



**AMENDMENT 1  
PHI ANSWERS TO APPLICANT'S QUESTIONS**

**CALIFORNIA BRIDGE PROGRAM - SITE SELECTION  
[LINK TO DOWNLOAD APPLICATION PDF \(FILLABLE FORMAT\)](#)**

**Overview**

*The intention of the application for the California Bridge Program Site Selection is to collect a baseline understanding of each hospital's ability to offer 24/7 access to treatment for substance use disorders, and understand the level of commitment to achieve this aim. The responses should illustrate a clear vision to implementing buprenorphine treatment in a tangible way. The technical questions associated with the hospital 'entity' will be important to expedite contracting and payments, but should not deter interested applicants with a sophisticated program vision.*

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*All applicants are encouraged to begin engaging with the California Bridge Program during the initial training session. We invite you to join us whether or not your application is successful. Successful applicants should anticipate sending a minimum 1-2 representatives to join us in this important training session.*

[Statewide Training Series on February 25th, 2019 - Register Here](#)

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**Program**

- 1. What would you say are the key components for a successful grant application that we must have?**

PHI Response: The key components for a successful grant application include an illustrated commitment to the increase in 24/7 access to treatment for patients with substance use disorders and a clearly defined vision to implementing buprenorphine treatment in a tangible way.

- 2. Are there specific requirements each hospital has to meet regarding patient population, staffing, volume, etc?**

PHI Response: This program is intended to reach every community in California as much as is possible. The intention of the questions within this application is to understand the baseline characteristics of each hospital. There are no requirements, per se. We will review each application carefully in order to include in the California Bridge Program a diverse set of hospitals spread across the state that serve a wide variety of patient populations.

- 3. In terms of completing the application, there are several aspects that we are concerned will be challenging for us to meet by the December 17th deadline.**

PHI Response: Please make an effort to get the full document completed as it will speed up our ability to move any contracts forward and initiate the intensive training and technical assistance

necessary for this program. If there are key elements missing upon submission, please share information about when the missing elements will be available and why they have been delayed.

**4. Can our interdisciplinary group submit one application for each hospital campus?**

PHI Response: We will take into consideration hospital systems or groups with multiple sites, though there is no guarantee on a successful award based on a hospital system as opposed to a single hospital.

**Funding, Awards, and Opportunities**

*The California Bridge Program is a program under the Public Health Institute funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis Grant to the California Department of Health Care Services (DHCS). Training and technical assistance are developed by the team associated with ED-Bridge and Project SHOUT.*

**5. How are grant funds flowing down?**

PHI Response: The grant funding originates from Substance Abuse and Mental Health Services Administration (SAMHSA) to the state of California's Department of Healthcare Services (DHCS) to Public Health Institute (PHI) and then if awarded, to your hospital/healthcare entity.

**6. Is the California Bridge Program a one-time funding opportunity, or does the Public Health Institute anticipate issuing another round of funding opportunities for the California Bridge Program for 2020 implementation?**

PHI Response: The California Bridge Program is only aware of the current opportunity. Future opportunities and connections may become available down the road, though there is no guarantee. Submitted applications can help identify the need for funding, and help generate future funding opportunities.

**7. What is the maximum award amount per applicant?**

PHI Response: The award per applicant will vary. Applications should be based on the specific activities necessary to increase in 24/7 access to treatment for patients with substance use disorders and a clearly defined vision to implementing buprenorphine treatment in a tangible way. If a site is intending to seek support for a new Bridge clinic as well as funding to become a Star site, funding could total up to \$410,000.

**8. Is there any long-term funding to sustain the connection to SUD resources in the ED?**

PHI Response: We anticipate that much of the funding will help establish programs and relationships that may be sustained after the grant period. There is currently no knowledge of sustained long-term funding directly related to this work. However, this is something that the Bridge team is reviewing with stakeholders and partners, and that we will be exploring.

**Work Scope**

*The work scope for each hospital will vary based on the needs and the vision for how each hospital will provide access to 24/7 treatment for patients with substance use disorders. Please outline the vision for*

*the grant funding at your site with particular attention to how the activities will increase access to treatment within the next 6 months and support the routine engagement with the California Bridge Program trainings and activities.*

**9. Our group has discussed applying for a Star Site + Bridge Clinic where we could develop an induction clinic within an existing clinic that is interested. Is this also possible?**

PHI: Yes, this concept is within the scope of the work we are potentially looking to achieve. Please outline the vision for the grant funding at your site with particular attention to how the activities will increase access to treatment.

**10. In the future, we would be able to build out data collection algorithm, but we currently only have estimates on number of patients started or continued on MOUD per week. Is this ok?**

PHI Response: An estimation of the current and future numbers is all we need to understand the baseline and future goals of this site at this moment in time. Please outline the vision for the grant funding at your site and how and when you plan to be able to have more exact numbers. Participation in the program will necessitate the tracking of progress.

