

REQUEST FOR
GRANT
PROPOSALS

2016



Utah
Community-
Level
Prescription
Drug
Overdose
Prevention
and
Intervention
Grant.

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REQUEST FOR GRANT PROPOSALS

Application Deadline, Tuesday March 1, 2016

PLEASE READ VERY CAREFULLY

The Utah Department of Health Violence and Injury Prevention Program (VIPP) 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 per grant year is expected to be available and it is anticipated that there will be 4-5 awards ranging from \$64,000 to \$82,000 per grant year.

Applicants must submit program and budget proposals reflecting programming for the funding period of May 1, 2016 to August 31, 2019. Applications without all requested documentation will **not** be considered.

The VIPP 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 principles and/or curriculum, and will contribute to the prevention and intervention of prescription drug overdose efforts;
- The demonstration of applicant's intent to create or build upon a community prevention coalition dedicated to prescription drug overdose prevention and intervention;
- 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 UDOH/VIPP, if applicable.

SUBMISSION DETAILS

Applications must be received by VIPP staff at the Utah Department of Health, before **6:00 p.m., Tuesday March 1, 2016**. The application package MUST include:

- One original application signed by the registered agent for the agency. The person signing must be listed as the Registered Agent on the Utah Department of Commerce, Business Entity Search <https://secure.utah.gov/bes/action/index> ;
- Five, three-hole punched copies of the complete application, bound by a 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 before 6:00 p.m. Tuesday, March 1 2016, without exception. Applications that do not meet these requirements will **not** be reviewed and will be returned to the sender.

The Request For Grant Proposals and the Grant Application can be found at:

<http://health.utah.gov/vipp/pdf/RxDrugs/pdo-request-for-proposals.pdf>

<http://health.utah.gov/vipp/pdf/RxDrugs/pdo-grant-application.pdf>

CONTACTS

The VIPP encourages any organization needing assistance with the application to contact Angela Stander at (801) 538-9370 or astander@utah.gov or Anna Fondario at (801) 538-6201 or afondario@utah.gov.

INTRODUCTION

MISSION

The goal of the Utah Community Level Prescription Drug Overdose Prevention and Intervention (PDOP) Grant is to enhance and empower community-level prevention and intervention that decreases opioid abuse, emergency department visits, overdoses, and other indicators of prescription drug overdose burden. The VIPP approaches prescription drug abuse and overdose from a public health perspective, recognizing that community-level prevention, including efforts to change cultural norms, behaviors, and practices are essential along with targeting the problematic prescribing behaviors and patterns of providers in order to create a community free from prescription drug abuse.

These funds cannot be used for treatment.

PREVALENCE

Prescription drug abuse is defined as the use of a medication without a prescription, or in a way other than as prescribed. Prescription drug abuse and overdose in Utah is a serious public health problem affecting thousands of residents each year. Studies indicate that in Utah more people die by prescription overdose than by motor vehicle crashes. From 2012-2014 Utah ranks 4th in the nation for prescription drug overdose deaths.

In the past decade, Utah has experienced a more than 400% increase in deaths associated with misuse and abuse of prescription drugs, making prescription drug overdose one of the leading causes of injury deaths in Utah. Problematic prescribing practices are a leading contributor to this epidemic. Safe and informed prescribing practices and instituting sensible prescribing guidelines can help stop it.

The three small areas with prescription opioid rates significantly higher than the state rate are Carbon/Emery Counties, Downtown Ogden, and Taylorsville (East)/Murray (West). The 2012-2014 rates were used to make this determination.

BACKGROUND

The VIPP and the Utah Pharmaceutical Drug Community Project (UPDCP) collaborated to enlist individuals, organizations, and agencies to participate in a statewide multi-disciplinary coalition addressing prescription drug and opioid abuse and overdose. The UPDCP is a multi-disciplinary, statewide coalition that promotes a climate where prescription opioid drug

abuse and overdose are addressed as priority issues that impact all Utah communities. Its vision is to change prescribing behaviors of providers and improve Utah's surveillance of prescription drug abuse, misuse, and overdose understanding of the overwhelming significance of this public health, social service, and law enforcement problem.

