File No. 220289 **Committee Item No.** 6
Board Item No. 7

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** May 18, 2022
Board of Supervisors Meeting **Date** May 24, 2022

Cmte Board

Cmte	Board	
☐	☐	**Motion**
☒	☒	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form**
☒	☒	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☒	☒	**Grant Information Form**
☒	☒	**Grant Budget**
☐	☐	**Subcontract Budget**
☒	☒	**Contract/Agreement**
☐	☐	**Form 126 – Ethics Commission**
☐	☐	**Award Letter**
☒	☒	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☒	☒	Executed Subaward Agreement 2/28/2022
☒	☒	Application Request 9/16/2021
☒	☒	Application Notification
☒	☒	Revised Line Item Budget
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Completed by: Brent Jalipa **Date** May 12, 2022
Completed by: Brent Jalipa **Date** May 20, 2022

[Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - National Association of County and City Health Officials - Implementing Overdose Prevention Strategies at the Local Level (IOPSLL) - $500,000]

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of $500,000 from the Centers for Disease Control and Prevention through the National Association of County and City Health Officials for participation in a program, entitled "Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)," for the period of January 1, 2022, through July 31, 2023.

WHEREAS, The Centers for Disease Control and Prevention (CDC), through the National Association of County and City Health Officials (NACCHO) as a pass-through entity, has agreed to fund the Department of Public Health (DPH) in the amount of $500,000 for participation in a program, entitled "Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)," for the period of January 1, 2022, through July 31, 2023; and

WHEREAS, This grant funding will provide new programming to incorporate distinct interventions, such as developing, launching, and evaluating an urgently-needed opioid overdose and treatment dashboard that will allow DPH to continually track our region's progress in successfully addressing this crisis by tracking indicators related to overdose, successful engagement and retention, and other indicators; and

WHEREAS, This grant funding will also expand the scope and quality of opioid assessment, response, and treatment linkage services within the 7 hospital-based emergency departments (EDs) in San Francisco through increased training and services; and

WHEREAS, This grant funding will help to implement a new van-based drug checking service provided at high-impact locations centered around the Tenderloin and South of Market

neighborhoods to anonymously and confidentially allow substance users to check for fentanyl and other adulterants commonly found in drugs; and

WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

WHEREAS, A request for retroactive approval is being sought because DPH received the signed agreement on February 28, 2022, for a project start date of January 1, 2022; and

WHEREAS, The Department proposes to maximize use of available grant funds on program expenditures by not including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is retroactively authorized to enter into the Agreement on behalf of the City.

Recommended:

_____/s/_____

Dr. Grant Colfax

Director of Health

Approved: _____/s/_____

Mayor

Approved: _____/s/_____

Controller

DocuSign Envelope ID: 03299210-F570-4A1E-9048-08520FC59D0B

File Number: 220289
(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: **Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)**

2. Department: **San Francisco Department of Public Health**
Behavioral Health Services

3. Contact Person: **Judith Martin** Telephone: **415-255-3601**

4. Grant Approval Status (check one):

[**X**] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$500,000**

6a. Matching Funds Required: $ **0**
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): **National Association of County and City Health Officials**

8. Proposed Grant Project Summary:
BHS was awarded a new NACCHO federal grant from 12/1/21-7/31/23 in the amount of $500,000 to reduce opioid overdose in San Francisco. This grant funding will provide new programming to incorporate three distinct interventions including a) developing, launching, and evaluating an urgently-needed opioid overdose and treatment dashboard that will allow BHS to continually track our region's progress in successfully addressing this crisis by tracking indicators related to overdose, successful engagement and retention, and other indicators; b) expanding the scope and quality of opioid assessment, response, and treatment linkage services within the 7 hospital-based emergency departments (EDs) in San Francisco through increased training and services; and c) implementing a new van-based drug checking service provided at high-impact locations centered around the Tenderloin and SOMA neighborhoods to anonymously and confidentially allow substance users to check for fentanyl and other adulterants commonly found in drugs.

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

Start-Date: **1/1/2022** End-Date: **7/31/2023**

10a. Amount budgeted for contractual services: **$366,956**

b. Will contractual services be put out to bid? **No. BHS will utilize existing RFP authorization and contracts to expand services that are already doing this work. BHS will contract with Heluna Health and UCSF.**

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? **One-time**

11a. Does the budget include indirect costs? [ ] Yes [**X**] No

b1. If yes, how much? $
b2. How was the amount calculated?

c1. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [**X**] 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? **25% of salaries & benefits**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to January 1, 2022. The Department received the award on November 19, 2021. This grant does not require an ASO amendment.

Proposal ID: **CTR00002801**
Version ID: **V101**
Dept ID **240646**
Project Desc: **SA103 Implementing Overdose Prevention Strategies in SF**
Project ID: **10038368**
Activity ID **0001**

DocuSign Envelope ID: 03299210-F570-4A1E-9048-08520FC59D0B

****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):

[**X**] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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: 2/24/2022 | 3:20 PM PST

DocuSigned by:
Toni Rucker
A84282F7391F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 2/28/2022 | 9:40 AM PST

DocuSigned by:
Greg Wagner
2052752475264BF...
(Signature Required)
Greg Wagner, COO for

NACCHO AWARD # 2022-011401

SUBAWARD AGREEMENT

This Contractual Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW, 4th Fl., Washington, DC 20005, and **City and County of San Francisco** (hereinafter referred to as "Subrecipient"), with its principal place of business at 101 Grove St, San Francisco, CA 94102.

WHEREAS, NACCHO wishes to hire Subrecipient to perform the services specified herein for NACCHO to enhance the programmatic activities of a grant; and

WHEREAS, Subrecipient wishes to perform such services for NACCHO, and

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Subrecipient agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of CDC GRANT #6NU38OT000306-04-01, CFDA #93.421, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Subrecipient shall act at all times in a professional manner consistent with the standards of the industry.

2. TERM OF AGREEMENT: The term of Year 1 Agreement shall begin on January 1st, 2022 and shall continue in effect until July 31, 2022, unless earlier terminated in accordance with the terms herein. Year 2 Agreement award is contingent upon NACCHO receiving approval to exercise expanded authority in the administration of the award of CDC GRANT 6NU38OT000306-04-01, CFDA #93.421, pursuant to CDC's directions and in compliance with the applicable guidance, federal rules, and regulations. Upon such approval, NACCHO will issue a contract modification to extend the period of performance and obligate Year 2 funding to Subrecipient. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.

3. PAYMENT FOR SERVICES: In consideration for services to be performed in Year 1, NACCHO agrees to reimburse the Subrecipient for eligible costs incurred up to $159,503.00. Eligible costs are those previously approved by NACCHO. All payments will be made within 30 days of receipt of invoice(s) from Subrecipient and following approval by NACCHO for approved services, as outlined on Attachment I. The invoice(s) shall itemize all expenses with supporting documentation for each itemized expense.

Seven invoices must be submitted as follows:

Invoice No.	Period of Performance	Due date
Invoice I	January 1, 2022 to March 15, 2022	March 31, 2022
Invoice II	March 16, 2022 to June 30, 2022	July 15, 2022
Invoice III	July 1, 2022 to July 31, 2022	August 15, 2022
YEAR 2 - Year 2 Agreement award is contingent upon NACCHO receiving approval to exercise expanded authority in the administration of the award of CDC GRANT 6NU38OT000306-04-01, CFDA #93.421.		
Invoice IV	August 1, 2022 to November 15, 2022	December 30, 2022
Invoice V	November 16, 2022 to March 15, 2023	April 28, 2023
Invoice VI	March 16, 2023 to June 30, 2023	July 15, 2023
Invoice VII	July 1, 2023 to July 31, 2023	August 15, 2023

NACCHO award number must be included on all invoices. The parties agree that payment method shall be made by check, via postage-paid first-class mail, at the address for the giving of notices as set forth in Section 26 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Subrecipient will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Subrecipient shall act as an independent Contractor, and Subrecipient shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Subrecipient shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.

