

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

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **Mid-Career Award in Patient-Oriented Substance Use Research Addressing Opioids, Chronic Pain, and HIV**

2. Department: **Department of Public Health
Center of Public Health Research**

3. Contact Person: **Phillip Coffin, MD** Telephone: **415-437-6282**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$764,671 in the 5-year project period**
(Year 1 = \$157,235; Year 2 = \$153,479; Year 3 = \$151,319; Year 4 = \$151,319; Year 5 = \$151,319)

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **National Institutes of Health (NIH)**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **This K24 award will support the candidate's development as a mentor and substance use researcher, while completing a study the impact of reduced or discontinued opioid therapy on patients infected with HIV. The candidate will complete advanced training in mentoring and meet regularly with senior mentors to improve his mentoring, while increasing his mentoring load throughout the award period. He will also enhance his ability to excel as a substance use researcher addressing opioid use and chronic pain by completing American Board of Addiction Medicine board certification and the American Pain Society Fundamentals of Pain Medicine course, completing independent structured reading programs addressing pain research as well as biostatistics and research design, and gaining direct clinical experience in chronic pain management. In addition, the candidate will pursue new research to examine the impact of discontinuation of prescription opioid use among HIV-positive patients. The candidate will perform extensive chart extraction research on 600 patients prescribed opioids for chronic pain (300 HIV-positive, 300 frequency-matched HIV-negative) in years 1-2 and 3-4 of the award period in order to characterize the trajectory of opioid prescribing and rationale for continuation or changes in opioid therapy, compare opioid prescribing patterns and yellow flag behaviors among HIV-positive and HIV-negative patients, and prospectively assess the relationship between receipt of prescription opioids and clinic care of HIV-positive and HIV-negative patients. Analysis will involve pooled logistic regression modeling adjusted for frequency-matching strata, and generalized estimating equations, depending on the hypothesis being tested.**

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

Approved Year one project: Start-Date: 09/01/2016 End-Date: 08/31/2017

Full project period: Start-Date: 09/01/2016 End-Date: 08/31/2021

10a. Amount budgeted for contractual services: **\$49,684 in Year 1**
\$234,916 in the 5-year project period

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

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

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

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

b1. If yes, how much? **\$9,819 in Year 1; \$41,095 in the 5-year project period**

b2. How was the amount calculated?

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

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

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

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 01, 2016. The Department received the full award agreement on August 10, 2016.

Grant Code: **HCIV08/1700**

****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):

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:


FW
Matthew Valdez

(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency

(Title)

Date Reviewed: 10-25-16



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

BA Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 10/28/16


(Signature Required)