



Request for Applications (RFA) No. 19-10499

California Opioid Safety Coalitions (Overdose Data to Action Initiative)

September 2019

**Injury and Violence Prevention Branch
(Formerly Safe and Active Communities Branch)**

MS Code 7214
1616 Capitol Avenue, Suite 74.436

**P. O. Box 997377
Sacramento, CA 95899-7377**

TABLE OF CONTENTS

PART 1. FUNDING OPPORTUNITY DESCRIPTION	4
A. INTRODUCTION.....	4
B. PURPOSE AND FOCUS	4
C. BACKGROUND.....	4
D. ELIGIBILITY CRITERIA	6
E. FUNDING GUIDELINES.....	6
F. TENTATIVE RFA TIME SCHEDULE	8
PART 2. REQUIRED APPLICATION COMPONENTS.....	8
A. APPLICATION CHECKLIST	9
B. GRANTEE INFORMATION FORM	9
C. ORGANIZATIONAL CAPACITY	9
D. PROJECT NARRATIVE	10
E. SCOPE OF WORK AND OBJECTIVES	11
F. WORK PLAN	14
G. BUDGET DETAIL	14
H. BUDGET NARRATIVE.....	14
I. OTHER REQUIRED DOCUMENTS	19
PART 3. APPLICATION REQUIREMENTS AND SUBMISSION.....	20
A. GENERAL APPLICATION INSTRUCTIONS.....	20
B. FORMAT REQUIREMENTS.....	20
C. INFORMATIONAL WEBINAR.....	21
D. SUBMISSION OF APPLICATION.....	21
PART 4. APPLICATION REVIEW AND AWARD ADMINISTRATION	22
A. REVIEW PROCESS	22
B. GRANT AWARD ADMINISTRATION	27
C. GRANT TERM	27
D. GRANT AWARD APPEAL PROCESS	28
E. GRANT REPORTING, MONITORING, AND MATERIAL DEVELOPMENT REQUIREMENTS..	29
PART 5. GLOSSARY OF ACRONYMS AND TERMS	31

LIST OF ATTACHMENTS AND APPENDICES

Below is a list only. Please visit the RFA webpage to download the files.

ATTACHMENTS

- ATTACHMENT A: Application Checklist (WORD)
- ATTACHMENT B: Grantee Information Form (WORD)
- ATTACHMENT C: Organizational Capacity (WORD)
- ATTACHMENT D: Project Narrative (WORD)
- ATTACHMENT E: Scope of Work (WORD)
- ATTACHMENT F: Work Plan (WORD)
- ATTACHMENT G: Budget Detail (PDF)
- ATTACHMENT H: Budget Narrative (WORD)
- ATTACHMENT I: Darfur Contracting Act (WORD)
- ATTACHMENT J: Government Agency Tax ID (PDF)
- ATTACHMENT K: Payee Data Record (PDF)
- ATTACHMENT L: Contractor Certification Clause (PDF)

APPENDICES

- APPENDIX 1: California County Rankings for Selected Drugs (PDF)
- APPENDIX 2: General Resources List and Links (PDF)
- APPENDIX 3: Budget Detail Sample (PDF)
- APPENDIX 4: CDPH County Indirect Rates FY 19/20 (PDF)
- APPENDIX 5: CDPH Travel Reimbursement Rates 2019 (PDF)

PART 1. FUNDING OPPORTUNITY DESCRIPTION

A. INTRODUCTION

The California Department of Public Health (CDPH), Injury and Violence Prevention Branch (IVPB) is seeking applications from existing local opioid safety coalitions (LOSCs) to implement objectives to address the opioid epidemic.

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 (unintentional) injuries. Funding for this application is provided from the Centers for Disease Control and Prevention (CDC) and from the Substance Abuse and Mental Health Services Administration (SAMHSA), through an agreement with the Department of Health Care Services (DHCS), to utilize opioid data to inform action and expand medication assisted treatment (MAT) efforts across California.

B. PURPOSE AND FOCUS

The overall purpose of this Request for Applications (RFA) is to support local efforts to reduce the number of opioid- and other drug-related overdoses and deaths in California counties¹ through evidence-based and data-informed initiatives. CDPH intends to fund LOSCs that will focus on multiple program objectives that align with the following statewide strategies:

- Strengthen Statewide Collaboration
- Promote Safe Prescribing
- Building Community Capacity
- Expand Access to Medication Assisted Treatment
- Increase Access to Naloxone
- Reduce Access to and Negative Consequences of Illicit Drugs
- Address Priority Populations in High-Risk Settings
- Promote Public Education and Awareness
- Translate Data into Actionable Information

C. BACKGROUND

With over 2,000 opioid-related overdose deaths per year, California continues to face a serious public health crisis. Even though California's overall rates of opioid-related deaths and overdoses are lower than the national average, the health and economic burden is substantial because of the absolute magnitude of the problem among California's nearly 40 million people. There is also wide variation across counties with some county overdose rates higher than the national average. The most recently available California data (2017-18) indicates:

¹ For the purposes of this RFA, the word "county" or "counties" represents the area the applicant serves (e.g., community, city, jurisdiction, region, tribal communities).

- Both the number of prescriptions filled per 1,000 residents and the morphine milligram equivalent (MME) per resident per year have decreased since 2010. These decreases reflect a decline in the number of prescriptions and/or pills per prescription.
 - **The rate of prescriptions dispensed** in California has decreased 25% between 2010 and 2018 (from 607 to 457 per 1,000 residents).
 - **The total number of prescriptions dispensed** in California has decreased 14% from 23 million in 2010 to 19.8 million in 2018.
 - **The average MME** decreased by half (50%) from 693 MME per resident per year in 2018.
- **Prescription opioid-related overdose deaths (excluding synthetics)** in California peaked in 2009 at 1,483 deaths and decreased to 1,047 in 2018, a 29% decrease. The age-adjusted rate of prescription opioid-related deaths (excluding synthetics) in 2018 was 2.5 per 100,000 California residents.
- **Heroin-related overdose deaths** have increased 107% since 2012 from 361 (.91 per 100,000) to 749 (1.8 per 100,000) in 2018.
- **Fentanyl-related overdose deaths** have shown an even steeper 806% increase from 82 in 2012 to 743 in 2018.
- **Amphetamine-related overdose deaths** have increased 198% from 777 in 2012 to 2,316 in 2018.