3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Subrecipient in the performance of this agreement shall be the responsibility of the Subrecipient, and not the responsibility of NACCHO if the liability, loss, or damage is caused by, or arises out of the actions or failure to act on the part of the Subrecipient, or anyone directly or indirectly employed by the Subrecipient.
   All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Subrecipient, if the liability, loss, or damage is caused by, or

arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Subrecipient and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Subrecipient and NACCHO in relation to each party's responsibilities under these joint activities.

4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.

5. ASSIGNMENT: Without prior written consent of NACCHO, Subrecipient may not assign this Agreement nor delegate any duties herein.

6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.

7. INTERFERING CONDITIONS: Subrecipient shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Subrecipient's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Subrecipient of said duties and responsibilities under this Agreement.

8. OWNERSHIP OF MATERIALS: Subrecipient hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Subrecipient pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Subrecipient shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Subrecipient understands and agrees that Subrecipient shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Subrecipient represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective

responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Subrecipient, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Subrecipient and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Subrecipient for services rendered through the date of termination.

11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.

12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of laws provisions).

14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

15. REMEDIES FOR MISTAKES: If work that is prepared by the Subrecipient contains errors or misinformation, the Subrecipient will correct error(s) within five business days. The Subrecipient will not charge NACCHO for the time it takes to rectify the situation.

16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Subrecipient's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost

Principles, and Audit Requirements for HHS Awards). It is the Subrecipient's responsibility to understand and comply with all requirements set forth therein.

17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D , Subrecipient will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

18. DEBARRED OR SUSPENDED SUBRECIPIENTS: Pursuant to Executive Order 12549 and Executive Order 12689 entitled "Debarment and Suspension" and 2 CFR 180, Organization certifies to the best of its knowledge that it is not presently debarred or suspended and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.

19. AUDITING: Subrecipient agrees to permit independent auditors to have access to its records and financial statements for the purpose of monitoring compliance with this Agreement. If Subrecipient is not required to undergo an audit pursuant to 2 CFR 200 Subpart F because Subrecipient receives less than $750,000 in federal direct or indirect cooperative agreement or grant funds, Subrecipient will certify to NACCHO that it is not so required. If Subrecipient is required to undergo an audit pursuant to 2 CFR 200 Subpart F, Subrecipient will undergo the required audit and agrees to send a copy of its most recent Single Audit report and any management letters to NACCHO.

20. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Subrecipient hereby certifies to NACCHO that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Subrecipient will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Subrecipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.)

22. REPORTING REQUIREMENTS: If applicable, Subrecipient must comply with Subrecipient reporting requirements specified in the Federal Funding Accountability and Transparency Act (P.L. 109-282). Subrecipient shall submit the information required on the form provided by NACCHO within 15 days of execution of this agreement and prior to any payment being made against this agreement.

23. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or Subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."

24. CORONAVIRUS DISEASE 2019 (COVID-19) Funds: The contractor acknowledged that the project is funded under the Coronavirus Preparedness and Response Supplemental Appropriation Act, 2020 (P.L 116-123); the Coronavirus Aid, Relief and Economic Security Act, 2020 (the "CARES Act) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) and/or the Consolidated Appropriation Act, 2021 (P.L. 116-260), Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260) and hereby agrees, as to applicable to the award, to 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measure and 3) assist the United States Government in implementation and enforcement of federal orders related to quarantine and isolation. The Contractor will comply, to the extend applicable, with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

    Furthermore, consistent with 45 C.F.R. 75.322, the Contractor agrees to provide to CDC copies and/or access to COVID-19 data collected including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

25. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

26. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City Health Officials
Attn: Kabaye Diriba
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) 888-0443
Fax (202) 783-1583
Email: kdiriba@nachho.org

With a copy to:
National Association of County and City Health Officials
Attn: Ade Hutapea, LL.M., CFCM, CCCM
Director, Contracts
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) 507-4272
Fax (202) 783-1583
Email: ahutapea@naccho.org

FOR SUBRECIPIENT:

City and County of San Francisco
Attn: Judith Martin, MD
Medical Director of Substance Use Services
101 Grove St,
San Francisco, CA 94102
With emailing Address:
1380 Howard St., 5th Fl
San Fransico, CA 94103
Tel. (415) 255-3601
Fax. (415) 255-3567
Email: Judith.martin@sfdph.org

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:

By : Jerome Chester
Jerome Chester (Feb 28, 2022 13:08 EST)

Name : Jerome Chester

Title : Chief Financial Officer

Date : Feb 28, 2022

SUBRECIPIENT:

By : Hillary Kunins

Name : Hillary Kunins, MD

Title : Director of Behavioral Health Services and Mental Health SF

Date : Feb 24, 2022

Federal Tax ID No.: 94-600417
DUNS No.: 103717336

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
SUBRECIPIENT AGREEMENT – ATTACHMENT I
SCOPE OF WORK

Project: Implementing Overdose Prevention Strategies at the Local Level
Awardee: San Francisco Department of Public Health
Project period: January 01, 2022 - July 31, 2023
Project amount: $ 500,000

Project description

In collaboration with the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO) will partner with San Francisco Department of Public Health to increase its capacity to respond effectively to the overdose epidemic by working with partners and rolling out evidence-based strategies at the local level. Through July 31, 2023, with funding and technical assistance from NACCHO and CDC, San Francisco Department of Public Health will be responsible for implementing activities that address their community's challenges related to drug overdose deaths. NACCHO and San Francisco Department of Public Health will enter into a formal contract in order to achieve these goals.

The initial contract will cover the period from contract start through July 31, 2022. NACCHO and the LHD will modify and re-execute the contract to extend through July 31, 2023, following formal issuance of a no-cost extension by CDC.

Work Plan

Process Objective 1. By July 31, 2023, develop, launch, evaluate, and refine an urgently-needed opioid overdose and treatment dashboard for the City and County of San Francisco.			
Activities	**Lead Person/ Organization**	**Estimated Timeframe**	**Notes**
1a. Hire a new Manager of Community Substance Use Services to work on a 30%-time basis overseeing the NACCHO program as a whole	Dir of Behavioral Health Services and Mental Health SF	1/1/22 - 3/31/22	Position posted and applications being accepted
1b. Contract with Heluna Health to maintain a project subcontract to hire identified project consultants	Dir of Behavioral Health Services and Mental Health SF	1/1/22 - 3/31/22	Heluna Health will serve as a pass-through fiscal agent to facilitate project subcontracting

1c. In collaboration with Heluna Health, identify and contract with one or more project consultants or consulting firms to develop, implement, and refine the opioid overdose and treatment dashboard, including developing identified project deliverables and timelines	Mgr. of Comm. Substance Use Services	4/1/22 - 4/30/22	Subcontracted dashboard development consultants and/or firms will be contracted and reimbursed by Heluna Health but will collaborate with and report directly to SFDPH staff
1d. Collaboratively develop, launch, evaluate, and refine the opioid dashboard, including incorporating data from an increasingly broad range of public and private agencies and programs	Mgr. of Comm. Substance Use Services	5/1/22 - 7/31/23	Initial anticipated opioid dashboard launch date no later than January 1, 2023
13. Develop and provide orientation and training to relevant public and private agency staff in the utilization and interpretation of opioid dashboard information	Mgr. of Comm. Substance Use Services	1/1/23 - 7/31/23	
Process Objective 2. By July 31, 2023, significantly expand the scope and quality of opioid assessment, response, and treatment linkage services within the 7 hospital-based emergency departments (EDs) in San Francisco.			
Activities	**Lead Person/ Organization**	**Estimated Timeframe**	**Notes**
2a. Contract with the California Bridge Program (CA Bridge), to direct, oversee, manage, and evaluate the ED enhancement component	Dir of Behavioral Health Services and Mental Health SF	1/1/22 - 2/28/22	Contract development process, including identification of project timelines, deliverables, and evaluation strategy is already underway
2b. Recruit, train, and support a highly qualified overarching Clinical Champion along with 7 stipended Clinical Champions based at each hospital ED to work with existing opioid response staff to advocate for enhanced and expanded substance use assessment and navigation, while providing ongoing opioid assessment and referral training and orientation to other ED staff at each hospital	CA Bridge & Mgr. of Comm. Substance Use Services	3/1/22 - 7/31/23	CA Bridge will collaborate with SFDPH and ED staff to identify baseline needs, produce an overall capacity building plan, and develop and present related trainings

