



August 7, 2017

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) # 67-62.

A pre-application conference will be held on August 22, 2017 at 11:00 a.m. in Room 812, 8th Floor-West, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701. Since facilities are limited, it is requested that you limit your representation to two individuals. Applicant attendance is optional.

All questions regarding this RFA must be directed in writing to Sarah Boateng, Office of the Physician General, Pennsylvania Department of Health, 8th Floor-West, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at ra-dhpacmat_rfa@pa.gov, no later than August 15, 2017. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Please submit one original and 10 complete copies of your application, (Part 2 of this RFA) in a sealed package to the address below. Your application must arrive in the designated room at the following address no later than 2:30 p.m. on Friday, September 8, 2017.


RFA # 67-62
Director, Division of Contracts
Bureau of Administrative and Financial Services
Pennsylvania Department of Health
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please write "APPLICATION ENCLOSED RFA # 67-62" in large block letters on the envelope or overnight/priority mail label.

We expect that the evaluation of applications and the selection of grantees will be completed within eight weeks of the submission due date.

Sincerely,


for Lori Stubbs

Director
Bureau of Administrative and Financial Services

Request for Application

Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) Program

RFA Number
67-62

Date of Issuance
August 7, 2017

Issuing Office: Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer: Sarah Boateng
Pennsylvania Department of Health
Office of the Physician General
Email address: ra-dhpacmat_rfa@pa.gov

Pennsylvania Coordinated Medication Assisted Treatment (PacMAT) Program

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Any Grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 5/12)
- Program Specific Provisions
- Standard General Terms and Conditions (Rev. 2/15)
- Audit Requirements (Rev. 7/13)
- Commonwealth Travel and Subsistence Rates (Rev. 4/12)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)

PART ONE

Pennsylvania Coordinated Medication Assisted Treatment (PacMAT)

General Information

A. Information for Applicants

On December 13, 2016, the President signed into law the 21st Century Cures Act, which seeks to ensure that the health system of the United States has the ability to modernize and innovate to solve the health problems of the 21st century. To help achieve these goals, the U.S. Department of Health and Human Services awarded the Commonwealth of Pennsylvania a 21st Century Cures Act grant to help combat the opioid epidemic, part of which is being used for this grant application.

Through this RFA process, the Pennsylvania Department of Health (Department) is soliciting applications from Pennsylvania institutions and organizations who will create a hub and spoke network of health care providers to facilitate access to Medication Assisted Treatment (MAT) for patients suffering from opioid use disorder. This program is called Pennsylvania Coordinated Medication Assisted Treatment (PacMAT). Medication assisted treatment is defined as the use of certain medicines, such as buprenorphine, methadone, and naltrexone, to supplement behavioral counseling to treat patients with opioid use disorder. At minimum, each PacMAT program must include a hub and a network of spokes. A hub is defined as a centralized addiction specialist physician-lead team that will be at the center of the PacMAT program, providing support and other services to the spokes. The spokes are defined as primary care practices who will provide medication assisted treatment to patients in their community, while being supported by the hub. Primary care providers may include, but are not limited to, internal medicine providers, family doctors, pediatricians, obstetricians and gynecologists, or community psychiatrists. A visual representation of the relationship between the hub and the spokes can be seen in Attachment I of this RFA. Medications used by the spokes may include, but are not limited to, buprenorphine and long-acting naltrexone. The Department initially plans to fund four applications. Should further funding become available, including in future years, any applications not chosen initially will again be considered for funding in the order of each applicants initial score. The overall goal of this funding is to increase access to MAT throughout the Commonwealth to reduce the number of opioid-related overdose deaths. The anticipated grant agreement term is October 1, 2017 to April 30, 2018, subject to the availability of funding.

Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B. Applicants are encouraged to be innovative and creative in their approach.