What is CDPH Doing?

CDPH and its statewide partners are leveraging a multi-pronged, strategic collaboration at both the state and local levels to build a comprehensive approach to address the opioid epidemic. This includes coordination of efforts through a statewide multi-agency workgroup; changes in policies of public payer healthcare systems; mandating the use of the prescription drug monitoring program (CURES); expansion of MAT services availability and access, implementation of a naloxone distribution program; increasing access to naloxone through pharmacies; physician and pharmacist education; public awareness and education campaigns for youth, seniors, and high burden rural counties; and support of more than 30 LOSCs.

The framework for this approach includes four broad domains within an overarching common agenda to reduce opioid overdoses and deaths, with shared measures and mutually aligned activities (e.g., “Collective Impact” approach):

- **Prevent:** Prevent unnecessary new starts and unsafe opioid prescribing patterns; Prevent initial substance misuse and addiction; Address root causes; Reduce stigma.
- **Manage:** Use effective alternative pain management strategies; Start slow; As appropriate, taper from high doses; Monitor signs and symptoms of addiction; Refer to MAT and other services.
- **Treat:** Expand MAT services; Fully engage harm reduction strategies; Focus on high-risk populations (e.g., pregnant women, tribal community members, reentry from incarceration).
- **Stop:** Promote availability and dissemination of naloxone; Reduce opioid related overdose deaths.

California Opioid Safety Network

Founded by the California Health Care Foundation (CHCF) and coordinated by the Center for Health Leadership and Practice at the Public Health Institute, the California Opioid Safety Network (COSN) supports coalitions and organizations working to combat the opioid crisis in California. COSN provides coaching/mentoring, a statewide forum for peer-to-peer learning, resources and best practices from the field as well as ongoing communications with news updates, informational webinars, and regional convenings. COSN also pairs participating coalitions with Volunteers in Service to America (VISTAs) who support coalition efforts. CDPH's opioid safety coalition program collaborates with the COSN around additional coalition technical assistance and support. **CDPH expects LOSCs funded under this RFA to work closely with COSN.**

D. ELIGIBILITY CRITERIA

Applications must be from public and/or private nonprofit organizations in California, including local government agencies, such as health departments, community-based agencies and clinics, and tribal organizations, classified as 501(c)(3) tax exempt under the Internal Revenue Services (IRS) Code, and must be:

- a. Coalitions addressing California's high burden areas (i.e., high magnitude and/or high rates) for opioid- and other drug-related overdoses and deaths in California [refer to *Appendix 1* for examples of high burden indicators, or utilize the California Opioid Overdose Surveillance Dashboard ([CA Opioid Dashboard](#)) to identify appropriate indicators for your county].
OR
- b. Agencies currently operating LOSCs with a history of successful coalition work and documented local impact.
AND
- c. Demonstrated capacity and ability to implement the selected tier (see Table 2).

E. FUNDING GUIDELINES

Funding Amount and Funding Term

CDPH expects to award between \$500,000 and \$1.5M annually for this RFA, contingent upon the availability of federal and state funds. The term of the grant is expected to be 32 months and is anticipated to be January 1, 2020 – August 31, 2022. The grant term may change if CDPH cannot execute the grant in a timely manner due to unforeseen delays. CDPH does not have the authority to disburse funds until the grant between CDPH and an applicant is fully executed. If full funding is not available to CDPH, or the total available funding is reduced, CDPH will either cancel the resulting agreement or amend it to reflect reduced funding and reduced activities.

Table 1. Proposed RFA Grant Budget Periods

No data	Budget Periods
Year One	January 1, 2020 to August 31, 2020
Year Two	September 1, 2020 to August 31, 2021
Year Three	September 1, 2021 to August 31, 2022

Funding Tiers

Eligible applicants are required to select one of the following three funding tiers. Each funding tier includes **three required core objectives**, plus the applicant's choice of **elective objectives** (see Table 2):

Table 2. Funding Tiers with Objective Requirements and Funding Amounts

Tier	Core Objectives	Elective Objective(s)	Funding Range
1	Three Required	One – Two	Up to \$40,000
2	Three Required	Three – Four	Up to \$60,000
3	Three Required	Five – Six	Up to \$85,000

Please note that the budget period is only 8 months. Applicants must budget appropriately and request funds that can be used within that period.

The funding award amounts are contingent upon: 1) the number of objectives chosen by the applicant, and 2) the applicant's ability to demonstrate their capacity to implement all activities within the selected tier, as determined by CDPH's assessment.

The number of awards will be based on the total funding available to CDPH. The total number of funded organizations will depend upon the number of organizations that apply and the funding tier levels chosen. CDPH will seek a balance between providing funding to as many LOSCs as possible and providing a sufficient level of funding to each coalition to implement effective programming.

CDPH reserves the right to extend the term and increase the funding amount of the resulting agreement via an amendment as necessary to complete or continue the services. Grant agreement extensions are subject to satisfactory performance, funding availability, and possibly review and approval by the Department of General Services (DGS). CDPH does not have rollover authority to carry funds from one year to the next. This grant will reimburse expenses incurred in arrears only.

F. TENTATIVE RFA TIME SCHEDULE

Key dates for this RFA are presented in the Table 3 below. CDPH reserves the right to adjust any date and/or time as necessary.

Table 3. Tentative RFA Timeline and Award Schedule

Event	Date	Time (PST)
RFA Release Date	September 9, 2019	--
RFA Informational Webinar	September 23, 2019	2:30 p.m.
Application Due Date	October 10, 2019	11:59 p.m.
Intent to Award Notification	October 25, 2019	--
Appeal Deadline	November 8, 2019	5:00 p.m.
Final Grant Award Announcement	November 12, 2019	--
Proposed Grant Start Date	January 1, 2020	--
Proposed Grant End Date	August 31, 2022	--

PART 2. REQUIRED APPLICATION COMPONENTS

Applicants must complete the applicable narrative questions and attachments as outlined in Table 4 below. Follow all requirements below carefully, including designated page limits. **Attachments are not included in the page limits for the sections.**

CDPH provides templates and/or forms for **Attachments A – L**. No templates are provided for the **Other** required attachments (see Table 4 for details).