2c. Collect and analyze data to assess the effectiveness of the program in improving identification and linkage of persons with opioid use disorder to treatment and reducing overall opioid-related morality in San Francisco	CA Bridge & Mgr. of Comm. Substance Use Services	3/1/22 - 7/31/23	
Process Objective 3. By July 31, 2023, implement a groundbreaking intervention to provide free, neighborhood-based testing to allow active substance users to check the quality, purity, and safety of drugs they will potentially use.			
Activities	**Lead Person/ Organization**	**Estimated Timeframe**	**Notes**
3a. Collaborate with SFDPH staff and existing community-based harm reduction providers to identify specific equipment needs and develop procedures for conducting drug testing in collaboration with community providers	Dir of Behavioral Health Services and Mental Health SF & Mgr. of Comm. Substance Use Services	1/1/22 - 5/31/22	The drug testing program will be designed to seamlessly integrate with existing harm reduction outreach and service programs in San Francisco
3b. Purchase drug testing equipment and provide training to harm reduction staff in equipment utilization and maintenance and project-specific data collection	Mgr. of Comm. Substance Use Services & CBOs	6/1/22 - 7/31/22	
3c. Provide drug testing and continually collect data and evaluate the community-based drug testing program to identify programmatic impacts in regard to client utilization and satisfaction and reductions in substance-related morbidity and mortality	Mgr. of Comm. Substance Use Services & CBOs	8/1/22 - 7/31/23	

Crosscutting Activities

Objective 1. Through the period of performance, participate in virtual learning, and evaluation activities to openly share challenges, results, and outcomes of selected site's experience

Period	Activity	Lead Person/Organization	Timeline
Year 1 & Year 2	Participate in monthly check-in calls facilitated by NACCHO to review the progress of ongoing activities, any major changes to the work plan, and discuss technical assistance needs. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee. Supplemental technical assistance (TA) calls will be scheduled to address needs.	NACCHO, CDC, San Francisco Department of Public Health, SME consultant(s)	Complete by July 31, 2023
Year 1	Complete the Overdose Prevention Capacity Assessment Tool (OPCAT) and Technical Assistance Assessment (TAA) at the start of the project. Technical assistance and training will be available to sites and will be informed by the site OPCAT results.	NACCHO, San Francisco Department of Public Health	Complete by January 31, 2022
Year 1	Develop an evaluation plan based on the logic model. A template and technical assistance will be provided from NACCHO, CDC, and SME consultant.	NACCHO, CDC, San Francisco Department of Public Health	Complete by February 15, 2022
Year 2	Implement the evaluation plan and hold quarterly calls to update progress on evaluation.	NACCHO, CDC, San Francisco Department of Public Health, SME consultant(s)	Completed by July 31, 2022
Year 1 & Year 2	Participate in cohort learning and sharing experiences. Present expertise through at least one peer learning experience.	NACCHO, CDC, SME consultant(s), all program participants	Complete by July 31, 2022
Year 2	Submit a final report that includes information about lessons learned, successes, and challenges experienced during the project, as well as progress and evaluation data from the beginning of funding through the end of the project period.	NACCHO, CDC, San Francisco Department of Public Health	Complete by July 31, 2023
Year 2	Complete an Overdose Prevention Capacity Assessment Tool (OPCAT) at the end of the project and participate in project evaluation-related activities with NACCHO and CDC, including interviews to assess how the technical assistance and funding impacted the site's capacity.	NACCHO, San Francisco Department of Public Health	Complete by July 31, 2023

Invoice schedule

Invoice No.	Period of Performance	Due date
Invoice I	January 1, 2022 to March 15, 2022	March 31, 2022
Invoice II	March 16, 2022 to June 30, 2022	July 15, 2022
Invoice III	July 1, 2022 to July 31, 2022	August 15, 2022
YEAR 2 - Year 2 Agreement award is contingent upon NACCHO receiving approval to exercise expanded authority in the administration of the award of CDC GRANT 6NU38OT000306-04-01, CFDA #93.421.		
Invoice IV	August 1, 2022 to November 15, 2022	December 30, 2022
Invoice V	November 16, 2022 to March 15, 2023	April 28, 2023

Invoice VI	March 16, 2023 to June 30, 2023	July 15, 2023
Invoice VII	July 1, 2023 to July 31, 2023	August 15, 2023

REVISED LINE-ITEM BUDGET TEMPLATE
San Francisco Department of Public Health
Innovations to Reduce Opioid Overdose in San Francisco, California
August 1, 2021 - July 31, 2023

Line Items	Requested Amount through July 31, 2022	Requested Amount August 1, 2022- July 31, 2023	Total Requested Amount	Cost Justification
Personnel				
Manager of Community Substance Use Services (TBH)	$ 23,390.00	$ 46,779.00	$ 70,169.00	18 Mos. x $12,994/Mo. @ .30 FTE
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Personnel Subtotal	**$ 23,390.00**	**$ 46,779.00**	**$ 70,169.00**	
			$ -	
Fringe Benefits @ 44%	**$ 10,292.00**	**$ 20,582.76**	**$ 30,874.76**	
Travel			$ -	
			$ -	
	$ -	$ -	$ -	
Travel Subtotal	$ -	$ -	$ -	
Equipment			$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Equipment Subtotal	$ -	$ -	$ -	
Supplies			$ -	
Quant 2 Software for 2 FTIR's	$ 5,000.00	$ -	$ 5,000.00	Software for drug checking machines
Printing costs for promotional and educational materials	$ 2,500.00	$ -	$ 2,500.00	Printing costs for promotional and educational materials for van-based drug checking program
Incentives ($20 x 350)	$7,000		$ 7,000.00	Incentives for clients of van based drug checking program
Large Battery to Operate FTIR & Printer	$ 2,500.00	$ -	$ 2,500.00	Batteries to operate drug checking machines
Supplies Subtotal	**$ 17,000.00**	**$ -**	**$ 17,000.00**	
Contractual Costs			$ -	
Opioid Overdose Dashboard Development Subcontract (TBA)	$ 40,000.00	$ 150,000.00	$ 190,000.00	18-month consulting contract with a firm or individual(s) to be identified to research, develop, and implement an SF opioid overdose prevention dashboard
Expanded Opioid Overdose Prevention Capacity in SF Emergency Departments Subcontract (California Bridge)	$ 26,956.00	$ 150,000.00	$ 176,956.00	18-month subcontract with California Bridge to expand capacity for substance and opioid use assessment and treatment linkage within SF's 7 hospital-based emergency departments
	$ -	$ -	$ -	
Contractual Subtotal	**$ 66,956.00**	**$ 300,000.00**	**$ 366,956.00**	
Other			$ -	
Training and Technical Assistance for Van-Based Drug Checking Program ($125/hour x 120 hours)	$ 15,000.00		$ 15,000.00	Training and Technical Assistance for Van-Based Drug Checking Program
	$ -	$ -	$ -	
Other Subtotal:	**$ 15,000.00**	**$ -**	**$ 15,000.00**	
Subtotals of Direct costs	$ 132,638	$ 367,362	$ 500,000	
Indirect Costs - None	$ -	$ -	$ -	
Grand Total	**$ 132,638**	**$ 367,362**	**$ 500,000**	

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Request for Application

Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)

Date of release: September 16, 2021

Applications are due by 11:59 pm E.T. on October 21, 2021

Public Health
Prevent. Promote. Protect.