TIMELINE

February 1, 2016	Request for grant proposals released
February 8, 2016	RFP Questions phone call with VIPP 10a.m.-11a.m., 1-877-820-7831 Passcode 707568 #
March 1, 2016	Applications due before 6:00 pm
March 14, 2016	Award notification letters e-mailed
March 16, 2016	VIPP Conference calls with agencies selected for award to discuss any work plan and budget revisions (1-5 pm)
March 18, 2016	Completed revision and finalized work plans and budgets due to VIPP (This includes accurate W-9 and assurances)
April 8, 2016	Draft Prescription Drug Overdose Prevention (PDOP) grant contracts sent to recipients for review
April 13, 2016	Contract revisions from recipients must be received by VIPP
April 15, 2016	PDOP contracts finalized and submitted in SharePoint System for signature process
May 1, 2016	Start date of award period
May 31, 2017	Year one progress report and final year invoices due

May 31, 2018	Year two progress report and final year invoices due
May 31, 2019	Year three progress report and final year invoices due
May 31, 2020	Year four progress report and final year invoices due
August 30, 2019	End data of award period
September 3, 2019	Final progress and financial status reports due

AUTHORIZATION

The VIPP is authorized to allocate and administer funds for prescription drug abuse and overdose prevention and intervention through a Cooperative Agreement with the CDC. These funds will strengthen prescription drug abuse and overdose prevention efforts through the provision of grants to community-based organizations to provide prescription drug overdose prevention and intervention aimed at decreasing the number of prescription drug overdose and improving the prescribing behaviors of providers. Funds are available as specified in this Request for Proposal (RFP) for prescription drug abuse and overdose prevention and intervention programs.

FUNDING PURPOSE

The purpose of the Community Level Prescription Drug Overdose Prevention and Intervention Grant is to provide support for agencies to facilitate the creation, implementation, and/or expansion of Prescription Drug Abuse and Overdose Prevention (PDO) strategies in the state of Utah.

Funds are authorized through the Centers for Disease Control and Prevention's, Cooperative Agreement CE15-1501. Cooperative Agreement Funding is provided to build and enhance grantees' capacity to effectively decrease the amount of opioid abuse, emergency department visits, overdoses, and other indications of prescription drug problems by developing multi-disciplinary

data-focused groups and coordinating intensive prevention and intervention efforts with an emphasis on addressing problematic prescribing 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 and intervention strategies and programs through a reimbursement contract.

Activities of the Cooperative Agreement include deploying and coordinating intensive prevention efforts in high-burden communities and working to disseminate analyses of prescribing and overdose trends.

The severity of the prescription drug overdose epidemic can vary widely throughout a state, and there are many opportunities for enhancing prevention at the county and local level. This program presents states the opportunity to engage community partners and implement community-level interventions in state "hot spots". By equipping high-burden communities with promising, evidence-informed, data-driven prevention, states can focus resources and efforts within the communities most impacted by the epidemic.

Outcomes for this Community Level Prescription Drug Overdose Prevention and Intervention Grant RFP should include:

- Identification of communities with a high burden of drug overdose deaths
- Expanded use of opioid prescribing guidelines in the emergency departments of high-burden areas
- Improved capacity for acquiring, analyzing, and disseminating drug overdose data
- Decrease in opioid abuse, emergency department visits, overdoses, and other indicators in high-burden communities.

In the intermediate term, awardees are also expected to demonstrate change in provider and patient behaviors; for example:

- Decreased rate of high-dose opioid prescribing by providers;
- Decreased rate of problematic drug combinations prescribed by providers;
- Decreased rate of multiple providers for opioid prescriptions;
- Increased use of medication assisted treatment;
- Increased use of drug utilization reviews to identify prescriptions that may put patients at increased risk for overdose;
- Increase in academic detailing or other provider outreach related to potentially risky prescribing based on drug utilization reviews; and

- Decreased prescribing of methadone for pain.

Recommended grantee activities to engage in order to advance or establish community intervention efforts:

- 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. For an example, see, New York City’s RxStat initiative, as described in Heller D, Bradley O’Brien D, Harocopos A, Hreno J, Lerner J, McCoy EB, Nolan M, Phillips Lum P, Tuazon E, Parker C, Kunins H, Paone D. RxStat: Technical Assistance Manual. 2014, New York City, available at <http://www.pdmpassist.org/pdf/RxStat.pdf>.
- Build local 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 social media.
- Coordinate intensive prevention efforts aimed at high-burden communities with an emphasis on addressing problematic prescribing.
- Awardees can use this funding to enhance uptake of evidence-based opioid prescribing guidelines. For example, awardees could engage in efforts to enhance guideline-concordant care (e.g., quality improvement programs, such as use of academic detailing); and effective dissemination of information about the guidelines to providers, health systems, insurers, or pharmacy benefit managers, particularly in high burden communities.

