

Community Level Prescription Drug Overdose Prevention and Intervention Grant

The Utah Department of Health is requesting proposals to implement prevention strategies to improve safe prescribing practices and prevent prescription drug overuse, misuse, abuse, and overdose in the state of Utah. Local governmental organizations are eligible to apply. Approximately, \$400,000 is expected to be available and it is anticipated that there will be 4-6 awards ranging from \$64,000 to \$82,000. The Request for Proposal (RFP) may be accessed at <http://health.utah.gov/vipp/PDO/prevention.html>.

The Utah Department of Health has established a panel of experts who will review the applications and assign a score to each section of the application. An evaluation of each individual application will be based upon the criteria listed below:

- The extent to which the project is reasonable, utilizes a public health framework, addresses prevention at multiple levels (individual, community, society, policy), includes an evaluation plan, utilizes best practice principals and/or curriculum and will contribute to the prevention and intervention of prescription drug abuse and overdose in Utah.
- The demonstration of applicant's intent to create or build upon and work with a community prescription drug overdose coalition.
- The extent to which the estimated cost of the project is reasonable, considering the anticipated results;
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel; and;
- The degree of progress made on any current contract held with the Utah Department of Health, if applicable.

Successful applicants will receive an award letter from the Utah Department of Health informing them of the final funding decision contingent upon resolution of stated negotiation points and submission of Grantee Certified Assurances with official signature as well as the W-9 tax form.

I. GRANT APPLICATION INFORMATION

A. AUTHORIZATION

The Prescription Drug Overdose Prevention for States Grant is to enhance and empower community-level prevention and intervention.

B. ELIGIBILITY REQUIREMENTS

- An applying agency must be a government entity or organization.
- Only one application from each local health district jurisdiction will be accepted:

Bear River	Southeastern Utah	Utah County
Central Utah	Southwest	Wasatch County
Davis County	Summit County	Weber/Morgan
Salt Lake County	Tooele County	
San Juan Public Health	Tri County	
- Funding will only be provided for prescription drug abuse and overdose **prevention and intervention** strategies. Any curricula being utilized for prevention strategies should be evidence based, evidence informed or a promising practice.

C. CONTACT

For additional information, please contact Angela Stander, Prescription Drug Overdose Prevention Coordinator, at (801) 538-9370 or astander@utah.gov or Anna Fondario, Epidemiology Team Coordinator, at (801) 538-6201 or afondario@utah.gov.

D. DUE DATE (Tuesday, March 1 6:00 p.m.)

Applications must be received by VIPP at the Utah Department of Health, no later than 6:00 p.m., Tuesday March 1, 2016.

The application package MUST include:

- One original application signed by the authorized business official for the agency.
- Five, three-hole punched copies of the complete application, bound by a paper clip. **DO NOT STAPLE.**

Fully executed applications may be delivered by hand or by express delivery to the Utah Department of Health, Violence and Injury Prevention Program, 288 North 1460 West, Salt Lake City, UT. Submissions by mail must be sent to P.O. Box 142106, Salt Lake City, Utah, 84114-2106. **Applications must be received by 6:00 p.m. Tuesday, March 1, 2016.**

Applications that do not meet these requirements will not be reviewed and will be returned to the sender. Oral presentations may be required to clarify proposals. The contract will extend from May 1, 2016 through August 31, 2019.

E. TIMELINE

January 27, 2016	Request for Proposals released
February 8, 2016	RFP Questions phone call with VIPP 10a.m.-11a.m., 1-877-820-7831 Passcode 707568 #
March 1, 2016	Application's due no later than 6:00 p.m.
March 14, 2016	Award notification letters e-mailed
March 16, 2016	Conference calls with contracted agencies
March 18, 2016	Completed revision and finalized contracts due (This includes accurate W-9 and assurances)
April 15, 2016	Community-Level Prescription Drug Overdose Prevention and Intervention contracts finalized
May 1, 2016	Start date of award period

F. STATEMENT OF PURPOSE

The purpose of the Community-Level Prescription Drug Abuse and Overdose Prevention and Intervention Grant is to provide support for agencies to facilitate the creation, implementation, and /or continuation prescription drug abuse and overdose strategies in the state of Utah. According to The Centers for Disease Control and Prevention (CDC), the problem of prescription drug abuse and overdose is complex and multi-faceted. There are multiple drivers of the problem, such as provider clinical practices; insufficient oversight to curb inappropriate prescribing; insurance and pharmacy benefit policies; and a belief by many people that prescription drugs are not dangerous, which is associated with increased use. Local governmental agencies are eligible to apply. Funds are authorized through the Center's for Disease Control's, Cooperative Agreement CE07-701. Funding is provided to enhance and empower community-level prevention that decreases opioid misuse, abuse, and overdose by developing multi-disciplinary focused groups and coordinating intensive prevention efforts by: 1)using a public health approach; 2)building individual, organizational and community capacity for prevention; 3)applying the principles of effective prevention strategies; and, 4)evaluating prescription drug overdose prevention strategies and programs through a reimbursement contract.