Summary Information

Project Title: Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)
Proposal Due Date and Time: October 21, 2021, 11:59 E.T.
Selection Announcement Date: On or around November 18, 2021
Source of Funding: Centers for Disease Control and Prevention
NOA Award No.: 6 NU38OT000306-04-01
Maximum Funding Amount: Up to $500,000
Estimated Period of Performance: Upon execution of the contract – July 31, 2023

I. Background

Almost 450,000 people died from overdoses in the United States from 1999-2018.[i] Apart from the tragic loss of life, the overdose epidemic, driven by opioid use but substantially impacted by stimulant and polysubstance use, has also contributed to increases in non-fatal overdoses, emergency room visits, and widespread outbreaks of infectious diseases linked to intravenous drug use while also causing community-level harms such as economic decline and increased incarceration rates.[ii iii ivv] Provisional data from the CDC's National Center for Health Statistics (NCHS) has indicated that since the onset of the COVID-19 pandemic, numbers of drug overdose deaths have increased. From June 2019 to May 2020, an estimated 81,000 drug overdose deaths were recorded- the most ever recorded in a 12-month period.[vi]

Drug overdose deaths continue to increase in the United States, contributing to 92,183 deaths in 2020;[viviviiix] subsequently, opportunities to prevent and respond to the overdose epidemic also continue to grow.[xxixii] The complex and changing nature of the overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach.

II. Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), the National Center for Injury Control and Prevention (NCIPC), is accepting applications for *Implementing Overdose Prevention Strategies at the Local Level*. This funding opportunity is designed to build capacity for local health departments (LHDs) serving jurisdictions with an above average burden of drug overdose deaths.

NACCHO will select up to ten (10) awards available through this funding opportunity. Each LHD may request up to $500,000 to support project activities. The project period shall begin upon both parties' full execution of the contract and will end **July 31, 2022**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) to end on **July 31, 2023**. Applications must be submitted through the online submission form no later than **October 21, 2021, 11:59 E.T.** In fairness to all applicants, NACCHO will not accept late submissions.

Recipients are expected to implement activities that address their community's challenges related to drug overdoses in one or more of the following strategies. There may be a natural overlap amongst the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy.

- **Establishing Linkages to Care**: Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community-based programs) or substance use treatment, harm reduction facilities, naloxone education events, or first responders to support care linkages with improved coordination, or integration using technology.
- **Providers and Health Systems Support**: This strategy focuses on ensuring that providers and health systems are equipped with the science, tools, resources, guidance, and networks to contribute to overdose prevention and response solutions. Applicants may propose activities in this domain that equip providers and health systems to make evidence-based prescribing decisions, have timely and complete information regarding non-opioid medications and non-pharmacologic treatments, and identify patients at risk for overdose or opioid use disorder and can then either offer or connect their patients with appropriate care.
- **Enhanced Surveillance and Data Sharing**: Data sharing and surveillance to inform prevention and response efforts. This can include collection and dissemination of data from emergency departments, emergency medical services, treatment centers, jails or prisons, death certificates and medical examiner or coroner data, plans of safe care, OD Map and other less common data sources. Applicants should describe how their data will be used to inform their prevention efforts.
- **Partnerships with Public Safety and First Responders**: Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources. Public safety partners play a critical role in responding to overdoses and should be engaged in prevention efforts aimed at reducing drug-related morbidity, mortality, and associated harms. This domain is an opportunity for funded jurisdictions to either develop new partnerships, or build upon existing partnerships, with local public safety entities. For the purposes of this funding opportunity, public safety entities include police and public safety and first responder agencies, courts and corrections, as well as fire and paramedic/emergency services. Within regions where they exist, funded recipients can also choose to develop partnerships with regional entities, such as High-Intensity Drug Trafficking Area (HIDTA) units and the Drug Enforcement Administration (DEA). Public safety partnerships that incorporate both data and programming are strongly encouraged.
- **Communication Campaigns**: Communication and public education campaigns that raise awareness about the risks of substance misuse and address stigma surrounding substance use disorder, overdose, disclosure, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professionals, and others. **This should include addressing stigma at multiple levels of the social ecological model simultaneously and should include best practices for stigma reduction.** Leveraging peer supporters in recovery to address stigma at the individual is encouraged. Applicants may consider implementation of the CDC's Rx Awareness Campaign, use of the Stop Overdose mini-campaigns from the CDC (Stop Overdose (cdc.gov)) or the Beyond Labels campaign under this domain.
- **Harm Reduction Activities**: Harm reduction involves tertiary prevention measures implemented by and for people who are already engaged in drug use, which are designed to minimize or reduce the risks associated with drug use while affirming the humanity and agency of people who use drugs. Public health focused harm reduction strategies that are supported by multi-sector partners and offering accessible, life saving strategies is critical to prevent death among people who use drugs. Some notable harm reduction strategies include: naloxone education and distribution developing population-specific risk-reduction messaging for those who use illicit drugs; providing auxiliary services to organizations responsible for naloxone purchases, for

example, naloxone training and awareness, tracking, resources mapping; partnering with syringe service programs to offer comprehensive harm reduction services and linkage to care, including outreach staffing.

- **Innovative Prevention Projects**: To allow flexibility for recipients to respond to emerging threats and opportunities and to promote innovation in prevention strategies, this opportunity includes an option that 10% of the project budget may be used for innovation projects beyond the strategies already outlined in this RFA. Projects must be informed by evidence or scientific theory that is described and referenced within the application. These projects must be approved by CDC and NACCHO.

Applicants are also encouraged to review *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States* for guiding principles and a general overview of current best practices. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models. Here is an example of a logic model detailing potential activities and outcomes. These activities must be linked to measurable outcomes, which must be captured in the required logic model submitted by each LHD. Technical assistance (TA) throughout the implementation process and project year will be provided by NACCHO, CDC, and other identified consultants. Specifics related to technical assistance provided can be found in the Request for Application (RFA), Section IV.

A cost-reimbursable subaward contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with community organizations or other consultants to accomplish the work plan activities.

All necessary information regarding the project and application process may be found in this RFA. Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing IVP@naccho.org.

Informational Webinar: NACCHO and CDC will host an optional informational webinar on **September 28, 2021, at 1 pm E.T.** to discuss the funding opportunity and respond to questions. Visit this link to register. Questions may be submitted in advance to IVP@naccho.org. The webinar will be recorded and sent out to registrants. Please note that no new information will be shared during the webinar. Applicants can submit applications and questions regarding this announcement at any time and do not have to wait for the optional webinar to begin or submit applications and questions. The webinar will also be recorded and posted to the NACCHO website here. NACCHO will aggregate and anonymize the questions and upload an FAQ to the application site by October 7, 2021**.**

Event	Date/Time
Launch RFA	September 16, 2021
Informational Webinar (register here)	September 28, 2021, at 1 pm E.T.
Application Submission Deadline	October 21, 2021, at 1pm
Award Notification Date	On or around November 18, 2021
End of initial contract	July 31, 2022
End of Period of Performance (upon CDC approval of no cost extension)	July 31, 2023

III. Eligibility and Contract Terms

Eligibility: This funding opportunity is open to LHDs that meet the following requirements:

- Serve a population of **170,000** full time residents or higher and;
- Drug overdose death rate at the national average of **21.6 per 100,000** or higher *or* death count **equal to or greater than 400**.

Statistics related to these criteria are drawn from the CDC WONDER database. All data refer to statistics from 2019. *Jurisdictions meeting these criteria are listed here.*

- If two or more LHDs cover the same jurisdictional county, only one will be awarded. LHDs are encouraged to work together on one application to serve their entire county and select one agency to submit the application and serve as a fiscal agent for the funds.
- Direct recipients of CDC's Overdose Data to Action (OD2A) funding are not eligible. LHDs who received OD2A funding through their state are welcome to apply.
- Currently funded IOPSLL projects are not eligible to apply. Where there's overlap, recipients will be required to coordinate with jurisdictions funded under the Comprehensive Community Approaches Preventing Substance Misuse (CCAPS) project.

If you believe your jurisdiction is missing from the list of eligible applicants, please email IVP@naccho.org.

Contract Terms: Agreement with NACCHO standard contract terms and conditions is a requirement. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Florida and Texas applicants should email IVP@naccho.org immediately for a copy of their standard contract. As part of the application, LHD applicants will be asked to verify that they have read NACCHO's standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration.