The above activities are not required; awardees can choose from the recommended activities or propose activities that are not listed if they are evidence-based and advance community level interventions.

ELIGIBILITY FOR PDOP GRANTS

1. Applicants must be local health departments or local government agencies located in the state of Utah.
2. Only one applicant from each local health district jurisdiction should apply (e.g. local health department **OR** local substance abuse authority). Utah has 13 local health departments and substance abuse authorities:

Bear River

Davis County

San Juan Public Health

Central Utah

Salt Lake County

Southeastern Utah

Southwest

Tri County

Weber/Morgan

Summit County

Utah County

Tooele County

Wasatch County

3. Applicants must demonstrate a clear understanding of the current problem, risk factors, and solutions for prescription drug abuse, the principles of prevention and show how they will address these complex issues.
4. Applicants must also show the level of commitment to the issues and why they believe they are the best organization to address these issues in the proposed target community.
5. Applicants must be able to explain why they believe this issue is a high burden in their area.
6. Previous VIPP funding recipients **MUST** be in good standing with the VIPP by demonstrating that they have submitted any required documentation and reports by their due date and are showing satisfactory progress on any current contracts.

The RFP Review Committee reserves the right to deny funds to those organizations that do not meet the requirements of this grant and to give preference to prescription drug overdose high burden areas.

ALLOWABLE ACTIVITIES

Applicants must demonstrate the use of widely accepted and proven methods and strategies. These methods/strategies include:

- **Evidence-based:** Grantees are strongly encouraged to use the best available evidence for program planning and development. Activities must be evidence-based (Have evaluation and research data on the effectiveness of a certain program or strategy) or documented promising practice. Local and published data, such as data from reports or surveys can be good sources for program planning. Published data can be helpful in identifying risk and protective factors and risk groups for prescription drug abuse. Risk groups are identified by demographic variables that are not easily changed such as gender, race, or age. Risk and protective factors are characteristics of either the person or their environment that are more easily modified such as attitudes, beliefs, and behaviors.
- **Developmentally appropriate materials and approaches:** Applicants should demonstrate use of materials that are developmentally appropriate for the targeted population. The use of

developmentally appropriate approaches takes into account the level of physical, social, emotional, and intellectual development of the participants.

- **Inclusion of post-session materials:** Applicants should incorporate use of informational materials into proposed activities. Research shows that informational materials should be provided as learning reinforcement in addition to educational seminars and trainings.
- **Partnerships and Collaboration:** Applicants should demonstrate collaboration with other organizations to share resources and integrate messages into existing systems. Partnership and collaborative efforts can enhance program capacity to achieve intended outcomes.
- **Nine principles of prevention:** Applicants should make every effort to incorporate the nine principles of prevention into prevention efforts. Nine characteristics have been consistently associated with effective prevention programming. Effective programming includes:
 1. Comprehensive strategies;
 2. Varied teaching methods;
 3. Sufficient dosage;
 4. Theory driven;
 5. Opportunities for positive relationships;
 6. Appropriately timed;
 7. Socio-culturally relevant;
 8. Outcome evaluation; and
 9. Well-trained staff.

Activities or areas that **will not** be considered as an allowable cost in award of funds are:

- Direct intervention or treatment services;
- Projects/services which duplicate existing training, education, or services in a geographic area;
- Purchase of clothing, food, shelter, intervention support groups, therapy, or similar costs;

Funds **are not** used:

- For drug take back events, medication drop boxes, purchase of naloxone, directly funding substance abuse treatment programs.
- For lobbying purposes, fundraising activities or political education. Lobbying includes any effort to influence legislative action, including local ordinances. Positions supported with PDOP funds cannot be lobbyists;
- For building alterations, renovations or construction;
- To supplant on-going or usual activities of any organization involved in the project;
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- To reimburse pre-award costs;
- For the purchase of furniture or equipment;
- For out of state travel expenses.

