



**California Health Care Foundation**  
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

# Sustainable Funding Strategies for Opioid Safety Coalitions

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# Today's Speakers

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- All attendees will be **muted** for the presentation and unmuted individually during Q and A. Please minimize background noise when you are unmuted.
- This session will be **recorded**
- Slides and recording will be posted **within a week** on the CHCF website: [www.chcf.org/oscn](http://www.chcf.org/oscn)

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- Click the “Raise Your Hand” icon on your webinar control panel and we will unmute individual attendees during Q and A  
(or)
- Use the question box to write your question and we will unmute in order of questions received

## To ask a logistical question about the webinar

- Use “Chat to the Host”

# Upcoming Events and Webinars

**March 8, 2017: 12:30-1:30 pm.**

Increasing Access to Medication-Assisted Treatment  
Through the Hub-and-Spoke Model.

**April 3, 2017: 12:30-1:30 pm.**

Academic Detailing

# Government Funding

## STATE:

- CA Department of Public Health coalition support (due February 10, 2017)
- <http://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/PDOP%20RFA%20January%202017.zip>

## FEDERAL:

- <http://grants.gov>
- Prevention of misuse in women (\$20-100k)
- <http://open-grants.insidegov.com/I/47990/FY17-Prevention-of-Opioid-Misuse-in-Women-Office-on-Women-Health-Prevention-Awards-OWHPA-WH-AST-17-001>
- Drug-free communities (\$125k/year, for 5-10 years)
- <http://www.cadca.org/drug-free-communities-dfc-program>

# Comprehensive Addiction Recovery Act (CARA)

## FUNDING UPDATE

Today the Bureau of Justice Assistance (BJA), U.S. Department of Justice released the solicitation for the **Comprehensive Opioid Abuse Site-Based Grant Program (COAP)**, funded through the **Comprehensive Addiction and Recovery Act (CARA)**.

### *Who will be eligible to apply for BJA's Comprehensive Opioid Abuse Site-Based Grant Program (COAP)?*

As laid out in CARA, applicants may include state agencies, units of local government, and federally-recognized Native American and Alaskan tribal governments. BJA will also accept applications that involve two or more entities, including treatment providers and other not-for-profit agencies, and regional applications that propose to carry out the funded federal award activities. Specific eligibility requirements by category can be found [here](#).

# Comprehensive Addiction Recovery Act: new opportunities

## Opioid Abuse Site-Based Program

<https://www.bja.gov/Funding/CARA17.pdf>

Due: April 25, 2017

Eligible: state agencies, units of local government, or regional coalitions

### Categories:

- Overdose Outreach

- Technology-Assisted Treatment

- System-Level Diversion and Alternative to Incarceration

- Statewide Planning, Coordination and Implementation

- Harold Rogers PDMP Implementation

- Data-Driven Responses to Prescription Drug Misuse

# Foundation funding

Foundation Center: Find Funders

- <http://foundationcenter.org/findfunders/>

Council on Foundations

- <http://www.cof.org/>



## Specific to your county:

- Local corporations and organizations
- Health plans (grant funding for coalitions or special projects)
- Criminal justice
- PRIME funding (public and district hospitals)
- Community benefit funding

# Hospital Community Benefits:

## Funding opportunity for local opioid coalitions

- IRS requires non-profit hospitals to provide community benefit in exchange for federal tax-exempt status
- Classified as charities, not for profit hospitals are exempt from local, state, and federal taxes
- Hospitals must partner with community groups and public health leaders to determine needs to guide strategic investment
- Two stages
  - Needs Assessment
  - Implementation plan
- IRS regulated; expanded under ACA

# Search results: January 24, 2017

<https://www.whitehouse.gov/ondcp/prevention/community-benefit/success-stories>



# Opportunity: Community Health Needs Assessment (CHNA)

- CHNA: “A systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act on unmet community health needs.”
- Quantitative and qualitative
- Every three years
- Results made widely available to the public

# Goal One: Make the CHNA Cut

- Local CHNA's must recognize opioid epidemic as threat to health in your community
- Solution to opioid crisis is “community need”
- Strategies for coalitions to consider:
  - Inquire about local CHNA process
  - Offer data
  - Rally community awareness and concern with your call to action
  - Organize voices of advocacy groups (e.g. HIV, SU)
  - Attend CHNA public forums

# Goal Two: Hospitals Invest Community Benefits Dollars in Your Coalition

- Implementation Plan:
  - “The hospital’s plan for addressing community health needs... identified in the community health needs assessment.”
- “Community Benefit”
  - Benefits that flow back to a community from a hospital
  - Loosely, and locally defined
  - IRS requires “the promotion of health for a class of persons sufficiently large so the community as a whole benefits.”

## Goal Two: Hospitals Invest Community Benefits Dollars in Your Coalition

- Community benefits funding processes vary
- Check hospital website
- Criteria hospitals consider:
  - Intrinsic need
  - Visibility, public relations
  - Potential impact through one-time funding (one-year allocations)
  - Synergy between community benefit and reducing unwanted ED visits and hospitalizations
    - Coalition based prevention efforts (MAT, naloxone, community education etc.)

# How are your hospitals spending their community benefits dollars?

- “Reports must be posted, easy to find, and available for free download on the hospital’s website or on another website and paper copies must be available for public inspection free of charge.”
- Example:  
[www.maringeneral.org/upload/Community-Benefit-Report-2015.pdf](http://www.maringeneral.org/upload/Community-Benefit-Report-2015.pdf)



# An option to tap local resources: Consider Hack-a-Thon



## Steps:

- Access community of techies (e.g. high school or college)
- Offer space and access to necessary data or tools
- Pitch a problem that may have tech solution (e.g. app)
- Offer award for best solution
- Example: “We need a better way to connect people with pain to local resources for non narcotic pain management.”

# Funding support from local government: Benefits go beyond dollars

- Raises awareness more broadly (via public forum, agenda, bully-pulpit) per issue and coalition work.
- Concrete action (psychologically and symbolically important) regardless of funding level; demonstrates interest on part of elected/policy makers
- Practically important (beyond the \$\$) as elected/policy makers will have “skin in the game” paving the way for future support and policy/regulatory action

# How To Approach Local Government for Support

- Identify champion on board or council
- Leverage coalition member relationships with board/council members towards informal education/case making
- Timing of ask is important: have a strategy for when and what to bring to public stage, when to make general support ask, funding ask
- Make it easy for elected to support coalition objectives
  - “Call to action:” need, urgency, relevance to constituency
  - Demonstrate your organizational capacity and commitment
  - Don’t ask from them more than they can give
- Build on relationship – invite/include electeds in events/forums; apprise of progress
- Government officials, local leaders can be valuable resource beyond a funding source – use them

# Questions and Discussion

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