It is the responsibility of awarded LHDs to return a signed copy of the contract **no later than January 25, 2021**. Recipients are encouraged to be proactive in coordinating their agency's grant approval process to avoid possible delays.

Applicants should review all terms and conditions to determine whether they are the appropriate entity for submitting a proposal. The project period shall begin upon both parties' full execution of the contract and will end **July 31, 2022**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) and end on **July 31, 2023**. Applicants should review all proposed activities and expenditures to ensure there is a reasonable expectation that project funds can be spent within the given project period.

V. Project Requirements and Expectations

The selected applicants will be required to conduct specific activities as listed below in addition to implementing their program activities. A scope of work (SOW) will be agreed upon after award acceptance by applicants.

All awardees will be required to conduct the following activities throughout the project period:

- Participate in virtual learning, technical assistance, and evaluation activities highlighted below to openly share challenges, results, and outcomes. **This is a critical element of the award and requires a time commitment of three to five hours per month on average from awardees throughout the period of performance.**
    - Participate in monthly check-in calls facilitated by NACCHO to review progress of planned activities and any major changes to the proposed work plan. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee.
    - Participate in additional TA calls by specialized TA providers to support work plan activities.
    - Participate in monthly peer-to-peer (P2P) learning calls with other awardees.
    - Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes.
    - Complete an Overdose Prevention Capacity Assessment Tool designed to guide IOPSLL recipients in a systematic and objective assessment of their existing capacity to address the overdose epidemic and gauge technical assistance needs.
    - In collaboration with NACCHO and CDC, participate in the dissemination of a project impact or process evaluation through submission of an abstract for presentation at a conference, submission of an article to a peer reviewed journal, or through an alternative channel.
    - To supplement the TA provided during the project period, an in-person or virtual learning event may be hosted by NACCHO and CDC, considering safety and the continued impact of COVID-19 across the country.
- Recipients will be expected to evaluate and document activities during the implementation process, including process evaluation-related measures and outcome evaluation-related measures, data collection, data analysis and impact. As such, recipients will be expected to develop the following:
    - An evaluation plan with measures associated with the program strategies and activities.
    - Submit an Implementation Progress Report (IPR) intended to reflect information related to implementation and progress of work at the end of the project period.
    - Evaluation Report (ER) intended to reflect information on the monitoring and evaluation of activities conducted.
- Adhere to NACCHO's standard contract language and be able to sign and return the contract to NACCHO within approximately 30 days of receipt.
- Designate one LHD main point of contact with whom NACCHO will directly communicate on all matters related to this project.

IV. Technical Assistance and Support to Awardees

NACCHO, in collaboration with CDC, will provide the following TA and support to awardees:

- Schedule and conduct check-in calls with each awardee.
- Provide monthly opportunities for peer-to-peer networking among awarded LHDs.
- Create a customized TA package for selected LHDs with virtual technical assistance and guidance from subject-matter experts.
- Evaluation planning support.

NACCHO will establish relationships with expert contractors to provide ongoing TA and support to awardees.

VI. Application Process

- Review the requirements and expectations outlined in this RFA.
- Applicants are urged to carefully consider activities that will be both meaningful and feasible to accomplish during the previously described project timeframe.
- Read NACCHO's standard contract language and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. *Do not sign or send back the contract with the application.*
- Reviewed NACCHO's invoicing instructions and subaward financial report worksheet (i.e., invoice submission form). Ensure your organization will be able to complete invoices according to these instructions and using this worksheet.
- Submit the application to NACCHO by **October 21, 2021**, at 11:59pm ET. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal here.
- The application must include the following items to be deemed complete:
    - Narrative that addresses the four domains described below:
        - Statement of Need, Strategy and Approach, Collaboration and Partnerships, LHD Capacity to Implement Approach, and Impact (Logic Model)
        - Budget (template provided) and budget narrative (no more than one page)
        - Completed attachments
        - The applicant must be registered with the System for Award Management (SAM) and its SAM number. For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM number at the time of submission.

NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to IVP@naccho.org.

VII. Selection Process and Criteria

All applications will be evaluated for scientific and technical merit through a peer review system.

Applications must include information about (1) a clearly defined substance use, SUD, or overdose prevention strategy that has been defined by the applicant and its partner organizations (2) describe plans to implement of an evidence-based or evidence-informed program and how it can prevent SUD or drug-related morbidity, mortality, or associated harms (3) the needs of the community must be reflected in the approach and must align with the strategy outlined and (4) marginalized people or groups of people must be part of the population of focus for the proposed strategies. Applications missing this information may not be forwarded for full panel peer review and will not be recommended for funding consideration.

The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review
- Availability of funds

- Relevance of the proposed project to program priorities

Applications should include:

A. A project narrative

- **Statement of Need (15%)**
  - Describe the characteristics of your jurisdiction, overdose burden, and population of focus. Include the following:
    - Describe the overdose burden or SUD-related mortality and morbidity.
    - Describe the identified gaps in or barriers to services.
    - Information about the racial and ethnic breakdown of your community. Describe the populations impacted by the overdose epidemic in your jurisdiction (including, specific populations that are disproportionately impacted by substance use-related harms or historically underserved).
    - Applicants should include information on the data types or sources and collection methods used to describe the community burden.
    - How health disparities and social determinants of health are considered in the development, implementation, and evaluation of program-specific efforts.
- **Strategy and Approach (30%)**
  - Describe your overdose prevention program's proposed objectives and goals. Provide a narrative description of your proposed program's interventions and implementation plan.
  - Describe other competitive awards received and any federal funding related to overdose prevention and response received in the last five years. Describe the measured impacts of your program over the last five years and how this funding will enhance, expand or improve those impacts.
  - Describe how your program focuses on populations that are most likely to experience or witness an overdose, including people who use drugs (PWUD) (e.g., at SSP, emergency rooms, drug treatment facilities, recovery programs, infectious disease and mental health clinics, and jails/prisons), first responders (e.g., EMS and police), and service providers (e.g., peer supporters and clinicians).
  - Describe how you will ensure services/activities are reaching those disproportionately impacted and how your program is addressing members of the community that have been marginalized, defined as communities excluded from mainstream social, economic, educational, and/or cultural life. Examples include but are not limited to Black/African American, Hispanic/Latinx, American Indian and Alaskan Native populations; members of the LGBTQ+ community, and/or language diverse populations.
  - Describe how you used input from PWUD and/or community partners or community members to inform your programs and services. Describe how your program uses culturally appropriate prevention messages, strategies, and interventions that are tailored for the applicant's community.
- **Collaboration and Partnerships (15%)**
  - Applicants must demonstrate strong, multi-sector collaborations to support their work, including but not limited to community-based organizations; harm reduction facilities or providers; health care providers or health systems; public safety and first responders; and/or other key entities and organizations involved in their work. Describe the extent to which you have working relationships with each partner. Describe the role of each partner and how they work together to plan and implement program(s) by leveraging resources. Include information on any county wide coalitions.

- Include a letter of support from partners. These letters should outline the relationship between the applicant and the partnering program, as well as the role of the partner in the proposed project.

- **LHD Capacity to Implement Approach (10%)**
  - Describe the LHDs' institutional capacity to coordinate, implement, and evaluate proposed activities, including project management, technical, financial, and administrative management capacity. Describe how this funding will impact the LHD's capacity.
  - Describe your capacity and capability to accept and expend project funds within the project period. Describe any contracting, procurement, or hiring practices your organization can/will employ to ensure project funds are expended within the given project period.
  - Identify key staff (those who are essential to carrying out your proposal) and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions required to meet the project goals.
- **Impact (25% points)**
  - Using the logic model template provided, describe the short, intermediate and long-term outcomes you intend to achieve with this project. Applicants must depict the relationship between the program activities and intended outcomes as described in the Strategy and Approach.
    - Please refer to the Logic Model Quick Guide for additional guidance and information. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models.