Table 4. List of Required Application Documents

Attachment	Required Document	Document Type	Page Limit
A	Application Checklist	Word	--
B	Grantee Information Form	Word	--
C	Organizational Capacity	Word	4 pages
D	Project Narrative	Word	12 pages
E	Scope of Work	Word	--
F	Work Plan	Word	6-12 pages
G	Budget Detail	Excel	--
H	Budget Narrative	Word	--
I	Darfur Contracting Act	Word	--

Attachment	Required Document	Document Type	Page Limit
J	Government Agency Tax ID Form	PDF	--
K	Payee Data Record	PDF	--
L	Contractor Certification Clause	PDF	--
<i>Other</i>	Proof of 501(c)(3) Status	PDF	--
<i>Other</i>	Letters of Recommendation/ Commitment	PDF	--

A. APPLICATION CHECKLIST

Complete the Application Checklist to ensure all required application attachments are included with the application. The Application Checklist should serve as a cover page to your application. Submit the Application Checklist with the application.

B. GRANTEE INFORMATION FORM

Complete all sections of the *Grantee Information Form, Attachment B*. A person authorized to legally bind the applicant must sign this form. If the applicant is a corporation, a person authorized by the Board of Directors must sign on behalf of the Board.

C. ORGANIZATIONAL CAPACITY

The description of the organization’s capacity must demonstrate the applicant’s ability to implement the activities as proposed in the application. This section of the application should not exceed **4 pages**. See *Attachment C*.

To ensure that deliverables are met within the funding timeframe, grantees must begin implementing program activities within two months of grant agreement execution.

Applicants must demonstrate/describe their organization’s:

- 1) Previous accomplishments working to reduce opioid- and other drug-related overdoses and deaths.
- 2) Ability to track and utilize data to identify local needs and develop evidence-based, data-informed interventions (activities).
- 3) Ability to manage a local coalition and engage with multiple partners (e.g. city and county councils/board members, state agencies, prescribers, patients, pharmacists, law enforcement, health plans, payer systems, harm reduction and Syringe Services Programs (SSPs), and the general public).
- 4) Organizational readiness and staffing to implement grant activities with minimal planning and start-up time.
- 5) Administrative capacity to address fiscal responsibility, including invoicing, staffing and reporting, and the ability to execute a government contract/grant.
- 6) County strengths and resources that are available to facilitate your proposed project outcomes and sustain local coalition efforts after CDPH funding ends.

Organizational Readiness

Organizational readiness and ability to implement program strategies is critical for success. Organizations must demonstrate a commitment and ability to successfully implement the strategies and activities proposed in the application.

Staff Competencies

In order to meet the expectations for this RFA, applicants must demonstrate sufficient staff are available who have the knowledge, skills, and background necessary to complete all project activities, including:

- A basic understanding of opioid/substance use disorder and the opioid epidemic;
- Experience with culturally responsive and inclusive projects;
- Ability to deal with controversial and complex issues; and
- Self-direction, adaptability, creativity, and initiative.

It is strongly recommended that coalition organizers not be entry-level positions based on the skills and competencies needed to effectively implement grant objectives.

D. PROJECT NARRATIVE

The project narrative description must demonstrate the applicant's knowledge, experience and ability to successfully design, implement, and evaluate the objectives. The narrative should include enough detail to demonstrate how the activities will build upon existing coalition strengths and resources. The narrative section of this application should not exceed **12 pages**. Please respond to items 1-7 by citing local data (using the CA Opioid Dashboard as appropriate) and describing organization and/or coalition experience with these issues. *See Attachment D.*

- 1) Describe the extent of opioid- and other drug-related overdoses within the applicant's county. Provide data on opioid- and other drug-related overdoses and deaths, emergency department visits, any known opioid prescribing practices/rates, or other information that illustrates the epidemic within your county.
- 2) Explain how your coalition/county has previously responded to the opioid crisis, including prescribing guideline development, buprenorphine and naloxone use, healthcare policy adoption, academic detailing efforts, community awareness, or other applicable interventions.
- 3) Provide a comprehensive description of the proposed project, including the project objectives and activities to address outcomes and targeted populations. This description should align with your selected Scope of Work (SOW) objectives and proposed activities in your Work Plan. Describe how the core and selected elective project objectives will contribute to a comprehensive approach to address the opioid epidemic in your county.
- 4) If a high-risk population objective was selected on your SOW, describe the

applicant's capability and experience reaching identified populations.

- 5) Describe the roles and responsibilities of key personnel, partners, and subcontractors in planning, implementing, and evaluating objectives and activities.
- 6) If the coalition is receiving other funding to address the opioid epidemic, list the funding sources, term, and the amounts, and provide a brief summary of activities funded.
- 7) Describe how the coalition plans to sustain grant activities beyond the funding period.

E. SCOPE OF WORK and OBJECTIVES

Applicants are required to complete and submit a *Scope of Work (SOW)* with the grant application package. The SOW template includes the three required objectives and up to six elective objectives. Complete the SOW template by adding an "X" in the box next to the elective objective(s) that the applicant will be completing during the term of this grant. *See Attachment E.*

OBJECTIVES

The Objectives listed below are derived from the statewide overarching strategies as noted in Part I, Section B, Purpose and Focus. The three **core objectives** are required to be included in each tier. Additionally, each applicant must choose one to six **elective objectives**, depending on the funding tier chosen. There are sample activities listed under each objective; these are suggestions only and other activities that align with the objectives are encouraged.

Please see *Appendix 2: General Resources List and Links* for information on safe opioid prescribing practices, CA Opioid Dashboard, MAT, and other topics related to the objectives.

