

**Request for Applications: Regional Opioid Safety Coalitions
Frequently Asked Questions (Updated 9/24/2015)**

CHCF held informational webinars on August 19 and September 9, 2015, regarding the RFA for Regional Safety Coalitions. The following are answers to questions that came up subsequent to the webinars.

You can view the recording of the September 9 webinar at www.youtube.com/watch?v=DNu2cQSXGmE.

For complete details on this RFA, see www.chcf.org/rfps/2015/regional-opioid-safety-coalitions.

Questions about who should apply:

Q1: For the cross-sector commitment part of the proposal, are any specific organizations required to be included in the application?

A1: No organizations are “required” but if there are organizations in your region that have been very pivotal in your county and they are not included, we might be concerned about the strength of the coalition. So we recommend that you do your best to get major stakeholders to the table. If this is not possible, then provide a brief explanation. The strongest applications will have broad representation.

We know that in individual communities, different organizations may want to step forward to submit an application. We want groups to work together to submit one application per county or region.

If you are unsure which organizations might be the best to lead in your county, email Kelly Pfeifer, MD, Director High Value Care (kpfeifer@chcf.org) and she will be able to assist.

Q2: Will you favor coalitions in urban, highly populated regions?

A2: We will evaluate coalitions on their strength. Then we will choose the finalists based on the geographical diversity of all applications across California.

Q3: Will you accept applications from counties that want to apply together?

A3: A cross-county collaboration would be welcome and encouraged.

Q4: Can any type of organization apply? Can private nonprofits apply?

A4: There are no requirements on lead applicant.

Questions about data:

Q5: You provided OSHPD data in the application. Will applicants be able to use our own data to develop the packets that will be sent off to you?

A5: Yes. We anticipate that every region would develop their own dashboard with their own data. Public health and CURES data will be available to you.

The state data is provided for your own use. For example, for a kick-off you may want to do a presentation comparing your county's data to other counties. If you have better sources of local data, feel free to use those.

Q6: Is there an evaluation?

A6: Due to the short time period of the collaborative, differences in regions and the time-lag in data availability, it will be difficult to attribute changes specifically due to this collaborative. However, we will be tracking death rates, prescription rates, and hospital rates, per county across the state. We will also be collecting and publishing lessons learned, trends and data for prescriptions, ED rates, etc.

We do encourage local coalitions to track progress towards their own goals.

Questions about budget:

Q7: Can the purchase of naloxone be included in the budget?

A7: You can use the budget any way you like. However if you use the budget to purchase naloxone, you should show another way to meet the administrative costs. For example in-kind clinical champion, in-kind clerical support, in-kind project management.

Q8: How should I list in-kind support?

A8: Please list in-kind personnel with % FTE on the CHCF budget form and write "in kind" in lieu of \$ amount. It is not necessary to list salary and benefits for in-kind support. Explain the personnel role and responsibilities in the grant narrative.

Other questions:

Q9: Will there be a specific (hashtag) associated with this project?

A9: Yes, we will share this soon.

Q10: Do we need to do an intervention in each of the three federal priority areas (safe prescribing practices, expanding access to medication-assisted addiction treatment, and spreading naloxone in the community)?

A10: Yes. The coalitions must create a balanced approach with at least one intervention in each of the federal priority areas.