B. Budget Justification and Narrative (5%)

- Applicants must provide a detailed line-item budget and narrative justification of the items included in their proposed budget.
- The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work. The budget should span 18 months with the understanding that an extended project would end on July 31, 2023. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Restrictions that must be considered while planning the programs and writing the budget are listed in Appendix A.
- Applicants must demonstrate sufficient staff support to manage and coordinate the proposed program activities and ensure adequate evaluation expertise to support project requirements, as listed in section V.
  - At minimum, applicants must allocate 15% of their proposed budget to support LHD personnel costs.

C. Additional Required Information

- Vendor Form
- W-9 Form
- Completed Certification of Non-Debarment
- Completed Certification Regarding Lobbying with Federally Appropriated Funds
- At least one (1) Letter of Support from any partner organization that is reflected in the project narrative
- Proof of active SAM.gov registration
- As applicable: Certification regarding Non-Applicability of Audit Requirement
- As applicable: Completed FFATA data collection form. (This form will be required for all contracts over $25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.)

Applicants will be notified of their selection status by e-mail to the project point of contact on or about

November 18, 2021. Selected LHDs will be required to confirm participation and agreement with the contract scope of work after receiving notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

VIII. Strategies and Sample Activities

Recipients are expected to implement activities that address their community's unique challenges related to drug overdoses. The below table provide examples of potential activities that may fall under the strategies outline in the RFA; however, it is not meant in any way to indicate required or recommended activities and is provided only as a reference.

All programs described that include group activities or interaction with the public must adhere to CDC recommended safety protocols and guidelines including local COVID-19 policies.

Examples of proposed strategies and activities
Establishing Linkages to Care Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community-based programs) or substance use treatment, harm reduction facilities, naloxone education events, or first responders to support care linkages with improved coordination, or integration using technology. *Example activities:* • Employ peer navigators to connect and communicate with people who use drugs and people who are seeking care. • Place a case managers or peer support in probation office to link people to care and wrap around services. • Enhance policies and programs to strengthen or improve the system's ability to engage people in care (i.e., supporting transportation costs for clients). • Increase and improve coordination among organizations that provide care or enable linkages to care by establishing and facilitating ongoing case coordination meetings. • Integrate technology to support linkage to care efforts. • Developing linkages to care upon release from incarceration, i.e., by providing education or implementation support for law enforcement, prison or jail staff on trauma, naloxone, MOUD, or harm reduction services.
Providers and Health Systems Support This strategy focuses on ensuring that providers and health systems are equipped with the science, tools, resources, guidance, and networks to contribute to overdose prevention and response solutions *Example activities:* • Support guideline implementation, clinical education, and training for providers and health systems. • Support PDMP integration into the electronic health record of local health systems • Implement academic detailing to increase appropriate and evidence-based practice among province or initiate support for insurers and health systems to better serve people who use drugs.

Enhanced Surveillance and Data Sharing
Data sharing and surveillance to inform prevention and response efforts.

Example activities:

- Linking PDMP data with overdose related data or other drug-related datasets: ED, Vital Statistics, EMS, and others (e.g., foster care, justice-related data).
- Determine indicators or factors for identifying high-burden areas within a jurisdiction using surveillance data and report results.

Partnerships with Public Safety and First Responders
Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources.

Example activities:

- Establishing local overdose fatality reviews (OFRs) to conduct confidential reviews of select overdose death cases and identify agency-level and systems-level gaps, strengths, and opportunities to prevent similar future deaths.
- Deflection programs or alternatives to incarceration through pre-arrest diversion or pre-trial diversion programs.
- Enhance data sharing across public health and public safety partners, such as law enforcement, first responders, emergency rooms, fire department, etc.

Communication Campaigns
Communication and public education campaigns that raise awareness about the risks of substance misuse and address stigma surrounding substance use disorder, overdose, disclosure, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professionals, and others.

Example activities:

- Develop and implement a mass-market communications campaign to share evidence-based messaging about drug use and people who use drugs (i.e., CDC's Rx Awareness Campaign, Stop Overdose mini-campaigns from the CDC (Stop Overdose (cdc.gov)) or the Beyond Labels campaign).
- Address stigma about substance use at multiple levels of social ecology simultaneously through activities such as communications campaigns, provider education within a health system and through peer support specialists for individuals with SUD, etc.
- Develop messaging for those who use illicit drugs to enhance their knowledge of services and resources available within the community.

Harm Reduction Activities

Harm reduction involves tertiary prevention measures implemented by and for people who are already engaged in drug use, which are designed to minimize or reduce the risks associated with drug use while affirming the humanity and agency of people who use drugs.

- Drug checking programs to determine if drugs have been mixed or cut with fentanyl.
- Develop and disseminate risk reduction messaging for vulnerable populations to reduce the unintended negative consequences of drug use.
- Partner with harm reduction organizations to serve people who use drugs and their friends and family (i.e., host naloxone trainings, support syringe service program efforts, provide educational opportunities).
- Evaluate the impact of harm reduction strategies on people who use drugs.

Innovative Prevention Projects

To allow flexibility for recipients to respond to emerging threats and opportunities and to promote innovation in prevention strategies, this opportunity includes an option that 10% of the prevention budget may be used for innovation projects beyond the strategies already outlined in this RFA. Projects must be informed by evidence or scientific theory that is described and referenced within the application. These projects must be approved by CDC and NACCHO.

Note that there may be a natural overlap between the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy

IX. Attachments

Required Application Resources

- Budget Proposal – Template
- Logic Model – Template
    - Logic Model Quick Guide for reference
- NACCHO Standard Contract for review – Template
- Vendor Information – Form
- W-9 Form – Form
- Certification of Non-Debarment – Form
- Certification Regarding Lobbying with Federally Appropriated – Form
- FFATA – Form
- Certification regarding Non-Applicability of Audit Requirement (as applicable) – Form
- Required: Proof of active registration with SAM.gov in accordance with an active DUNS number

Appendix A - List of Unallowable Costs

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget:

1. Naloxone/Narcan and syringes.
2. HIV/HCV/other STD/STI testing.
3. Drug disposal programs and supplies. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
4. The provision of medical/clinical care.
5. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
6. Direct funding or expanding the provision of substance abuse treatment.
7. Recipients may not use funds for research.
8. Development of educational materials on safe injection.
9. The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
10. Request to purchase motor vehicles will be approved on a case-by-case basis and will require the submission of further documentation.
11. Participant costs, including food and beverage as well as incentives for participation will be approved on a case-by-case basis and will require the submission of further documentation.
12. Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
    1. Procure or obtain,
    2. Extend or renew a contract to procure or obtain; or
    3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
        - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
        - ii. Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements

13. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
14. Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
15. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
16. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

APPENDIX B – Draft Scope of Work – Crosscutting Activities

The Scope of Work for this subaward will include implementing specific program activities alongside these crosscutting project activities:

Scope of Work - Crosscutting Activities			
Period	**Activity**	**Lead Person/Organization**	**Timeline**
Objective 1. Through the period of performance, participate in virtual learning, and evaluation activities to openly share challenges, results, and outcomes of selected site's experience			
Year 1 & Year 2	Participate in monthly check-in calls facilitated by NACCHO to review the progress of ongoing activities, any major changes to the work plan, and discuss technical assistance needs. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee.	NACCHO, CDC, Selected jurisdiction	Complete by July 31, 2023
Year 1	Complete an Overdose Prevention Capacity Assessment Tool. Each site will complete a vetted capacity assessment tool at the beginning of the project.	NACCHO, Selected jurisdiction	Complete by January 31, 2022
Year 1	Develop an evaluation plan based on the logic model. A template and technical assistance will be provided from NACCHO and CDC.	NACCHO, CDC, Selected jurisdiction	Complete by February 15, 2022
Year 2	Implement the evaluation plan and hold quarterly calls to update progress on evaluation.	NACCHO, CDC, Selected jurisdiction	Completed by July 31, 2022
Year 1 & Year 2	Participate in cohort learning and sharing experiences. Technical assistance and training will be available to sites and will be based on the site capacity assessment tool results.	NACCHO, CDC, Implementation Science expert, all program participants	Complete by July 31, 2022
Year 2	Participate in project evaluation-related activities with NACCHO and CDC, including interviews and surveys, to assess how the technical assistance and funding changed the site's capacity. Submit a final report that includes information about lessons learned, successes, and challenges experienced during the project, as well as progress and evaluation data from the beginning of funding through the end of the project period.	NACCHO, CDC, Selected jurisdiction	Complete by July 31, 2023
Year 2	Complete an Overdose Prevention Capacity Assessment Tool at the end of the project.	NACCHO, Selected jurisdiction	Complete by July 31, 2023