G. SCOPE OF WORK

Only applications that demonstrate a public health approach to the prevention and intervention of prescription drug abuse and overdose will be considered. Competitive applications will be considered for strategies that reduce risk factors or build protective factors shown to contribute to the prevention of prescription drug abuse and overdose. This Grant will help build local health department capacity to develop and disseminate accessible analyses of local prescribing and mortality trends (e.g. by press release) to facilitate pickup by local media and coordinate intensive prevention efforts aimed at high-burden counties or sub-state regions with an emphasis on addressing problematic prescribing.

II. APPLICATION REQUIREMENTS

APPLICATION

- Signed Cover Sheet (Step 1)
- Notarized Certified Assurances (Step 2)
- Signed W-9 (Step 3)

BUDGET SECTION

- Budget Sheet FY16 (May 1, 2016-April 30, 2017) (Step 4)

NARRATIVE SECTION

- Statement of the Problem (Step 5)
- Evidence of Collaboration (Step 6)
- Program Plan and Evaluation (Step 7 & 8)
- Program Administration (Step 9)
 - 1. Organizational Chart
 - 2. Job Descriptions

STEP 1. CONTRACT COVERSHEET

1. Type the full name and telephone number of the official authorized to answer questions and relay information regarding contracts and awards for the agency.
2. Agency's name, mailing address (including zip code), phone number, and fax number.
3. *Scope of Project*: Check the primary service area(s) of the project.
4. Indicate the amount of PDOP award funds being requested.
5. Indicate the dates the project will begin and end. UDOH anticipates that the FY16 award period will be from May 1, 2016-August 30, 2019.
6. Check whether the award will enhance existing services or initiate new services.
7. Contractor is _____: which type of local government agency (e.g. local health department).
8. List your agency's Federal tax identification number.
9. Indicate the project's short title or name.
10. Project Budget Summary. In the "Categorical Budget Summary" list out expenses and total expenses in "Award Funds" column. List the projected amounts of expenditures in each budget category. Amounts must relate to the budget narrative. Supplies are minor, incidental expenses; equipment is any non-expendable item that has a unit cost of \$1,000 and useful life of more than one year. No match is required.
11. Type the full name and title of the official authorized to approve contracts and awards for the agency.
12. Type the full name of the program coordinator that will have the day-to-day responsibility for this award program. Include his/her telephone number if it is different than the one listed in box 2.
13. Signatures of the persons named in #12 and #13.

STEP 2. CERTIFIED ASSURANCES

1. The address must exactly match the address on the W-9.
2. The person stated on the Utah Department of Commerce, Business Entity Search <https://secure.utah.gov/bes/action/index> and the Central Contractor Registration www.bpn.org as the Registered Agent is the Authorized Agent of Corporation and must be one of the two signatures on the assurances on page 3 of 3.
3. This document must be notarized.

STEP 3. W-9

1. This document must also be signed by the Registered Agent listed on the Utah Department of Commerce, Business Entity Search and Central Contractor Registration.

STEP 4. BUDGET SHEET FY16

BUDGET SHEET (May 1, 2016-April 30, 2017)

1. List all personnel for whom salaries are funded through the grant. List full name and position, hours per year that are funded by this grant and hourly wage.
2. List all personnel for whom fringe is paid through the grant. List full name and position, fringe benefit rate and yearly salary.
3. List full name, organization and service provided for all individuals hired to give professional advice or service directly related to prescription drug overdose prevention activities outlined in your objectives.
4. List name and description of equipment item (per unit cost more than \$1,000.00) the quantity purchased and the unit price of the item.
5. List the name and description of the supply item, the quantity purchased and the unit price of the item.
6. List the travel destination and purpose of travel, total miles obtained during travel and the per-mile rate through the grant .
7. List the name and description if needed, the cost and quantity of item, service, etc.

