



**Call for Letters of Interest:
Organization to Lead Learning Network for
California Opioid Safety Coalitions, 2017-2019**

Deadline: June 15, 2017

Announcement: The California Health Care Foundation (CHCF) is looking for a lead organization to manage a vibrant learning network of opioid safety coalitions across the state, aimed at lowering opioid overdose deaths and decreasing the burden of opioid overuse and addiction in California. The organization would have a public presence in the effort to reverse the opioid epidemic, and would closely collaborate with CHCF, the California Department of Public Health, and other state agencies.

About the California Health Care Foundation

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. Since 2015, CHCF has partnered with state agencies, health plans, clinicians, and local leaders to spread effective solutions to halt the epidemic of opioid overdose deaths and addiction.

Project Background

Opioid overuse is a significant and growing public health problem. Nationwide, opioid-related deaths increased nearly 400% between 1999 and 2008, and overdose death rates in rural Northern California regions are among the highest in the country. CHCF is working with partners across the state to decrease opioid-related deaths. Examples include supporting health centers to integrate addiction treatment into primary care, working with large health care purchasers and plans to increase opioid safety, and supporting local coalitions to lower overdose deaths in their communities.

Opioid Safety Coalitions Network. In November 2015, CHCF launched a network of 16 coalitions in 23 California counties, all aimed at lowering opioid overdose deaths through the three federal priority areas: promoting safer prescribing in local communities, increasing access to medication-assisted treatment (MAT), and increasing the availability of naloxone. Led by medical societies, public health departments, medical groups, county agencies, and independent nonprofits, these coalitions brought

together a group of diverse interests with one common purpose: to lower overdose deaths. Diverse stakeholders including hospitals, clinics, addiction treatment centers, law enforcement, public health, health plans, pharmacies, educators, consumers, and others gathered to review local data and devise specific actions to make measurable impact. Coalitions then self-organized into a steering committee and action teams, with SMART (Specific Measurable Actionable Relevant and Time-bound) goals. CHCF supported these efforts through virtual and in-person training, networking opportunities, coaching, communications assistance, and core infrastructure support. A group of advisors and mentors support the network, including coalition leaders, the California Department of Public Health, the California Department of Justice, UC Davis (evaluator on the project), and Partnership HealthPlan of California.

In the last 18 months, momentum spread across the state, and now at least 36 of 58 California counties have active coalitions – 12 of them supported by the California Department of Public Health. Coalitions have access to a statewide public data [dashboard](#) to allow leaders to easily access usable information and trend changes over time. Partnership HealthPlan of California supports coalitions in its network, and new federal grants have also infused funding and learning opportunities. CHCF aims to unify all this work into one coordinated network, to ensure local leaders stay connected and can create rapid change locally and across the state. CHCF commissioned an assessment of the Opioid Safety Coalitions Network: state and federal landscape, core components, successes, challenges, and recommended next steps. CHCF is basing our next funding phase on these recommendations.

Purpose of This Call for Letters of Interest (LOI)

CHCF intends to identify and fund an organization to lead and manage a broad network of opioid safety coalitions across the state and to serve as the backbone organization for this growing network.

Goals: Coalition counties make significant changes in opioid-related morbidity and mortality (from a 2016 baseline to 2019):

- At least 50% drop in overall opioid prescribing rates
- At least 20% drop in opioid-related ED visits and hospitalizations
- At least 20% drop in opioid overdose deaths
- 300% increase in buprenorphine prescribing rates (marker of access to medication-assisted addiction treatment)
- 100% increase in naloxone prescriptions, with naloxone available in community settings: drug treatment, needle exchange, local pharmacies, first responders

Responsibilities of network manager:

1. ***Provide support for coalition leaders in three tiers:***
 - a. ***Statewide training and network support at scale for the entire state:***
 - i. Website with curated resources and training opportunities
 - ii. Virtual learning opportunities (webinars or small group discussions)