[i] Mattson CL., Tanz LJ., Quinn K., Kariisa M., Patel P. DN. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep. doi:http://dx.doi.org/10.15585/mmwr.mm7006a4external icon

[ii] Vivolo-Kantor AM, Hoots BE, Scholl L, et al. Nonfatal Drug Overdoses Treated in Emergency Departments — United States, 2016–2017. MMWR Morb Mortal Wkly Rep 2020;69:371–376. DOI: http://dx.doi.org/10.15585/mmwr.mm6913a3

[iii] Anon. (2018, March 06). Emergency Department Data Show Rapid Increases in Opioid Overdoses. Retrieved from https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html

[iv] Alter, A., & Yeager, C. (2020, June). COVID-19 Impact on US National Overdose Crisis. Retrieved from http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf

[v] Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. (2019, July). Economic decline, incarceration, and mortality from drug ... Retrieved from https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30104-5/fulltext

[vi] Centers for Disease Control and Prevention. Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic.

[vii] Hedegaard H, Minino AM, Warner M. Drug overdose deaths in the United States, 1999-2019. *NCHS Data Brief*. 2020;No. 394(December 2020)

[viii] Wilson N, Kariisa M, Seth P, Smith IV H, Davis NL. Drug and opioid-involved overdose deaths—United States, 2017–2018. *Morbidity & Mortality Weekly*. 2020;69(11):290-297.

[ix] Ahmad F, Rossen L, Sutton P. Data from: Provisional drug overdose death counts. 2021. *National Center for Health Statistics*.

[x] Volkow ND, Jones EB, Einstein EB, Wargo EM. Prevention and Treatment of Opioid Misuse and Addiction: A Review. *JAMA Psychiatry*. Feb 1 2019;76(2):208-216. doi:10.1001/jamapsychiatry.2018.3126

[xi] Compton WM, Valentino RJ, DuPont RL. Polysubstance use in the U.S. opioid crisis. *Mol Psychiatry*. Jan 2021;26(1):41-50. doi:10.1038/s41380-020-00949-3

[xii] Compton WM, Jones CM. Epidemiology of the U.S. opioid crisis: the importance of the vector. *Ann N Y Acad Sci*. Sep 2019;1451(1):130-143. doi:10.1111/nyas.14209

From: Mayer-Twomey, Charles (DPH)
To: Fung, Mimi (DPH)
Subject: Fw: NACCHO IOPSLL Application Notification
Date: Monday, November 22, 2021 3:45:06 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png
image007.png
image008.png
image009.png
image010.png
image011.png
image012.png
image013.png
image014.png
image015.png
image016.png
NACCHO Risk Assessment Policy.docx

Hi Mimi,

Here is the Risk Form that the grantor is asking we complete by 11/30 for the NACCHO grant. Does your department or Fiscal usually complete? Not sure if you can help with this please.

thanks!
Charlie

Charlie Mayer-Twomey, LCSW
MHSA Project Administrator
charles.mayer-twomey@sfdph.org

Pronouns: He/Him/His

This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use or distribution included in this message and any attachments is prohibited. If you have received this communication in error, please notify the sender by reply e-mail and immediately and permanently delete this message and any attachment. Thank you.

From: NACCHO Injury and Violence Prevention Team <IVP@naccho.org>
Sent: Thursday, November 18, 2021 2:19 PM
To: Kunins, Hillary (DPH) <hillary.kunins@sfdph.org>
Cc: Kabaye Diriba <kdiriba@naccho.org>
Subject: NACCHO IOPSLL Application Notification

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

San Francisco Department of Public Health,

Congratulations! NACCHO is pleased to inform you that San Francisco Department of Public Health has been selected as an awardee for the Implementing Overdose Prevention Strategies at the Local Level (IOPSLL) project pending acceptance of the conditions listed below.

The amount of your award is based upon your proposed budget and will be agreed upon following edits or additional information, as outlined below.

Please note that this award is contingent upon the following:

1. Agreement to NACCHO's contract terms and conditions. Please note that NACCHO will email, to the designated project point of contact, a completed template for signature.
2. Completion of the attached Risk Assessment Form by **Tuesday, November 30, 2021**.
3. Revision of the proposed budget, as necessary, based on a future review of your budget by NACCHO's Grants and Contract department. Any comments on your budget will be provided on or around **Tuesday, December 7, 2021.**
4. Development a work plan using the attached template by **January 4, 2022**. Develop a preliminary work plan that corresponds with your logic model and proposed program. There are several required activities from the RFA that have be included, which are highlighted in the attached document.
    - If applicable, NACCHO will provide feedback on your proposal based on the initial technical review of your application on or around **Tuesday, November 30, 2021**.

If you wish to move forward with engaging in a contract with NACCHO for this initiative, please provide your acceptance of the aforementioned conditions in response to this email by **COB Tuesday, November 23, 2021**. If you are unable to accept the award, please let us know immediately.

For any questions, please email Kabaye Diriba (kdiriba@naccho.org) as soon as possible. We will host a brief call to congratulate and connect all awardees, provide NACCHO project timeline updates, and answer questions on **Wednesday, December 8, 2021 from 3-4 pm ET**.

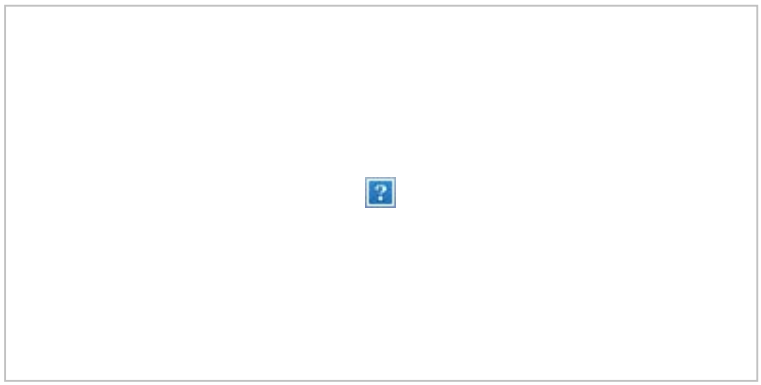
PLEASE NOTE: While we encourage you to share this news with others in your agency and any contractors you may be engaging in this work, please refrain from publicly announcing your selection as an IOPSLL Awardee until we have reached a point in the contracting process when all sites can publicly announce their awards.

Congratulations again, and we look forward to working with you on this initiative! If you have any questions, please do not hesitate to contact us

Regards,
NACCHO's Overdose Prevention Team

Overdose Prevention Team
National Association of County & City Health Officials
1201 Eye Street NW, Fourth Floor
Washington, DC 20005
Main: 202-783-5550
Fax: 202-783-1583
Email: IVP@naccho.org

www.naccho.org/







San Francisco Department of Public Health (SFDPH)
NACCHO Request for Applications: Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)

Budget Justification Narrative

Personnel:

Manager of Community Substance Use Services - $12,994/Mo. @ .30 FTE x 18 Mos. = $70,169

The Manager of Community Substance Use Services will work on a 30%-time basis for an 18-month period providing day-to-day supervision and oversight for the proposed program. The Manager will oversee and coordinate the proposed project subcontracts and all direct agency activities related to the program, while ensuring integration of proposed IOPSLL activities into SFDPH's overall opioid overdose prevention response.

Fringe Benefits @ 44% = $30,875

Fringe Benefits are calculated based on current rates for health, dental, retirement, life insurance, Social Security, FICA, and other established County employee benefits.