Core Objectives (Required):

Objective 1: Translate Data into Action

Suggested sample activities:

- a. Utilize the CA Opioid Dashboard and other resources to help inform and implement local interventions/activities.
- b. Work with partners to establish and obtain local data sources to further enhance surveillance and intervention efforts. These local data sources may include, but are not limited to, local health departments, medical examiners/coroners, emergency medical services, harm reduction services, and law enforcement.

Objective 2: Expand MAT Access

Suggested sample activities:

- a. Engage harm reduction services, narcotic treatment programs, and/or other MAT services.
- b. Increase availability and access of all three FDA-approved forms of MAT (methadone, buprenorphine, and naltrexone).
- c. Promote buprenorphine training programs among prescribers, clinics, hospitals, and emergency departments (EDs), with a goal to:
 - Increase the number of x-waivered prescribers.
 - Increase the number of licensed prescribers that are actively treating patients with substance use disorder (SUD).
- d. Collect and disseminate MAT resources for your county to increase referrals and improve access to care.

Objective 3: Develop and Adopt Local Opioid Policies and Procedures

Suggested sample activity:

- a. Promote evidence-based practices (i.e., opioid stewardship) through implementation of local opioid policies and procedures in multiple organizations and agencies (e.g., law enforcement, first responders, health care entities, pharmacies, schools, libraries, naloxone distribution sites, etc.).

Elective Objectives (Optional):

Objective 4: Promote Public Education and Awareness

Suggested sample activities:

- a. Implement CDPH, DHCS, and/or CDC-sponsored public education campaigns.
- b. Develop and disseminate educational materials and messaging to reduce stigma related to SUDs, MAT, and harm reduction services.

Objective 5: Increase Access to Care and Services for High-Risk Populations

Suggested sample activities:

- a. Work with partners to expand MAT and related services for high-risk populations (pregnant women, veterans, older adults, youth, and/or incarcerated individuals).
- b. Promote integrated, “whole person” care, for high-risk populations (e.g. jails, prisons, hospitals, tribal communities) to ensure these populations can access MAT and other services.
- c. Work with partners to address gaps in care and treatment services across transitions between systems (e.g., pregnancy-delivery-home, jails-prison-release, EDs-hospital-discharge-home) to support continuity of care.
- d. Support development and expansion of easy access (low barrier) substance use services (e.g., MAT induction in EDs, increase MAT spokes in high-risk areas and known gaps) to one or more high-risk populations.

Objective 6: Promote Harm Reduction Services

Suggested sample activities:

- a. Engage and collaborate with harm reduction programs, including local SSPs. Include harm reduction programs as coalition members, as applicable.
- b. To reduce stigma, provide education to county leaders, health care providers, and first responders on the benefits of harm reduction services.
- c. Support the creation and/or continuation of SSPs and harm reduction program(s).
- d. Work with SSPs and other county organizations to increase access to harm reduction services.

Objective 7: Increase Access to Naloxone

Suggested sample activities:

- a. Work with partners to increase naloxone availability and distribution:
 - Increase the number of naloxone distribution sites through enhanced acceptance, and program/agency buy-in (e.g., law enforcement, first responders, SUD, treatment, jails, harm reduction services, health care entities, pharmacies, schools, libraries).
 - Increase the availability of naloxone.
 - Track naloxone distribution and reported reversals.

Reminder: Grant funds cannot be used to purchase naloxone.

Objective 8: Promote Safe Prescribing

Suggested sample activities:

- a. Promote implementation of opioid stewardship policies and best practices with providers and local health care systems.
- b. Promote the availability of alternative pain management options (e.g., physical therapy, chiropractic, acupuncture) among prescribers and patients.
- c. Promote reduction of rapid tapers and/or dropped patients through provider education (including opioid stewardship and academic detailing).

Objective 9: Implement Drug Prevention Activities

Suggested sample activities:

- a. Promote primary prevention best practices to reduce the demand for substances with abuse potential by providing alternative activities and building community and individual resilience.
- b. Collaborate with law enforcement and drug courts to reduce the negative consequences of illicit drugs.

F. WORK PLAN

Applicants are required to submit a detailed *Work Plan* (WP) that matches and expands upon your selected objectives in the SOW. Applicants must describe how the organization will accomplish each of the selected objectives, detail the activities to be implemented, and identify the responsible staff, completion timelines, and required deliverables for all activities. The proposed WP will be reviewed and finalized in conjunction with CDPH program staff within one month of the grant execution date, and must be approved by CDPH program staff prior to implementation. **All proposed grant activities must be reviewed and approved by CDPH before grantees can begin work.**

Where applicable, the proposed WP should include baseline data for all objectives and activities to be used by the grantee to track and measure progress on those objectives and activities over time.

G. BUDGET DETAIL

The project budget request must be submitted using the budget form provided. See *Attachment G*. Round all dollar amounts and percentage figures to whole numbers.

The *Budget Detail* includes categorical and line item descriptions (the costs identified in the template are examples only). Complete all sections of the budget according to *Attachment G*, estimating costs and personnel/positions according to the applicant's operating needs. See *Appendix 3* for the *Budget Detail Sample*.

H. BUDGET NARRATIVE

Provide a *Budget Narrative* with a brief explanation of each line item on the *Budget Detail*. Complete the *Budget Narrative* using *Attachment H*.

BUDGET COMPONENTS and GUIDELINES:

Personnel

Personnel includes all personnel costs to operate the project.

- a. List personnel by job category or classification rather than by name to allow for staff turnover.
- b. Indicate total annual salary or salary range for full time equivalents (FTEs). The salary range stated should include any anticipated increases (i.e., cost-of-living adjustments and merit salary adjustments).
- c. Indicate percentage of time the position will be utilized on this project (e.g., 20 hours of work within a 40-hour week is 50 percent). All percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page.

- d. Indicate the amount requested per position based upon the annual salary ranges and total amounts. If the percentage rate for benefits differs for various positions, indicate the specific amount for each position on a separate detail sheet.
- e. Subtotal all personnel costs.

Operating Expenses

Operating Expenses include all costs except personnel costs. Only list operating expenses that apply to this project.

