lassen	13.34	35	Napa	2.96
7	Mendocino	12.75	36	El Dorado	2.94
8	Amador	12.66	37	Sacramento	2.84
9	Shasta	11.26	38	San Benito	2.78
10	Glenn	11.17	39	Monterey	2.77
11	Tuolumne	10.38	40	Yolo	2.72
12	San Joaquin	8.92	41	Santa Barbara	2.72
13	Santa Cruz	8.53	42	Stanislaus	2.45
14	Fresno	7.29	43	Santa Clara	2.32
15	San Francisco	6.97	44	Alameda	2.21
16	Madera	6.77	45	Los Angeles	1.96
17	Siskiyou	6.63	46	San Mateo	1.87
18	Butte	5.79	47	Calaveras	1.76
19	Orange	5.78	48	Tulare	1.65
20	Kern	4.96	49	San Bernardino	1.64
21	Ventura	4.77	50	Yuba	1.08
22	Sonoma	4.68	51	Placer	1.08
23	Solano	4.55	52	Marin	0.79
24	Merced	4.42	53	Alpine	0.00
25	San Diego	4.32	54	Colusa	0.00
26	Del Norte	4.27	55	Inyo	0.00
27	Trinity	3.89	56	Mono	0.00
28	San Luis Obispo	3.47	57	Sierra	0.00
29	Contra Costa	3.38	58	Tehama	0.00

Note: California age-adjusted rate is 3.52

Source: CDPH VRFAI Statistics Multiple Cause of Death Files

Prepared by: California Department of Public Health - Safe and Active Communities Branch.

**ATTACHMENT B**

**California Department of Public Health  
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**REQUEST FOR APPLICATIONS:  
Local Coalitions to Address Opioid Misuse and Abuse**

**COVER PAGE**

**Agency Name:**

**Program Contact Person Name and Title:**

**Address:**

**Phone:**

**Email:**

**Coalition Name:**

**Applicant Jurisdiction - County or Counties Covered Under Coalition:**

**Website (if applicable):**

**Person authorized to sign agreement with CDPH:**

**Title:**

**Address (if different from above):**

**Phone:**

**Email:**

**Total Amount Requested:**

**ATTACHMENT C****SCOPE OF WORK TEMPLATE SAMPLE****Insert Agency Name**

**Exhibit A  
Scope of Work  
June 1, 2017 – February 28, 2019**

**Objective #\_\_\_: By February 28, 2019, insert SMART objective here. (SMART: Specific, Measurable, Achievable, Realistic, Time-specific).**

<b>Activities</b>	<b>Person(s) Responsible</b>	<b>Timeline</b>	<b>Deliverables</b>
A. In this column, list the various activities related to the objective. Please provide adequate detail to describe steps and actions, responsible parties, and expected outcomes.	List the position(s) responsible for completing the task. This should align with the positions identified in the budget.	Identify start/end dates in this column, such as:  6/2017-11/2018	Identify the deliverables that will document progress, such as collected data, agendas, educational materials, etc.
B. Progressive activities/steps		Dates	Deliverables
C. Progressive activities/steps		Dates	Deliverables

**ATTACHMENT D (1)****Insert Agency Name**

**Exhibit A  
Scope of Work  
June 1, 2017 – February 28, 2019**

**REQUIRED OBJECTIVE #1**

**Objective #1: By February 28, 2019, \_\_\_\_\_ (agency name) will conduct activities to maintain the \_\_\_\_\_ (coalition name) opioid safety coalition.**

<b>Activities</b>	<b>Person(s) Responsible</b>	<b>Timeline</b>	<b>Deliverables</b>
A. Increase the number and type of partners engaged as coalition members.	Program Coordinator (or other relevant position)	6/2017 – 12/2018	Coalition membership list
B. Convene at least 3 coalition steering committee meetings or calls per calendar year.	Program Coordinator (or other relevant position)	6/2017 – 2/2019	Agendas, sign-in sheets, meeting notes
C. Convene at least 2 topic/discipline-specific workgroup or subcommittee meetings or calls per calendar year.	Program Coordinator (or other relevant position)	6/2017 – 2/2019	Agendas, sign-in sheets, meeting notes