Suspension or Termination of Funding: The Utah Department of Health may suspend, in whole or in part; terminate funding for; or impose other sanctions on a contractor for the following reasons:

- 1) Failure to make satisfactory progress toward goals or strategies set forth in its application;
- 2) Failure to adhere to award agreement requirements or special conditions;
- 3) Proposing substantial plan changes that, if originally submitted, would have resulted in the application not being funded;
- 4) Failure to submit reports by due dates;
- 5) Filing a false certification in an application or other report or document; or
- 6) Failure to attend required, PDOP meetings and site visits;
- 7) Other good cause shown.

Prior to the imposition of sanctions, the Utah Department of Health will provide reasonable notice to the grantee of its intent to impose sanctions and attempt informally to resolve the problem.

STEP 5. ASSESSMENT OF THE PROBLEM (Maximum of two pages narrative)

Please describe the extent of the prescription drug abuse and overdose problem or prevalence of known risk factors that contribute to prescription drug abuse and overdose in your community. Please use local data, where it exists, to substantiate your description. Please describe how your community has responded (or not) to the prescription drug abuse and overdose problem (community response and knowledge of the problem). Please include:

- A comprehensive narrative picture of the targeted community demographics.
- A description of the nature and scope of the problem to be addressed and its impact on the target area. If the problem is the result of several factors, these factors should be described.
- A description of the populations (if aware) most affected by prescription drug abuse and overdose within the community you plan to affect.
- If applicable, a description of existing efforts of your agency, or other community agencies, to address the problem. Provide any existing agency data and other relevant information.
- A description of any gaps existing in prevention or intervention services currently available and how the proposed strategy is going to meet these needs.

The purpose of this section is to develop a clear, concise picture of the problem and the need for the program. This section should also describe the methods used to assess the problem.

STEP 6. COLLABORATION/COALITION BUILDING (Maximum of two pages narrative plus attachments)

It is imperative that PDO funded programs involve diverse community stakeholders in community coalitions for the purpose of planning, implementation, and evaluation of comprehensive prescription drug abuse and overdose prevention and intervention strategies. A detailed plan of establishment to create a multidisciplinary data-focused group convening players from local public health and law enforcement to prevent prescription opioid abuse and overdose, especially by focusing on prescribing is necessary for this requirement.

STEP 7. PROGRAM PLAN AND EVALUATION (Maximum of eight pages narrative)

1. This section should describe in detail how the project will be implemented. Give a broad statement of the program's goal(s).
2. For every goal listed provide objective(s) to show how you will meet the goal. Objectives should be **SMART (Short-term, Measurable, Achievable, Relevant and Time-framed)**.
3. All activities that will take place in order to obtain that objective need to be listed.
4. A specific evaluation should be listed for each activity.

Example:

Goal 1: To increase awareness of prevalence and risk of prescription drug overdose in a specific geographic area.

Objective 1: Enlist a local health provider to train local health agencies on the assessment of patients according to the CDC and Utah Clinical Prescribing Guidelines.

Activities:

1. By January 2017, identify and train a designated training provider to train local health agencies on prescribing guidelines.
2. By September 2017, conduct X trainings in X local health agencies.
3. By October 2017, provide X provider and patient resources to X local health agencies that focus on risky patient and prescriber behavior.

Evaluation: Findings on the increased awareness of community members and providers on the risks and dangers of prescription drugs will be sent to the Utah Department of Health and community level evaluation will be evaluated by Utah Department of Health.

STEP 8. CAPACITY AND REPORTING (*Maximum of two pages narrative*)

Explain your ability to accomplish goals and objectives listed in the previous section.

As this is a competitive, discretionary program, there is no guarantee of continuation funding. Applicants are required to include a plan describing their commitment and capacity to continue the project if state funding through the PDO Program were no longer available. The plan will be evaluated on whether it proposes feasible strategies to preserve project activities long-term. **UDOH will provide technical assistance to the four to five PDO grantees in addition to the remaining local health departments who are not part of the PDO grantee group.**

STEP 9. PROGRAM ADMINISTRATION (*Maximum of one page of narrative plus attachments*)

1. This section of the application should describe how the project would be structured, organized and managed. It should identify and describe the qualifications and experience of the project director and project staff, how they will be selected, and their role and responsibilities (include job description(s)).
2. The applicant should provide an organizational chart of the applicant agency and describe how this project fits into the total organizational structure.