This RFA provides interested institutions and organizations with information to prepare and submit applications to the Department. Questions about this RFA can be directed to Sarah Boateng, Office of the Physician General, Pennsylvania Department of Health, 8th Floor-West, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701 or by e-mail address at radhpacmat_rfa@pa.gov, no later than August 15, 2017. Answers to all questions will be posted at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania providers are required to enroll in the SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter. If, due to inclement weather, natural disaster, or any other cause, the Commonwealth office location to which applications are to be returned is closed on the application response date, the deadline for submission will be automatically extended until the next Commonwealth business day on which the office is open, unless the Department otherwise notifies Applicants. The hour for submission of applications shall remain the same. The Department will reject, unopened, any late applications.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the Department of General Services (DGS) website.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) If an applicant is awarded other funding from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) in Federal fiscal year 2017 for a PacMAT proposal they must withdraw their application for this RFA by notifying the Department of Health in writing.
- e) Awarded applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the grantee throughout the life of the grant using funding from this grant must acknowledge the Department as the granting agency, and be approved in writing by the Department.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and time, will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee needs additional clarification of an application, Office of the Physician General staff and staff from the Division of Contracts will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

Evaluation criteria used by the Review Committee, include:

- Soundness of Approach
- Feasibility

Soundness of Approach

The experience, education and training of the staff of the PacMAT hub:

Applicants must have a core team of at least two staff members who will oversee the operations of the hub and the PacMAT program as a whole. At least one of these core staff members must be a board-certified addiction specialist, or someone with equivalent training. Evaluators will consider the anticipated roles and qualifications of the staff members that the hub is able to dedicate to the project and amount of staff time dedicated to this program. Please submit the Curriculum Vitae and anticipated role of all core hub staff members and identify the amount of time they will be dedicating to the program.

The ability to engage uninsured, underinsured, and privately insured patients diagnosed with opioid use disorder: Each application must explain how they will effectively engage patients who are uninsured, underinsured, and those who have private insurance.

The fiscal and operational sustainability of the PacMAT program following the term of this grant: Each application must provide a plan for how the PacMAT program can be sustained, through insurance payments or other dedicated funding sources, beyond this initial investment of funding.

The ability of the hub to connect every patient treated by the primary care spokes with appropriate counseling and behavioral therapies: Explain how the hub will ensure that each patient treated with MAT through the spokes receives treatment by a licensed drug and alcohol counselor. This treatment may include, but is not limited to, the use of telepsychiatry, group counseling, group support and individual counseling.

Feasibility

The ability to increase access to MAT, based on measurable benchmarks and goals:

Each applicant hub must demonstrate their ability to increase access to quality MAT by building a network of spokes using either new or existing relationships with primary care practices and by engaging or have a plan to engage at least 300 new patients total within this network of spokes by September 30, 2018. A new patient is defined as a patient who has not been engaged in MAT with this specific practice within the past 60 days. The application must explain how access to MAT will be expanded and the methods that will be used to ensure the MAT being provided is of a high quality, as laid out by the American Society of Addiction Medicine (ASAM) in their National Practice Guidelines as indicated in Attachment IX. Each applicant must also explain the experience the hub staff, consisting of a board-certified addiction specialist, or someone with equivalent training, and a support team, has in providing quality MAT and their experience with addiction medicine. These engaged primary care practices that make up the network of spokes must demonstrate their ability to expand access to MAT in areas of the state that are currently underserved by MAT, as determined by the Department. Refer to Attachment VIII and indicate how MAT will be expanded into the counties deemed “highest severity,” “high severity,” and “moderate severity”. These counties are highlighted in red, orange, and yellow in the attachment. Applicants must include measurable benchmarks and goals.

The ability to recruit and engage a network of primary care practices as spoke: Each applicant must explain how they will recruit and support, at minimum, 10 primary care practices to serve as spokes. These practices may include practitioners such as physicians, nurse practitioners, and physician assistants. Each applicant must also provide a timeline for when they will be able to recruit these spokes. The spokes must provide MAT to the patients that are part of the network.

The ability to establish best practices and policies to be used by the spokes: Explain how the hub will establish policies, procedures and best practices for their spokes. Each application must also demonstrate how they will be able to dedicate appropriate staff support to provide ongoing technical assistance to the spokes.

The ability of the hub to support care coordination: Each application must demonstrate the hub's ability to help spokes connect patients in need of pain management and mental health care treatment to resources that can provide this treatment. Hubs must also demonstrate their ability to provide case management support for all the patients in the network. Each application must also explain how the program will work with the local Single County Authority (SCA). The hub must also explain how they will use certified peer recovery specialists in case management programs.

The ability to collect and manage outcome data: The hub must demonstrate their ability to collect and track patient outcomes that can be used for research purposes.