Project funds cannot be used for purchase or renovation of buildings, facilities or land, or the purchase of major equipment. Major equipment is defined as property with a unit cost over \$5,000 with a life expectancy of one or more years. Funds cannot be used to purchase naloxone.

Examples of common operating expense line items are provided in the template. The following is a list of operating expense items most commonly recognized by the State:

- a. **General Expenses** – Includes office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000). These expenses must be itemized identifying the cost for each.

Example: Supplies:

FTE x amount per month x number of months
2 FTE x \$250 per month x 8 months = \$4,000

- b. **Other Expenses** – Includes utilities, telephone, space, insurance, equipment rental, postage, and duplication. These expenses must be itemized identifying the cost for each.

Example: Rent Expense

FTE x sq.ft. x amount per square foot x number of months
2 FTE x 150 sq.ft. x \$2 per sq.ft. x 8 months = \$4,800

- c. **Travel** – Travel is reimbursed at current California Department of Human Resources rates. Mileage should indicate the number of miles for ground transportation and rate per mile (not to exceed 58 cents per mile). For airfare, indicate the number and destination of trips and expected cost per trip. Per Diem should specify the number of days and rate per day. Grantees are required to pay for travel and lodging for all budgeted staff to attend training activities sponsored by CDPH and/or CHLP and should budget according to the project requirements in the Travel line item. No out-of-state travel is allowed without prior written approval of CDPH. See *Appendix 5: CDPH Travel Reimbursement Rates for 2019*, for allowable reimbursements. These amounts are subject to change based on the California Department of Human Resources rates.

Examples:

- 1. **Round trip Sacramento to Los Angeles for Conference**

\$250 airline tickets + \$105 hotel (1 night) + \$41 per diem (dinner, breakfast, lunch) + \$75 car rental + \$12 parking/tolls = \$483

2. Round trip Sacramento to San Francisco for site visit

\$174 mileage (300 miles @.58 per mile) + \$23 per diem (dinner) + \$32 parking/tolls = \$229

- d. **Consultant Services/Subcontractors** – Amounts paid to consultants/subcontractors cannot exceed more than 50% of the awardee's total budget per year. CDPH will approve consultants/subcontractors on a case-by-case basis. This grant is not intended to be a pass-through of services. The bulk of the objective activities should be performed within the organization. Applicants planning to use consultants or subcontractors in the performance of the work must identify each proposed consultant/subcontractor, if known, at the time of application submission; each known consultant's/subcontractor's expertise; and describe the responsibilities to be assigned to each consultant/subcontractor. Include a description of plans for overseeing the performance of consultants/subcontractors. Notwithstanding the use of any consultant/subcontractor, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in consultant/subcontractor selection. *Generally, consultants are not to be more than the hourly salary rate established for state employees in similar classifications.* Include in the application the consultant's title, hourly rate, and number of hours to be worked (e.g., per week, per month). Next to the subcontractor's name, list the SOW goal and objective of each subcontractor's responsibilities.
- e. **Staff Training** – Costs and fees for meetings, trainings and conferences attended by project staff are reimbursable.
- Prior Approval of Training Seminars, Workshops or Conferences:
Grantee shall obtain prior CDPH approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. This provision does not apply to necessary staff meetings or training sessions held for the staff of the grantee in order to conduct routine business matters.
- f. **Indirect Costs** – Express as a percentage rate and total and specify how total costs were calculated. These are overhead costs that are not directly identifiable to the applicant or to the applicant's project and are generally expressed as a percentage of total personnel costs. Indirect expenses must not exceed a maximum of 25 percent of Total Personnel Services (Personnel Costs plus Fringe Benefits). Local Health Jurisdictions may not exceed the county's 2019-20 CDPH approved Indirect County Rates (*Appendix 5*).

- g. **Non-Reimbursable Items** – Project funds cannot be used for meals or refreshments served at meetings, workshops, training sessions, etc. conducted by grantees or subcontractors. Promotional items (“gifts” or “giveaway items” used to promote projects such as mugs, cups, lapel or stickpins, pens or pencils, clothing and key chains) are also not allowed.

Funding Restrictions

Funds received through this RFA may **not** be used for:

- a. Purchasing: naloxone/Narcan, fentanyl test strips, or harm reduction kits/supplies (e.g. syringes, needles). Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
- b. HIV/HCV/other STD/STI testing.
- c. Drug disposal. This includes implementing or expanding drug disposal programs or drug take back programs, drug drop box, drug disposal bags.
- d. The provision of medical/clinical care (e.g. treatment of substance use disorder [including MAT])
- e. Wastewater analysis, including testing vendors, sewage testing, and wastewater testing.
- f. Research.
- g. Direct funding or expanding the provision of substance abuse treatment programs.
- h. Development of educational materials on safe injection.
- i. The prevention of Adverse Childhood Experiences (ACES) as a stand-alone activity. However, activities related to CES are allowable if they pertain to establishing linkage to care, or to provide training to public safety and first responders on trauma-informed care.
- j. Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.
- k. Enforcement of laws pertaining to illicit opioid activities.
- l. Funding for-profit agencies or entities.
- m. Major equipment purchase of any kind.
- n. Food/meals/refreshments at any meetings, convenings/conferences or other related sponsored events.
- o. Funds may only be used for reasonable program purposes, including personnel, travel, supplies, and services.
- p. Generally, funds may not be used to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget and pre-approved by CDPH program staff.
- q. Reimbursement of pre-award costs is not allowed.

Medication Assisted Treatment (MAT) Waivers

Funds can be used to support training and education around MAT waivers, **however**, RFA funds cannot be used to pay for fees associated with providers obtaining waived status. This applies to both direct reimbursements and contracts. If training and waiver fee activities occur together, it must be clear that RFA funds are not being used to cover the waiver fee itself. Other funding sources can be used to cover waiver fees.

Neonatal Abstinence Syndrome (NAS)

Please note that certain activities that cover neonatal abstinence syndrome (NAS) are allowable, while others are not. In particular certain NAS-related surveillance and prevention activities may be allowable; however funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable include:

- Surveillance of linkage to care during or after pregnancy for mothers who use opioids during pregnancy.
- Tracking drug use patterns, overdose history, and linkage to treatment and risk reduction services for pregnant women.
- Linking data sources on pregnant women available at the state and local level.
- Prevention strategies and activities for pregnant women, infants born with NAS, and for healthcare provider/clinician support and education.