PROPOSAL APPLICATION

Proposals for Prescription Drug Overdose Prevention (PDOP) must adhere to the requirements set forth by the VIPP. Proposals that do not conform to these requirements will not be considered. These requirements are:

Applicants shall include one (1) original and five (5) three-hole punched copies responsive to the terms of the RFP. In addition, the respondent shall submit an electronic copy of the proposal and application to astander@utah.gov **PROPOSALS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

Application format:

- Applications should be 3 hole-punched, unstapled and unbound. Individual copies may be separated by a binder clip.
- The name of the organization and page numbers should appear on every page of the application.
- All text should be produced in a 12-point font, Times New Roman and double-spaced.
- Applications should include the required information described below in the order specified.
- Application's maximum number of pages is 25 pages. *Attachments are not counted in the page limit and may include items such as resumes, job descriptions, etc.*

Applications should include the required information below in the order specified. Pages must be numbered.

SECTION ONE: FORMS (10 POINTS)

- Cover Sheet (Form 1)
- Assurances (Form 2)
- W-9 (Form 3)

SECTION TWO: IDENTIFY THE PROBLEM (12 POINTS)

This section should provide an overview of the problem or challenge which needs to be addressed and the target population.

- **Problem Statement:** Describe the problem that prompts the applicant to propose the project. Provide data regarding the nature and extent of the identified problem. The identified problem must be related to the program's goals and objectives.
- **Target Population:** Indicate the target population that your project will serve (i.e., adult, youth and/or underserved). Describe the target community including its location, population, geographic nature (i.e., rural, urban or combination) and other relevant demographic and geographic information.

SECTION THREE: COLLABORATION (14 POINTS)

This section should identify and describe the role of any collaborative efforts with other agencies necessary for the completion of the project including:

- Applying agencies must engage community partners to implement evidence-based community-level interventions and they must collaborate with the local health department, local mental health and substance abuse authorities, local law enforcement, the local prevention coalition, and the Utah Pharmaceutical Drug Community Project.
- A detailed plan and timeline to establish 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.

- Enhancement of a community prevention coalition or working with a current coalition. Your plan should include representation from diverse, key community members, and agencies.
- Three letters of support, letters must show how your agencies will be working together on this PDOP grant. These letters must not be dated earlier than January 2016.

Technical Assistance provided by Utah Department of Health will include the following:

- Work with PDOP grantees to develop multi-disciplinary data-focused groups involving local agencies;
- Assist PDOP grantees in developing Community Prescription Drug Abuse Prevention Toolkits with local prescribing data, mortality trends, resources, and local stories;
- Data analyzed by Utah small area will be shared with PDO grantees, grantees will identify area resources, and collect stories;
- Assist grantees in facilitation and dissemination of media releases of data and publications;
- Collaborate with PDOP grantees to identify areas of high prescribing for academic detailing;
- Provide technical assistance to revise annual work plans;
- Provide Assistance in advancing program activities to achieve project outcomes;
- Provide scientific subject matter expertise and resources;
- Collaborate with awardees to develop evaluation plans that align with CDC evaluation activities;
- Provide technical assistance on awardee's evaluation and performance measurement plan;
- Provide technical assistance to define and operationalize performance measures;
- Facilitate the sharing of information among grantees;
- Translation and dissemination of lessons learned through publications, meetings, surveillance measures and other means on promising and best practices to expand the evidence base.

SECTION FOUR: PROJECT PLAN (15 POINTS)

This section is an illustration of what the applicant proposes to accomplish over the four year grant period; and should include goals that change the knowledge, attitudes, beliefs, and behaviors that support prescription drug abuse and overdose and that reduce the amount of prescribed prescription drugs. Applicants should describe major goals and **measurable** objectives for the program.

Goals: Provide a brief description of the organization's goals, which should be broad statements of what the organization plans to accomplish with the funds.

(Example) Goal 1: To increase public knowledge and awareness about the rates of opioid overdose..

Objectives: A useful framework for developing goals and objectives is the SMART method.

Objectives should be SMART— that is, Specific, Measurable, Achievable, Realistic, and Time-phased. Objectives are statements that describe program results to be achieved and how they will be achieved.