3. Awards

Grants will be administered through the Department.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the Office of the Physician General within 10 calendar days of the written official notification of the status of the application. The Office of the Physician General will determine the time and place for the debriefing. The debriefing will be conducted individually by staff from the Office of the Physician General. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

4. Deliverables

- a) The grantee shall establish an MAT program based on the hub-and-spoke model.
 - i. The hub shall consist of at least two core staff members, one of whom must be a board-certified addiction specialist, or someone with equivalent training.
 - ii. The grantee shall establish a network of spokes consisting of at least 10 practices. This network of spokes must collectively engage with 300 new patients by April 30, 2018 or have a plan in place by April 30, 2018 on how they will have engaged with 300 new patients by September 30, 2018.

- b) The grantee shall develop best policies and practices for their spokes and will provide these policies to the Department of Health by January 1, 2018.
- c) The grantee shall develop a written report detailing the sustainability of the program and how it will remain active and be funded after the terms of the grant. This shall be provided to the Department of Health by March 30, 2018.
- d) The grantee shall develop a midterm report detailing the current state of spoke recruitment, the number of patients they have served, the outcomes of these patients, and an overview of the technical assistance the hub has provided to its spokes. This must be submitted to the Department of Health by February 28, 2018.

5. Reporting Requirements

- a) The awarded applicant(s) shall be required to submit a written report of progress, issues, and activities to the Department by February 28, 2018. The report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the program during the term of the grant agreement must be approved in writing by the Department.
- b) The awarded applicant(s) shall be required to submit a final written report within 30 days after the close of the grant. The final report shall present an overall summary of the project, and shall include the total number of patients and patient visits during the term of the grant. It will also present a forecast for how the PacMAT program will continue operation.
- c) The awarded applicants shall be required to request written approval from the Department prior to any changes in key personnel.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one original and ten complete copies of the application (Part Two of this RFA).
- b) The application, including copies, must be in a sealed package.
- c) The application must be received by mail or in person at Division of Contracts by the date and time specified in the cover letter. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt. **(Late applications will be rejected, regardless of the reason).**
- d) The application must be submitted using the format described in subsection 2, below – Application Format.
- e) The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Cover Page** – Complete the form.
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- c) **Work Statement** – Provide a narrative description of the proposed methodology addressing the following topics:
 - i. The summary of application should not exceed 20 pages and must include the following:
 - A. Location of the hub and proposed spokes, including the locations covered by the network of spokes
 - B. Key personnel involved in the hub, along with planned roles and qualifications
 - C. Plan to sustain the PacMAT program after the term of the grant has ended
 - D. Outline of anticipated results
 - E. Project plan, which lists tasks to be performed and timeline associated with each task
 - F. Planned methods to serve uninsured, underinsured, and privately insured patients
 - G. How you plan to meet the above stated evaluation criteria
 - H. How you will coordinate with local SCA and any local Centers of Excellence (COE). In particular, please explain how you will complement these services and not duplicate services.
 - I. Statement of the problem

The work statement must include a two page executive summary.

- d) **Budget** – Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable excel budget file. The anticipated grant agreement term is October 1, 2017 to April 30, 2018. The overall seven month budget for the application shall not exceed \$1,000,000, which will be paid by monthly reimbursements.

Overall Summary	10/1/2017 to 04/30/2018	\$1,000,000
Year 1 Summary	10/1/2017 to 04/30/2018	\$1,000,000

See the Budget Definitions section below for more information.

3. Budget Definitions

Personnel: The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.

Consultant Services: This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this grant.

Subcontract Services: This budget shall identify each subcontract to be utilized under this grant. If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.

Patient Services: This budget category shall reflect funding dedicated for patient services.

Equipment: This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included.

Supplies: This budget category shall reflect expected costs for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

Travel: This budget category shall include anticipated expenditures for travel including mileage, hotels and meals.

Other: This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, and indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's Federally approved indirect cost rate schedule. In the description area under OTHER COSTS include the % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.

PART TWO

Pennsylvania Department of Health
Office of the Physician General

**Pennsylvania Coordinated Medication Assisted
Treatment (PacMAT) Program**

Request for Applications (RFA) #67-62



Mailing Label:

THIS LABEL MAY BE USED FOR MAILING THE APPLICATION. THIS LABEL MAY BE CUT OUT AND FIRMLY AFFIXED TO THE APPLICATION PACKAGE, OR COPY THIS EXACT FORMAT FOR THE MAILING LABEL.