Activities	Person(s) Responsible	Timeline	Deliverables
D. Convene one stakeholder meeting and attend one CDPH-sponsored convening per year in Sacramento. Include coalition members and other community representatives involved in reducing opioid abuse.	Program Coordinator (or other relevant position)	6/2017 – 2/2019	Agenda
E. Establish, maintain and update the coalition website, or other appropriate communication channels.	Program Coordinator (or other relevant position)	6/2017 – 2/2019	Web page

**ATTACHMENT D (2)****Insert Agency Name**

**Exhibit A  
Scope of Work  
June 1, 2017 – February 28, 2019**

**REQUIRED OBJECTIVE #2**

**Objective #2: By February 28, 2019, \_\_\_\_\_ (agency name) will submit 3 progress reports and 1 final report to CDPH, summarizing progress, accomplishments, data results, and deliverables.**

<b>Activities</b>	<b>Person(s) Responsible</b>	<b>Timeline</b>	<b>Deliverables</b>
A. Track activities and deliverables regularly for submission of 3 progress reports, and 1 final report. Maintain relevant collateral materials and other back-up documentation as necessary.	Program Coordinator (or other relevant position)	6/2017- 2/2019	Progress report summaries and project deliverables as identified in the SOW.
B. Submit semi-annual progress reports to CDPH, using a CDPH required reporting template. Reports will include: 1) summary of overall accomplishments and challenges; 2) stated progress on each objective; 3) current data results reflective of SOW deliverables; 4) associated collateral materials; and, 5) additional information as requested by CDPH.	Program Coordinator (or other relevant position)	11/2017 05/2018 11/2018 02/2019 Final	Completed Progress Report

Activities	Person(s) Responsible	Timeline	Deliverables
C. Submit the CDPH MAT and Naloxone Community Tracking Tool electronically once per quarter.	Program Coordinator (or other relevant position)	7/2017 – 12/2018	Completed and submitted Tracking Tool

**Exhibit B Attachment I**  
**Budget 06/01/17 - 02/28/19**

			Year (1) 06/01/17 - 08/31/17			Year (2) 09/01/17 - 08/31/18			Year (3) 09/01/18 - 02/28/19			
Personnel		Annual Salary										
Position Title	SOW Reference	Range	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	
Project Coordinator	1, 2	\$60,000.00	0.10	\$15,000	\$1,500	0.10	\$60,000	\$6,000	0.10	\$30,000	\$3,000	\$10,500
Health Education Consultant	1, 2	\$42,000.00	0.20	\$10,500	\$2,100	0.20	\$42,000	\$8,400	0.20	\$21,000	\$4,200	\$14,700
Total Salaries and Wages					\$3,600			\$14,400			\$7,200	\$25,200
Fringe Benefits				Percentage		Percentage			Percentage			
Fringe Benefits				50%		50%		\$7,200	50%		\$3,600	\$12,600
Total Personnel					\$3,600			\$21,600			\$10,800	\$37,800
Operating Expenses		SOW Reference			Budget			Budget			Budget	
General Office Expenses					\$75			\$300			\$150	\$525
Program Materials		2C			\$625			\$2,100			\$1,050	\$3,775
Travel (In-State)		1C, 1E			\$50			\$600			\$300	\$950
Total Operating Expenses					\$750			\$3,000			\$1,500	\$5,250
Subcontractors		SOW Reference			Budget			Budget			Budget	
												\$0
												\$0
Total Subcontractors					\$0			\$0			\$0	\$0
Total Indirect Costs				Percentage	Budget	Percentage	Budget	Percentage	Budget			
Total Indirect Costs				Personnel Costs	25.0%	\$1,350	25.0%	\$5,400	25.0%	\$2,700		\$9,450
Total Costs					\$7,500			\$30,000			\$15,000	\$52,500