Additional Federal Restrictions that need to be considered while planning the programs and writing the budget are:

- a. Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- b. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- c. Lobbying Restrictions (Div. H, Title V, Sec. 503)
- d. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- e. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
- f. Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Invoicing

Each invoice should reflect the amount of expenses incurred during the previous quarter. The invoice is not the budgeted amount divided by the total months of the grant, rather it is documented expenses that were incurred during the previous quarter

by the coalition/grantee. It is the grantee's responsibility to keep documentation for each expense listed on the invoice. CDPH may ask for backup documentation at any time to confirm invoiced expenses. This documentation will be required in the event of an audit.

Documentation: The grantee is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by CDPH staff. The grantee shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles. CDPH has the right to request documentation at any time to determine an organization's allowable expenses.

Submission of Invoices: The grantee must be able to fund up to 60 days of payroll, indirect expenses, and operating costs, as well as expenditures incurred by a subcontractor or consultant prior to reimbursement by the State. The grantee incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH in accordance with the proposed schedule below, in arrears.

Proposed Invoice Dates

Invoices are due on the last Friday of the month following the end of the invoice period:

- January – March: Due the last Friday of April.
- April – June: Due the last Friday of July.
- **July – August: Due last Friday of September** (*Note: Due to the end of the grant budget period, this invoice period has two months*).
- September – December: Due the last Friday of January (*Note: This invoice period has four months*).

Budget Revisions

Any budget revisions must be submitted to CDPH within the first nine months of each grant budget year. **No revisions will be made after the 9th month of the grant budget year. Because the first funding period of this grant is less than 12 months, all revisions must be submitted prior to May 15, 2020.**

I. OTHER REQUIRED DOCUMENTS

Proof of 501(c)3 Status

All applicants must certify eligibility to claim non-profit status by including appropriate documentation as an Attachment.

Letters of Recommendation/Commitment

A minimum of two *Letters of Recommendation* are required. Letters can be from local health departments, local health care agencies, law enforcement, community-based organizations, SSPs or harm reduction services, tribal organizations, or other partners. These letters should specifically address the ability of the applicant to implement the activities as proposed in the application.

In addition, provide letters from significant partners to demonstrate commitment to collaborate with the applicant around selected objectives and activities, as appropriate.

PART 3. APPLICATION REQUIREMENTS AND SUBMISSION

A. GENERAL APPLICATION INSTRUCTIONS

Each applicant is to follow the instructions provided herein, using the attached forms. All sections on all required documents must be completed and submitted in the order requested. **Any application that does not comply with this requirement will be considered non-responsive and will not be reviewed.**

- 1) Develop applications by following all RFA instructions and clarifications issued by CDPH in the form of webinars, question and answer notices, clarification notices, Administrative Bulletins or RFA addenda.
- 2) Before submitting an application, seek timely clarification through participation in the information webinar of any requirements or instructions that are unclear or not fully understood.
- 3) Read all instructions carefully. Be sure the application includes all of the information required in the RFA, including all attachments. Re-check the application to ensure completeness.
- 4) Do not provide additional materials that are not requested, such as brochures or samples of materials. These will be discarded and not reviewed.
- 5) In preparing an application response, all narrative portions should be straightforward, detailed, and concise. Answer all questions in the order presented with clear titles for each section. CDPH will determine the responsiveness of an application by its quality, not its volume, packaging or graphic displays.
- 6) **Electronic applications are required.** Submit one original application complete with all required attachments and documentation on time via email to: PDOP@cdph.ca.gov.

Incomplete applications will not be reviewed nor considered for funding.

B. FORMAT REQUIREMENTS

Format the organization capacity and the narrative portions of the application as follows:

- Single-spaced with one-inch margins at the top, bottom, and both sides.
- Use “Arial” 12 point font.
- Number pages sequentially in the Organizational Capacity, Narrative, and the Work Plan in the lower right corner.

C. INFORMATIONAL WEBINAR

An optional informational webinar is scheduled to provide guidance and answer questions related to the RFA requirements: (information to be finalized based upon release date and review process timing).

Date: Monday, September 23, 2019

Time: 2:30 – 3:30 p.m. PST

Webinar Link: [RFA Informational Webinar Link](#)

Telephone Number: +1-415-655-0001

Pass Code: 925 333 286

CDPH encourages all prospective applicants that intend to submit an application to participate in the webinar. Applicants may email questions to PDOP@cdph.ca.gov up until 12:00 p.m. PST on Friday, September 20, 2019 to ensure CDPH can provide answers during the webinar. If there is time at the end of the webinar, applicants may be able to ask additional or clarifying questions.

Each prospective applicant is responsible for joining the webinar on time. CDPH reserves the right not to repeat information for participants that join the webinar after it has begun. The webinar is a public event and anyone can join.

After the webinar, on Monday, September 30, 2019, CDPH will post a summary of all questions and responses on the RFA webpage. Verbal remarks provided in response to questions are unofficial and are not binding on CDPH unless later confirmed in writing.

D. SUBMISSION OF APPLICATION

Electronic applications are required. All applications are **due by 11:59 p.m. on Thursday, October 10, 2019**. Applications must be submitted electronically to PDOP@cdph.ca.gov. The electronic date and time stamp will be used to verify on-time submission. Applications received after the due date/time **will not be reviewed**.

It is the sole responsibility of the applicant to ensure that CDPH receives the application by the stated deadline. Each application received by the due date will be reviewed for completeness and compliance with the instructions provided in this document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.

It is important to note that there is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses

associated with preparing and submitting an application are solely the responsibility of the applicant organization and will not be reimbursed by CDPH.

PART 4. APPLICATION REVIEW AND AWARD ADMINISTRATION

A. REVIEW PROCESS

Each application will be evaluated and scored based on the quality and appropriateness of the responses and elements requested in this RFA. Scores will be based on the application's adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH's program needs, and demonstrates commitment to build capacity in preventing opioid- and other drug-related overdoses and deaths.