FROM:

APPLICATION ENCLOSED RFA 67-62

BID

TO: PA DEPARTMENT OF HEALTH
DIRECTOR
DIVISION OF CONTRACTS
ROOM 824, HEALTH AND WELFARE BUILDING
625 FORSTER STREET
HARRISBURG, PA 17120-0701

COVER PAGE
Insert Title of Application
RFA #67-62

Applicant Name: _____
(Organization or Institution)

Type of Legal Entity _____
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

Federal I.D.#: _____ **Grant Amount:** \$ _____

SAP Vendor #: _____

Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Application Contact Person: _____

Title: _____

Telephone No.: _____ **Fax:** _____ **E-mail:** _____

Title of Project: _____

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- c. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the Federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the Federal government shall constitute an event of default of the Contract with the Commonwealth.
- e. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other Agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.
- f. The Contractor may obtain a current list of suspended and debarred Commonwealth Contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or contacting the:

Department of General Services
 Office of Chief Counsel
 603 North Office Building
 Harrisburg, PA 17125
 Telephone No: (717) 783-6472
 FAX No: (717) 787-9138

IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.

2. Certification Regarding Application/Proposal/Bid Validity

This application/proposal/bid shall be valid for a period of 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid #67-62.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

Work Statement

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2c Work Statement for completion instructions.