- **Specific** objectives include who will be targeted and what will be accomplished.
- **Measurable** objectives include how much change is expected specifically enough that achievement of the objective can be measured through counting or documenting change.
- **Achievable** objectives can be realistically accomplished given your program’s existing resources and constraints.
- **Realistic** objectives address the scope of the health problem and propose reasonable programmatic steps.
- **Time-phased** objectives provide a timeline indicating when the objective will be met.

To learn more about SMART objectives, view this power point at <http://www.cdc.gov/healthyouth/evaluation/pdf/SMARTcards.pdf>

(Example)

Objective 1.1: By June 30, 2016, the Prevention/Intervention Program will have created a toolkit for the area providing current local data and local treatment resources.

Objective 1.2: By September 30, 2016, the PDOP Coordinator will analyze and report preliminary findings on the increase in attitudes, beliefs, and knowledge about the risks of prescription drug abuse and overdose.

Objective 1.3: By November 31, 2016, the Center will make adjustments to the program if preliminary findings indicate such a need.

Outcome Statement: How will the problem have improved at the end of grant cycle? List anticipated changes in participants (e.g., decrease in emergency department visits at local hospitals for prescription drug overdose), organizations or other targets such as a change in policy or protocol.

(Example) Outcome Statement 1: Within three months of the toolkit publication, the local health department will have disseminated the information through public awareness and outreach (e.g. media and press release).

SECTION FIVE: EVALUATION PLAN (12 POINTS)

This section should assess the progress of the project, changes in the participants, and changes in the environment. All funded projects are required to participate in both a process and outcome evaluation.

Staff Responsible: Applicants should provide the name of the staff person who will be responsible for implementing the evaluation plan, collecting data, analyzing results, and recommending program improvements based on evaluation results. Job descriptions should reflect an appropriate percentage of staff time to be devoted to program evaluation.

Process Evaluation: Grantees are required to complete Annual and Semi-annual Reports that describe progress towards goals and objectives, including the number and type of activities completed. Funded programs should also utilize tools or instruments, such as satisfaction surveys or participant interviews to determine needed improvements/ enhancements to their programs. Describe how the organization will measure and assess program materials and activities on an on-going/continual basis.

Outcome Evaluation: Funded projects are also expected to plan and implement an outcome evaluation for **all** proposed activities. All grantees will be responsible for analyzing and reporting on results.

Tool/instrument: Include type of information gathered (interview, survey, pre/post etc.) the tool/instrument, when it is administered, who is evaluated, any consent issues.

If applicants have conducted evaluations in the past and wish to use other evaluation instruments, please describe your evaluation design (methods, sample, and data collection procedures) and provide a copy of your survey or instrument as an attachment.

SECTION SIX: CAPACITY, SUSTAINABILITY AND REPORTING (16 POINTS)

This section should illustrate the applying organization's capacity and its ability to provide prevention services to its population and carry out the implementation of the project. Include the following information:

- Detailed explanation of the ability of agency/staff to accomplish the goals and objectives
- Detailed explanation of any anticipated barriers to achieving goals and objectives
- Detailed plan describing the commitment to building capacity and sustainability

SECTION SEVEN: BUDGET SUMMARY (15 POINTS)

This section should demonstrate how funds will be allocated. All funds budgeted in the grant must be supported by the project plan. Complete the Budget Sheets (Forms 4-8). Each budget item must be fully justified and/or explained in the detailed budget narrative. Year 1 Budget *May 1, 2016-April 30, 2017*(Form 4)

- Year 2 Budget *May 1, 2017-April 30, 2018* (Form 5)
- Year 3 Budget *May 1, 2018-April 30, 2019*(Form 6)
- Year 4 Budget *May 1, 2019-August 30, 2019* (Form 7)

SECTION EIGHT: PROGRAM ADMINISTRATION (8 POINTS)

This section should outline the management structure and organizational capability for program implementation and the extent to which the project personnel are qualified. Include the following information:

- Organizational chart with names and titles;
- Personnel job descriptions, qualifications, and any background relevant to prescription drug abuse and overdose prevention.

REVIEW PROCESS

All applications will be reviewed by the RFP Allocation Committee on March 7, 2016.

Awardees will be notified by email March 14, 2016. VIPP Conference calls with agencies selected for award to discuss any work plan and budget revisions March 16, 2016(1-5 pm).