By submitting an application, the applicant agrees that CDPH is authorized to verify any information and any references named in the application. Applications received by CDPH are subject to the provisions of the "California Public Records Act" (Government Code, Section 6250 et seq.) and are not considered confidential upon completion of the selection process.

Administrative and Completeness Screening

CDPH will review applications for on-time submission and compliance with administrative requirements and completeness. A late or incomplete application will be considered non-responsive and will be disqualified and eliminated from further evaluation. Applications submitted from non-eligible entities will not be reviewed. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement will lead to rejection of the application prior to review.

Application Scoring (100 Points)

Each application passing the Administrative and Completeness Screening will be evaluated and scored according to the selection criteria by CDPH staff on a scale of zero to 100 points. Each application will be scored for technical merit and demonstrated ability to complete objectives, using the scoring system below. The applications with the highest scores will be considered for funding.

The maximum point value for each RFA section is described below in Table 5.

Table 5. Maximum Point Value for RFA Sections

Application Component	Maximum Points
Organizational Capacity	30
Project Narrative	25
Scope of Work	05
Work Plan	20
Budget	15
Letters of Recommendation/ Commitment	05
Total	100

Application Selection Criteria

Table 6 below provides the selection criteria and the associated point value that will be used to evaluate and score applications

Table 6. Scoring Criteria and Rating Points

Organizational Capacity		
Section Component	Scoring Criterion	Point Value
Record of Accomplishments	The applicant demonstrates a record of accomplishment working to reduce opioid- and other drug-related overdoses/deaths and provides at least one example illustrating their local impact.	5
Data-Informed Interventions	The applicant tracks and utilizes data in assessing local needs and developing of tailored evidence-based, data informed interventions (activities).	5
Coalition Functioning and Multi-Sector Collaboration	The applicant demonstrates coalition management experience and the ability to engage with city and county councils/board members, state agencies, prescribers, patients, pharmacists, law enforcement, health plans, payer systems, harm reduction and SSPs, and the general public.	5
Sustainability	The applicant describes county strengths and resources that are available to facilitate the proposed project outcomes and sustain local coalition efforts after CDPH funding ends.	5
Organizational Readiness	The applicant demonstrates the ability to successfully implement strategies and activities proposed in the application and identifies strategies and resources that will be utilized to ensure the implementation of the proposed activities can begin with minimal planning and start-up time.	5
Staff Competencies	The applicant demonstrates administrative capacity to address fiscal responsibility, including invoicing, staffing and reporting, and the ability to execute a government agreement. The applicant has sufficient staff available who have the knowledge, skills, and background necessary to complete all project activities.	5
	Subtotal	30

Project Narrative		
Section Component	Scoring Criterion	Point Value
County Data Profile	The applicant describes the extent of the problem within the applicant's county and provides data on opioid- and other drug-related overdose deaths, emergency department visits, any known opioid prescribing practices/rates, or other information that illustrates the epidemic within their county.	4
Experience Addressing the Opioid Epidemic	The applicant explains how their coalition/county has previously responded to the opioid crisis, including examples of efforts such as: prescribing guideline development, buprenorphine and naloxone use, healthcare policy adoption, academic detailing efforts, county outreach, or other applicable interventions.	5
Justification of the Proposed Project	The applicant provides a comprehensive description of the proposed project, including the project objectives and activities to address outcomes and targeted populations. The applicant describes how the core and selected elective project objectives will contribute to a comprehensive approach to address the opioid epidemic in their county.	7
Populations of Focus	The applicant identifies high-risk populations in their county and describes their capability and experience reaching the identified populations.	5
Roles and Responsibilities	The applicant describes the roles and responsibilities of key personnel, partners, and subcontractors in planning, implementing, and evaluating objectives and activities.	4
Subtotal		25

Scope of Work		
Section Component	Scoring Criterion	Point Value
Scope of Work	The applicant includes the Scope of Work, which meet all requirements listed in the Scope of Work instructions of this RFA.	5
Subtotal		5

Work Plan		
Section Component	Scoring Criterion	Point Value
Priority Area Objectives Identified (SMART)	The applicant includes three (3) core objectives and the number of elective objectives based on the selected tier funding level. The proposed objectives are SMART (i.e. Specific, Measurable, Achievable, Realistic, Time-bound).	7
Activities and Deliverables	The applicant describes in detail the activities to be implemented and identifies responsible staff, completion timelines, and all corresponding deliverables for each activity.	13
	Subtotal	20

Budget		
Section Component	Scoring Criterion	Point Value
Budget Narrative and Budget Detail	The applicant provides a <i>Budget Narrative</i> with a brief explanation of each line item on the <i>Budget Detail</i> .	5
Personnel Costs and Calculations	The applicant identifies personnel costs and lists all personnel by job category or classification, indicating total annual salary or salary range for FTEs and the percentage of time the position will be utilized on this project.	5
Operating Costs and Calculations	The applicant identifies reasonable operating expenses and includes appropriate formulas to justify costs. The descriptions are clear and the calculations are complete and accurate.	5
	Subtotal	15

Letters of Recommendation		
Section Component	Scoring Criterion	Point Value
Letters of Recommendation/ Commitment	The applicant includes two (2) Letters of Recommendation, which meet all requirements listed in the Letters of Recommendation instructions of this RFA.	5
	Subtotal	5
	Total	100

B. GRANT AWARD ADMINISTRATION

Proposed Award Distribution and Funding Amounts

CDPH expects to award between \$500,000 and \$1.5M annually for this RFA, contingent upon the availability of federal and state funds. The award of the grant is based upon a competitive application review and selection process. Each applicant will be notified directly of their application status by October 25, 2019. The minimum award given to each applicant chosen for funding will be \$20,000 per year. The funding award amounts are contingent upon: 1) the number of objectives chosen by the applicant, and 2) the applicant's demonstrated ability to implement the tier selected, as determined by CDPH's assessment.