Equipment:

Year 1: Two (2) Portable Drug Spectrometers @ $12,500 Each x 2 = $25,000

Two portable drug spectrometers will be purchased in year 1 to provide mobile checking of drug purity and safety directly within San Francisco neighborhoods that are highly impacted by opioid and other drug use. Spectrometers will be available on mobile vans, and drug tests will be administered by existing staff of local community-based organizations, including the San Francisco AIDS Foundation, in conjunction with other mobile harm reduction and substance use programs.

Supplies:

Drug Spectrometry Solvents and Other Testing Supplies:
Year 1 - $500 Per Month x 2 Months = $1,000
Year 2 - $500 Per Month x 12 Months = $6,000

The line item above supports the cost of essential supplies and materials needed to successfully administer mobile drug checking using the portable drug spectrometers during the pilot phase of the program. Support for these supplies begins at the anticipated time of launch of the mobile testing program, on approximately June 1, 2022, and continues through the end of the no-cost extension period on July 31, 2023. In the event the mobile drug checking program

proves successful, funding for mobile spectrometer supplies will be located from other funding sources within SFDPH.

Contractual Costs:

Opioid Overdose Dashboard Development Subcontract (TBA):
Year 1: $40,000
Year 2: $150,000

The San Francisco Department of Public Health (SFDPH) will contract with a qualified firm, agency consultant, or group of consultants to research, develop, and implement the proposed opioid overdose prevention dashboard. Contracted firms or individuals will have extensive knowledge and experience in formulating and implementing high-quality online dashboard systems using a collaborative, iterative process that works closely with public and private experts and providers to develop and launch the project, including staff from a variety of SFDPH divisions and departments. The dashboard development process will include development of dashboard parameters, indicators, and data sources; procedures and protocols for updating and assessing the quality of dashboard data; extensive measures to ensure the safety and confidentiality of data; and incorporation of de-duplicated data from a range of local agencies. The dashboard is expected to be launched on or around July 1, 2022, and will be continually evaluated and refined to produce increasingly impactful and reliable data and to accommodate a growing number of local data sources. Estimated costs for the dashboard development subcontract are based on estimates received from web specialists within SFDPH.

Expanded Opioid Overdose Prevention Capacity in SF Emergency Departments Subcontract (California Bridge)
Year 1: $26,956
Year 2: $150,000

SFDPH will contract with the California Bridge program, which already supports a full-time Opioid Overdose Prevention Navigator in each of San Francisco's 7 hospital-based emergency departments (EDs). Through the subcontract, California Bridge will recruit, train, and support a cadre of ED-based clinical champions who will advocate for enhanced and expanded substance use assessment and navigation within each hospital, while providing ongoing training and orientation to ED staff. The champions will support expanded substance use assessment and referral services within local hospitals, which see a high percentage of low-income persons with opioid use disorder who do not seek treatment or services elsewhere. This will in turn greatly expand the number of individuals with substance use disorders who are linked to medication-assisted treatment and significantly reduce opioid overdoes in the city.

REVISED LINE-ITEM BUDGET TEMPLATE
San Francisco Department of Public Health
Innovations to Reduce Opioid Overdose in San Francisco, California
January 1, 2022 - July 31, 2023

Line Items	Requested Amount through July 31, 2022	Requested Amount August 1, 2022- July 31, 2023	Total Requested Amount	Cost Justification
Personnel				
Manager of Community Substance Use Services (TBH)	$ 23,390.00	$ 46,779.00	$ 70,169.00	18 Mos. x $12,994/Mo. @ .30 FTE
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Personnel Subtotal	**$ 23,390.00**	**$ 46,779.00**	**$ 70,169.00**	
			$ -	
Fringe Benefits @ 44%	**$ 10,292.00**	**$ 20,582.76**	**$ 30,874.76**	
Travel			$ -	
			$ -	
	$ -	$ -	$ -	
Travel Subtotal	**$ -**	**$ -**	**$ -**	
Equipment			$ -	
Two (2) Portable Drug Spectrometers @ $12,500 Each	$ 25,000.00	$ -	$ 25,000.00	Two portable drug spectrometers to provide mobile checking of drug purity and safety within highly impacted SF neighborhoods
	$ -	$ -	$ -	
Equipment Subtotal	**$ 25,000.00**	**$ -**	**$ 25,000.00**	
Supplies			$ -	
Drug Spectrometry Solvents and Other Testing Supplies @ $500/Mo. x 14 Mos.	$ 1,000.00	$ 6,000.00	$ 7,000.00	Required supplies to effectively operate the portable drug spectrometers
	$ -	$ -	$ -	
Supplies Subtotal	**$ 1,000.00**	**$ 6,000.00**	**$ 7,000.00**	
Contractual Costs			$ -	
Opioid Overdose Dashboard Development - Heluna Health				18-month consulting contract with a firm or
Lab-top	$ 2,100.00	$ -	$ 2,100.00	
Local Travel	$ 400.00	$ 540.00	$ 940.00	
Consultant (TBD) to research, develop, and implement an SF opioid overdose prevention dashboard $96/hour x 344 hours in Year 1 $96/hour x 1382 hours in Year 2	$ 33,024.00	$ 132,675.00	$ 165,699.00	
Indirect cost @12.6%	$ 4,476.00	$ 16,785.00	$ 21,261.00	
Heluna total	$ 40,000.00	$ 150,000.00	$ 190,000.00	
Expanded Opioid Overdose Prevention Capacity in SF Emergency Departments Subcontract (California Bridge) - UCSF	$ 26,956.00	$ 150,000.00	$ 176,956.00	18-month subcontract with California Bridge to expand capacity for substance and opioid use assessment and treatment linkage within SF's 7 hospital-based emergency departments
Personnel (Salary + Benefits)				
Hannah Snyder 0.05 fte x $199,300 with beneifts	$ 6,188.00	$ 12,387.00	$ 18,575.00	
ED Champion 0.10 fte x $199,300 with benefits	$ 12,416.00	$ 24,843.00	$ 37,259.00	
SUN Program Director 0.10 fte x $90,000 with benefits	$ 6,390.00	$ 12,780.00	$ 19,170.00	
Finance Support 0.014 fte x $103,000 with benefits	$ 2,300.00	$ 2,300.00	$ 4,600.00	
Non-Personnel				
UCSF Computing & Network	$ 163.00	$ 326.00	$ 489.00	
UCSF GAEL	$ 165.00	$ 327.00	$ 492.00	
Subcontract (Public Health Insstitue)				
Program Management & Administration	$ 9,213.00	$ 18,427.00	$ 27,640.00	
Fellowship stipends - $5,000 for 8 site champions	$ 13,333.00	$ 26,666.00	$ 39,999.00	
Other Direct Costs - Local travel within San Francisco, venue and refreshments for in-person, trainings/meetings, facilities, supplies, communications, and IT for the project	$ 2,865.00	$ 5,730.00	$ 8,595.00	
PHI Indirect Costs	$ 1,350.00	$ 2,700.00	$ 4,050.00	
Direct Costs	$ 54,383.00	$ 106,486.00	$ 160,869.00	
UCSF - F&A Indirect Costs - 10% NACCHO	$ 5,438.00	$ 10,649.00	$ 16,087.00	
UCSF total	$ 59,821.00	$ 117,135.00	$ 176,956.00	
Contractual Subtotal	**$ 99,821.00**	**$ 267,135.00**	**$ 366,956.00**	
Other			$ -	
	$ -	$ -	$ -	
Other Subtotal:	**$ -**	**$ -**	**$ -**	
Subtotals of Direct costs	**$ 159,503**	**$ 340,497**	**$ 500,000**	
Indirect Costs - None	**$ -**	**$ -**	**$ -**	
Grand Total	**$ 159,503**	**$ 340,497**	**$ 500,000**	

London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 2/28/2022

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - Implementing Overdose Prevention Strategies at the Local Level (IOPSLL) - $500,000

Attached please find the original and 1 copy of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist

☒ Budget and Budget Justification

☒ Grant application

☒ Agreement / Award Letter

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes ☐ No ☒