**11. Could we consider a telemedicine company to be an outpatient partner? They do not have a clinic per se because they operate virtually via telemedicine, but have a lot of capacity to take on patients we could refer to them and follow them over the short and long term.**

PHI Response: Telemedicine can potentially be a great outpatient partner. We'd want to make sure that any arrangement would allow "drop in" flexibility for patients who don't connect immediately. Often this has worked best as a physical clinic. Please outline the vision for the grant funding at your site with particular attention to how the activities will increase access to treatment.

**Staffing**

*The work scope and staffing needs for for each hospital will vary based on the needs and the vision for how each hospital will provide access to 24/7 treatment for patients with substance use disorders. Please outline the vision for the grant funding at your site with particular attention to how the activities will increase access to treatment within the next 6 months and support the routine engagement with the California Bridge Program trainings and activities.*

**12. Can funding expand services to include psychosocial support?**

**Could part of the grant go towards paying the salary of an addiction medicine fellow?**

**Is it allowable to use the grant funding to incentivize front line providers for referring?**

PHI Response: These are possible uses of funding. Be sure to share how the staffing and activities will increase access to treatment within the next 6 months and support the routine engagement with the California Bridge Program trainings and activities.

**13. Are there minimum staff qualifications for positions supported by the grant?**

PHI Response: Staff that are supported by the grant should have professionally defined roles that can grow with the increased knowledge and understanding of substance use disorders and successful evidence-based treatment pathways. There is an outline for the treatment navigator position [posted here](#). Extensive training and technical assistance will be provided by the California Bridge Program to treatment navigators and all champions engaged in the program.

**14. Does the program envision that the ED treatment champion is a physician? Putting in 20% FTE at a physician salary?**

PHI Response: Yes, providing 0.2 FTE (20%) to support the work of a physician to develop and grow a program is a typical scenario. This could also be an NP or a PA.

**15. How much staff time could be dedicated to data analysis and quality improvement?**

PHI Response: There will be routine data analysis and quality improvement involved in this work. Please outline the vision for the grant funding at your site with particular attention to how the activities will increase access to treatment in the next 6 months, and allow for routine engagement with the California Bridge Program trainings and activities.

**16. How much staff time can be dedicated to community engagement?**

PHI Response: There will be routine community engagement involved in this work. Please outline the vision for the grant funding at your site with particular attention to how the activities will increase access to treatment within the next 6 months, and allow for routine engagement with the California Bridge Program trainings and activities.

**17. Are there additional resources available to sites for evaluating outcome measures?**

PHI Response: The specific outcome measures and resources to support the collection and evaluation of outcome measures associated with the California Bridge Program are in development and will be shared with awarded sites.

**Treatment Navigator**

*While some providers and systems find use of treatment navigators key in quality service provision, there are many ways to link patients to bridging and definitive continuity services. If not intending to hire a (new) navigator for transition of care, please explain briefly your plan to optimize patients continuing services across home and care settings. For example, nurse phone triage, a shared community health worker, reminder texts to patients, etc.*

*The role of the treatment navigator will be particularly important in the engagement with the California Bridge Program. Extensive and ongoing routine training and technical assistance will be provided, as well as a wide variety of mentorship and networking abilities to support the success of this role in developing increased access to treatment for substance use disorders.*

**18. Please provide more information on navigator training.**

PHI Response: Training and technical assistance for treatment navigators will integrate a variety of aspects important to the success of this role. Alongside engagement in the general California Bridge Program [Statewide Training Series](#), navigator training will include an extensive onboarding package, a series of two-day and one-day intensive trainings, weekly coaching calls, motivational interviewing, site visits by established navigator mentors, and a support network within the network of California Bridge Program treatment navigators, and more. All training and technical assistance will be focused on a foundation of the science of substance use disorders and evidence-based treatments, data collection, harm reduction, community engagement, community awareness, and much more.

**19. What are the expectations and skillset of the ED navigator/counselor position? There is a suggested 1.0 FTE for the treatment counselor but if not possible, can we have multiple part time counselors/ navigators who fulfill the same role?**

PHI Response: The treatment navigator description is [posted here](#). A 1.0 FTE is ideal, and 2 x 0.5 FTE treatment navigator roles can work fine at each site. Please share the vision of what your program will need to offer 24/7 access to treatment, and any associated costs that will support this vision.

**Budget, Indirect Costs, Fringe Benefits, and Other Costs**

*Budgetary details shared within the application are specifically for the purpose of establishing the reasonableness of the cost associated with the requested award. The submitted budget will be used to determine the intention of supporting the deliverables associated with the California Bridge Program. Once awarded, the funding will be set as a fixed price award. This means that there will be a fixed amount distributed based on a schedule of deliverables designed to increase access to treatment from the baseline (i.e. where a hospital is starting from at the beginning of this program). Payment and timeline will not be based on cost incurred. It's up to the hospital to achieve the deliverables or the contract will not continue into the subsequent periods. A draft set of deliverables and timeline are shared on page 13.*

**20. Is there a maximum indirect rate?**

PHI Response: PHI will accept the appropriate and allowable indirect rate(s) outlined in your entity's Negotiated Indirect Cost Rate Agreement (NICRA). To ensure that the majority of funding is allocated to the opioid response, it is PHI's preference that applicants would not include an indirect rate above and the de-minimus 10% rate specified in to Code of Federal Regulations, if possible. Applicants from the University of California system must adhere to the 25% indirect cost rate for off-campus other sponsored activities under the State of California. The indirect rate(s) included in your entity's budget must be supported by a NICRA or other allowable justification.