Non-Responsiveness

An application is considered non-responsive if an applicant:

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

The State reserves the right to negotiate the agreement and not to award a grant if negotiations are unsuccessful. If an applicant fails to finalize the grant agreement, the State reserves the right to fund another application. Once an application is selected for funding, the applicant will receive a grant agreement with CDPH. The grant agreement will incorporate the proposed SOW. During the course of the grant, if unanticipated changes occur that impact the SOW (budget, etc.), changes to SOW must be approved prior to being implemented, and the revised SOW must be submitted via email to CDPH. A formal grant amendment may be required based on the requested changes.

C. GRANT TERM

The term of the resulting grant is expected to be 32 months and is anticipated to be effective from **January 1, 2020 through August 31, 2022**. Refer to Table 1 to review the proposed annual budget periods. The grant term may change if CDPH cannot execute the grant agreement in a timely manner due to unforeseen delays. CDPH reserves the right to extend the term and increase the funding amount of the resulting agreement via an amendment as necessary to complete or continue the services. Grant extensions are subject to satisfactory performance, funding availability, and possibly review and approval by the DGS.

Following the award notification, grant negotiations will occur with the grantee in a timely manner. Following grant negotiations, the grantee is required to submit a final Budget and Budget Justification in accordance with CDPH requirements. Depending on which tier the grantee applied for, a standard SOW will also become part of the formal

grant agreement. Upon completion and approval of these documents, the grant agreement will be fully executed and work may commence. The resulting grant agreement will be of no force or effect until it is signed by both parties and approved by CDPH. The grantee is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

The grantee is to expend funds in accordance with the negotiated line item budget. If changes in line items, salary ranges, or staffing patterns require modifications, the grantee must request a budget revision within the first nine months of each grant period, no revisions will be considered after the ninth month of the grant period. It is up to the discretion of CDPH whether or not to approve the revision.

D. GRANT AWARD APPEAL PROCESS

An applicant who has submitted an application and was not funded may file an appeal with CDPH. 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 failed to correctly apply the application review process, the format requirements, or to evaluate the applications as specified in the RFA.
- b. CDPH 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 and received on November 8, 2019, by 5:00 p.m. PST. The Chief of IVPB, or designee, will decide the outcome of the appeal based on the written appeal letter. The decision of the Chief of IVPB, or designee, shall be the final remedy. Appellants will be notified by email within 15 days of the consideration of the written appeal letter. CDPH reserves the right to withdraw, or respond, to the satisfaction of CDPH.

E. GRANT REPORTING, MONITORING, AND MATERIAL DEVELOPMENT REQUIREMENTS

Grantees are required to comply with administrative reporting, monitoring, and material development requirements outlined in this section.

Semi-Annual Progress Reports

The Progress Reports collect information and data for evaluation, analysis, and monitoring of project performance and project objectives outlined in the grantee's Work Plan. Components include, but are not limited to: project activities; staffing; training; and outcome data. The grantee is required to complete and submit the Progress Report using the CDPH Progress Report Template on or before the due date, determined by CDPH. All activities where baseline data is available should include updated data since the last reporting period, and a brief description of the change.

Quarterly Check-Ins with CDPH Staff

CDPH staff will be conducting quarterly check-ins with funded coalitions. Grantees will be required to identify progress, challenges, and successes, and will have an opportunity to request technical assistance from CDPH. Additionally, grantees are encouraged to participate in annual convenings by CDPH, COSN, and other partner agencies.

Material Development Requirements

Under this grant agreement, grantees will submit to CDPH for review and approval, and before dissemination, all materials created by the coalition/grantee to be publicly distributed. Grantees are required to upload all media materials to the CDPH Secure File Transfer site for CDPH review. Additionally, grantees will agree to use and disseminate CDPH media materials at the request of CDPH. Grantees are required to include CDC and CDPH disclaimer language below on all published media materials:

Disclaimer Language to Include:

Conference/Meeting/Seminar Materials:

Funding for this conference was made possible (in part) by the California Department of Public Health (CDPH), supported by Grant Number NU17CE925000 from the Centers for Disease Control and Prevention (CDC), and the Department of Health Care Services (DHCS), supported by Grant Number 18-95414 from the Substance Abuse and Mental Health Services Administration. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official views of the CDC, the Department of Health and Human Services, the CDPH, or [Enter Your Agency/Group Here].

Publications:

This publication (journal article, etc.) was funded (in part) by the California Department of Public Health (CDPH), supported by Grant Number NU17CE925000 from the Centers for Disease Control and Prevention (CDC), and the Department of Health Care Services (DHCS), supported by Grant

Number 18-95414 from the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, the Department of Health and Human Services, the CDPH, or [Enter Your Agency/Group Here].

Video Productions:

This video was produced by [Enter Your Agency/Group Here] and funded (in part) by the California Department of Public Health (CDPH), supported by Grant Number NU17CE925000 from the Centers for Disease Control and Prevention (CDC), and the Department of Health Care Services (DHCS), supported by Grant Number 18-95414 from the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, the Department of Health and Human Services, the CDPH, or [Enter Your Agency/Group Here]

PART 5. GLOSSARY OF ACRONYMS AND TERMS

Acronym/Term	Definition
CA Opioid Dashboard	California Opioid Overdose Surveillance Dashboard
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CHCF	California Health Care Foundation
COB	Close of Business
COSN	California Opioid Safety Network
County(ies)	The area the applicant serves (e.g., community, city, jurisdiction, region, tribal communities)
CURES	Controlled Substance Utilization Review and Evaluation System
DGS	Department of General Services
DHCS	Department of Health Care Services
EDs	Emergency Departments
FTEs	Full Time Equivalents
IRS	Internal Revenue Service
LOSCs	Local Opioid Safety Coalitions
MAT	Medication Assisted Treatment
MME	Morphine Milligram Equivalent
NOFO	Notice of Funding Opportunity
RFA	Request for Application
IVPB	Injury and Violence Prevention Branch
SAMHSA	Substance Abuse and Mental Health Services Administration
SOW	Scope of Work
SSP	Syringe Services Program
SUD	Substance Use Disorder
VISTAs	Volunteers in Service to America
WP	Work Plan