

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: California Injury and Violence Prevention Branch Overdose Data to Action – Peer to Peer Opioid Stewardship Alliance (OLA)
2. Department: Department of Public Health
Center for Public Health Research (CHPR)
3. Contact Person: Philip Coffin Telephone: 415-437-6282
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$750,000 in the 3-year project period
(Year 1 = \$250,000; Year 2 = \$250,000; Year 3 = \$250,000)
- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: Center for Disease Control (CDC)
b. Grant Pass-Through Agency (if applicable): California Dept of Public Health (CDPH)
8. Proposed Grant Project Summary:

The Opioid Stewardship Learning Alliance (OLA) will build upon the success of our current academic detailing initiative (CIAO) by formalizing and enhancing peer-to-peer learning, trainings, and technical assistance (TA) to states, jurisdictions, and healthcare systems throughout the U.S. in developing and implementing academic detailing (AD) services for opioids. Phillip Coffin MD and Emily Behar PhDC are optimally positioned to provide this service, as they have deep expertise and already provided extensive TA to multiple programs across the U.S., with CIAO materials already in use in 19 states. OLA will provide ongoing TA through a multi-component learning collaborative (LC) which will provide a structured virtual space for detailers to access TA from each other and CIAO experts, share implementation experiences with each other, and access up-to-date evidence based scientific literature. The LC will consist of 4 central components, including: (1) brief educational “sprints” (approx. 3-month series of interactive webinars covering topics identified by external partners); (2) an interactive library serving as a repository for current evidence-based literature, a space for detailers to upload and download materials, and facilitated question and answer dialogue between detailers; (3) quarterly videoconferences enabling partners to provide short presentations of progress and barriers; and (4) individualized in-person TA as requested from OLA experts and through a twinning program to pair early-stage detailers with pre-existing programs in similar settings.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Approved Year one project:	Start-Date: 01/01/2020	End-Date: 08/31/2020
Full project period:	Start-Date: 01/01/2020	End-Date: 08/31/2022

10a. Amount budgeted for contractual services: \$222,085 each year
\$666,255 in the 3-year project period

b. Will contractual services be put out to bid? No

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A

d. Is this likely to be a one-time or ongoing request for contracting out? On-going

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$3,698 each year; \$11,094 for 3 years

b2. How was the amount calculated? 25% of total personnel cost

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? n/a

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to January 01, 2020. The Department received the full award agreement on December 18, 2019.

This grant does not require an ASO amendment and partially reimburses the Department for two positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.04	01/01/2020	08/31/2020
2	2593	Health Program Coordinator III	0.07	01/01/2020	08/31/2020

Department ID: 240658

Project ID: 10035904

Activity ID: 0001

Proposal ID: CTR00001750

Version ID: V101

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

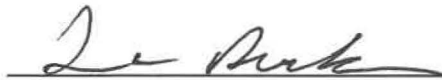
Toni Rucker, PhD

(Name)

DPH ADA Coordinator

(Title)

Date Reviewed: 2-25-2020


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax

(Name)

Director of Health

(Title)

Date Reviewed: 2-25-2020