**21. Can you provide examples of fringe benefits the program would anticipate and typical scenario? Would you anticipate incentives, costs and work hours spent training physicians and obtaining X waivers to be listed in fringe benefits?**

PHI Response: Fringe benefits should be the standard package of benefits provided by your hospital/healthcare entity to employees. Fringe benefits are typically budgeted as a percentage of base salary to account for the standard package of allowable fringe benefits (health care, leave, retirement, etc.) approved by you hospital/healthcare entity. PHI expects any and all fringe benefits costs incurred to be in accordance with your hospital/healthcare entity's policies for what is appropriate and allowable to be budgeted/incurred under fringe benefits.

**22. Can you provide more detailed examples or possible illustrations of potential "other costs" fringe benefits or indirect costs?**

PHI Response: Any costs associated with the direct and immediate increase in the access to treatment. Please share the vision of what your program will need to get going, and any associated costs that will support this vision.

**Entity Details**

**23. What is a DUNS number? How do I find it?** PHI Response: Data Universal Numbering System abbreviated as DUNS or D-U-N-S, is a proprietary system developed and regulated by Dun & Bradstreet (D&B) that assigns a unique nine-digit number, referred to as a "DUNS number" to a single business entity. A DUNS number is free to obtain and required for any entity receiving federal funding. A DUNS number is required for your hospital/healthcare entity to receive this award. The contracting and/or administrative officer at your hospital/healthcare entity should know your DUNS number.

Apply for a DUNS: <https://www.dandb.com/free-duns-number/>

DUNS Look-up: <https://www.dandb.com/dunsnumberlookup/>

**24. What is the FEIN number?**

PHI Response: The Employer Identification Number (EIN), also known as the Federal Employer Identification Number (FEIN), is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification. A FEIN is free to obtain and required for any entity receiving federal funding who will be employing and compensating staff with the federal funding. A FEIN is required for your hospital/healthcare entity to receive this award. The contracting and/or administrative officer at your hospital/healthcare entity should know your FEIN.

Apply for a FEIN:

<https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

Find your FEIN:

<https://www.irs.gov/businesses/small-businesses-self-employed/lost-or-misplaced-your-ein>

**25. What is SAM?**

PHI Response: System for Award Management or SAM is a federal government owned and operated free website that consolidates information about all registered entities that are eligible to receive government funding. In order to receive awards from the federal government, your entity must be registered in SAM. Entities are required to complete a one-time registration to provide basic information relevant to procurement and financial transactions. Entities must update or renew their registration annually to maintain an active status. SAM registration is required for your hospital/healthcare entity to receive this award. The contracting and/or administrative officer at your hospital/healthcare entity should know your SAM number.

If your hospital/healthcare entity is not yet registered in SAM, please indicate so on your application. Not having a SAM registration at the time of application does not disqualify your hospital/healthcare entity from being selected in this process. If selected, PHI will guide your entity in obtaining its SAM registration. If any questions, please visit [www.sam.gov](http://www.sam.gov) or contact the SAM Help Desk at 866-606-8220.

**26. Why do you need to know my congressional district?**

PHI Response: As the recipient of federal funds, PHI is required to complete a number of financial and compliance reports. The congressional district is required for PHI to track and report where federal funds have been allocated. This information will not be disclosed or used for any other purpose than compliance reporting, where necessary.

**Important Dates**

**Applications are due on December 17th, 2018 by 5:00pm PST**

Submit applications via email to: [BridgeProgramRFA@phi.org](mailto:BridgeProgramRFA@phi.org)

**Awards will be notified by January 15, 2019**

**CALIFORNIA BRIDGE PROGRAM STATEWIDE TRAINING SERIES**

Program participants will send a team to all trainings - more information will be presented upon award

**Session #1**

**February 25th, 2019, Oakland, CA**

Session #1 is open to all applicants to the California Bridge Program

Register to attend: [ed-bridge.org/trainingseries](http://ed-bridge.org/trainingseries)

**Session #2**

**May 22nd, 2019, Sacramento, CA**

Session #2 is open to CA Bridge Program participants only

Registration will open on February 25, 2019

**Session #3**

**November 2019, TBD**

Session #3 is open to CA Bridge Program participants only

Registration will open on May 22, 2019

**Session #4**

**May 2020, Sacramento, CA**

Session #4 is open to CA Bridge Program participants only

Registration will open in November 2019