- iii. At least two regional or statewide convenings, open to all coalitions and the public
 - iv. Monthly email digests, sharing spotlights of best practices, useful resources, helpful tips
- b. **Support services for 20 coalitions:**
- i. Provide monthly calls from a coach (improvement advisor), communications expert, and/or physician coalition lead for up to 20 coalitions. Calls would focus on developing SMART goals, problem-solving, and providing support and accountability.
 - ii. Host at least four regional smaller group workshops, focused on skill-building and sharing best practices.
- c. **Customized technical assistance for 8 coalitions:** In addition to the above, up to 8 competitively selected coalitions would receive more-intensive technical assistance and support, such as leadership and management training, site visits from subject matter experts, regional workshops, and/or other support as needed. These coalitions would also receive core support from CHCF. Select learning and training opportunities would also be made available to other interested statewide coalitions, as space allows.
2. **Work with coalitions to broaden strategic options, in addition to health care delivery system focus.** The network manager would bring in expertise on key topics important to coalition leaders, including prevention, policy advocacy, stigma reduction, behavioral health integration, etc., ensuring coalitions remain focused on short-term achievable goals.
3. **Provide (and/or curate and share) curriculum content** for the above, including the following (with input from an advisory group):
- a. Organizational health: leadership and management skills, effective meeting facilitation, project management basics, etc.
 - b. Improvement science: setting SMART goals, understanding tests of change
 - c. Measurement and data monitoring: using public data sources, setting up dashboards, using data to motivate change
 - d. Safer prescribing practices: getting community buy-in to guidelines, from guidelines to adoption, changing outlier behavior
 - e. Medication-assisted treatment: creative strategies to increase access — engaging primary care, integrating with behavioral health, telehealth, hub and spoke models, etc.
 - f. Naloxone: strategies to deploy naloxone into communities, including needle exchange programs, co-prescribing, and pharmacy dispensing
 - g. Other as recommended by advisory group
4. **Demonstrate and disseminate evidence of the coalition-based approach.** Collaborating with a CDC-funded UC Davis evaluation (analyzing coalition activity and impact on prescribing, emergency visits, and death rates), the network manager would assist coalitions with real-time monitoring and learning.
5. **Foster an integrated statewide response.** The network manager should ensure the coalition network activities remain aligned with other statewide and national efforts. In addition, the network manager would support an advisory group to help design curriculum and ensure coordination with other organizations supporting California coalitions, to create a seamless support network (e.g., California departments of Public Health, Health Services, and Justice; Partnership Health Plan, Smart

Care California, and others). The network manager should also participate in the statewide Prescription Opioid Misuse and Overuse Prevention workgroup, to ensure coordination with statewide efforts related to the epidemic.

- 6. Explore opportunities for sustainable funding after CHCF support ends in late 2019.** The network manager should work with coalitions to identify funding sources to support future work, and should explore the option of independent funding to continue the network management role past the end of CHCF's grant in December 2019.

Eligible organizations: CHCF is seeking organizations with the right mix of knowledge, skills, and experience (either within the organization or as subcontractors):

- Program management
- Curriculum development
- Experience in quality improvement, Lean, or other improvement methodology
- Experience teaching and coaching diverse stakeholders (e.g., clinicians, law enforcement, public advocates)
- Work with broad-based coalitions to achieve common near-term goals
- Cultural competence to address challenges in the epidemic with diverse local communities
- Experience addressing complex health issues (the opioid epidemic or similar)

Potential Budget and Timeframe

Budget: \$500,000 - \$1,000,000. Project timeframe: September 2017 to December 2019.

Review and Selection Process

After review of letters of interest, CHCF will identify and invite three to five organizations to submit detailed proposals. Here is the timeline:

- Submission of letters of intent: June 15, 2017, 5 PM
- Selection of organizations to submit full proposal: June 21, 2017
- Deadline for full proposal: mid-August 2017
- Decision on network manager: late-August 2017
- Grant period begins: September 2017

How to Apply

Letters of intent should be submitted as a single PDF and not exceed two pages. Please email your letter of intent to Glenda Pacha at gpacha@chcf.org by June 15, 2017 at 5 PM.

Please include the following:

1. Name, email, and phone number of lead contact
2. Organization name and description
3. Why is your organization interested in this project?
4. What background, skills, and experience does your organization bring to this work, specifically addressing criteria in “eligible organizations” above?
5. Which individuals would be leading and executing the work, and what are their qualifications? (You can attach CVs if you prefer; these would not count toward the page limit).
6. Two references who will address your organization’s relevant experience

For More Information

Visit CHCF’s Opioid Safety Coalitions Network.

Join our informational webinar on May 31, 8:30 AM -9:30 AM. [Sign up online.](#)

The Oakland-based Public Health Institute recently completed an assessment of the Opioid Safety Coalitions Network and included recommendations for next steps. To receive a copy of the report, please email CHCF Senior Communications Officer Lisa Aliferis, laliferis@chcf.org.

The recording and webinar slides will be available within two days after the webinar.