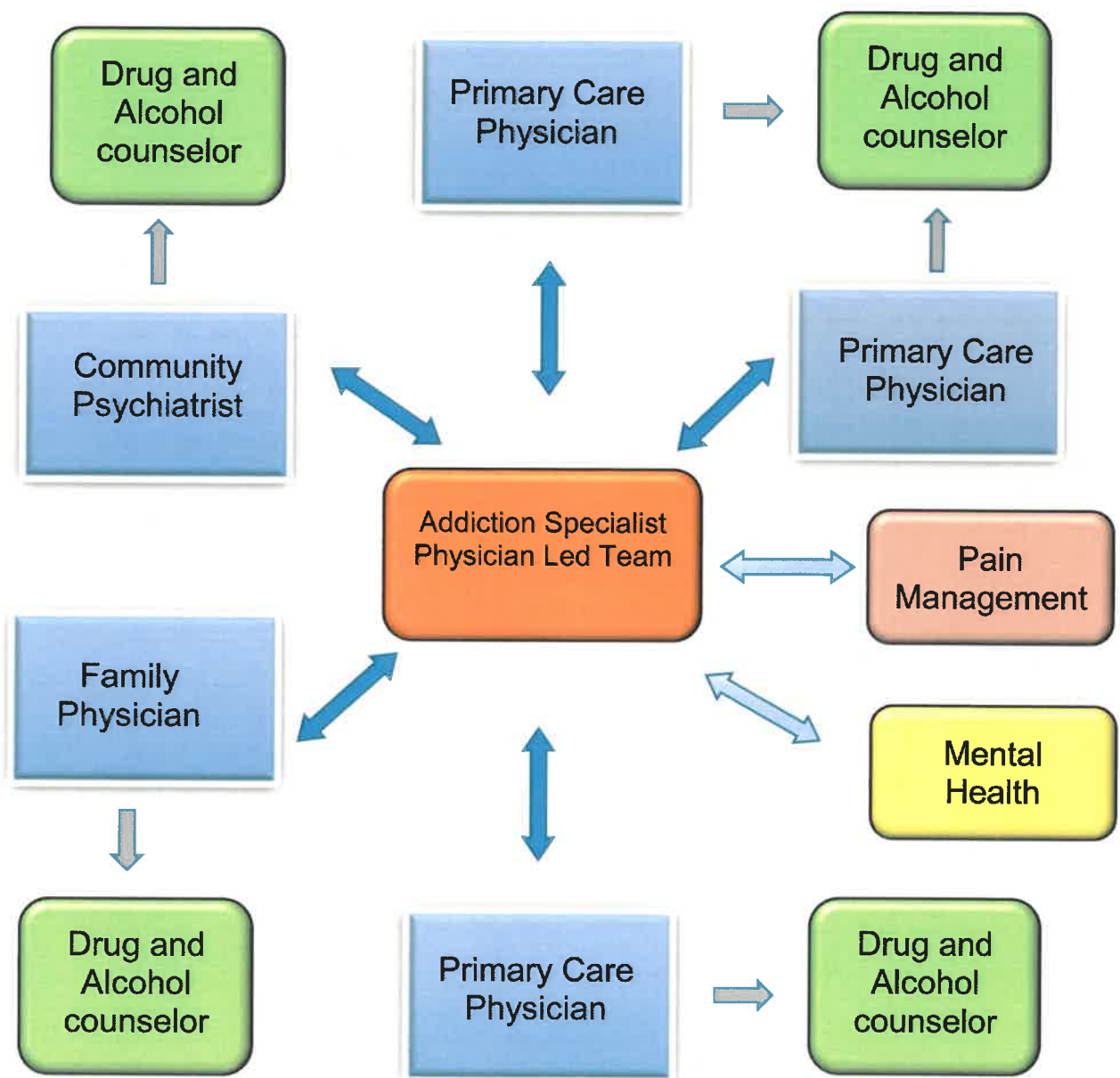
Budget Template

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2d Budget for completion instructions.

W-9 Form

Provide a copy of the completed Internal Revenue Service form W-9. The W-9 form and instructions for completing the form are available at the website <http://www.irs.gov>.

Visual Representation of PacMAT Structure



MAT UNDERSERVED AREAS

County	OD Deaths 2015		Sched II - V Dispensations		Sched II - V Prescriptions		Doctor Shoppers		2015 Population		Total Rank Score
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Population	Rank	
1 LACKAWANNA	34.92	11	141341.66	2	153542.66	3	119.86	2	211917	17	35
2 ALLEGHENY	33.65	13	106730.50	9	112830.33	5	76.39	23	1230459	2	52
3 BLAIR	30.26	16	146254.17	1	155657.56	2	91.57	13	125593	28	59
4 LUZERNE	30.15	17	111910.54	6	95314.79	13	88.55	15	318449	12	63
5 MONTGOMERY	21.24	33	91352.97	24	108901.65	6	102.78	8	819264	3	74
6 CAMBRIA	41.79	3	110410.45	7	119301.23	4	68.91	35	136411	26	75
7 FAYETTE	29.93	19	98581.14	16	97868.71	11	110.01	5	133628	27	78
8 WESTMORELAND	35.20	8	105615.77	12	89548.72	19	73.19	28	357956	11	78
9 LEHIGH	31.88	15	91039.00	25	99869.69	9	68.48	37	360685	10	96
10 DELAWARE	36.89	7	80611.07	40	76199.07	34	91.51	13	563894	5	99
11 ERIE	24.46	27	96006.04	20	106082.83	7	69.05	34	278045	14	102
12 LAWRENCE	34.06	12	101558.77	14	83556.23	27	87.42	16	88082	33	102
13 PHILADELPHIA	44.79	2	74437.65	48	70151.81	44	102.78	7	1567442	1	102
14 BUTLER	25.16	26	100869.30	15	87667.68	20	76.01	25	186818	19	105
15 WASHINGTON	35.05	10	87868.59	28	8152.98	30	78.75	20	208261	18	106
16 DAUPHIN	30.04	18	85712.66	31	97563.58	12	70.33	32	272983	13	108
17 BUCKS	19.61	39	84780.20	33	79461.94	31	93.73	11	627367	4	118
18 CLEARFIELD	17.29	42	94419.34	22	105196.68	8	83.96	17	80994	36	125
19 MONTOUR	64.67	1	123064.07	3	305140.92	1	48.50	58	18557	62	125
20 CHESTER	25.39	24	75249.21	46	72120.93	41	100.98	5	515939	7	127
21 CRAWFORD	32.38	14	112306.32	5	76040.65	35	64.75	40	86484	35	129
22 INDIANA	41.40	5	114105.51	4	66865.21	48	67.84	38	86966	34	129
23 CARBON	28.14	20	81175.73	39	84565.35	25	107.88	6	63960	40	130
24 NORTHAMPTON	23.60	29	84250.02	34	70964.69	42	77.12	21	300813	13	139
25 BEAVER	20.73	36	96524.57	19	68490.15	47	82.31	18	168871	20	140
26 MERCER	16.63	45	105647.18	11	99466.88	10	56.03	48	114234	30	144
27 NORTHUMBERLAND	17.16	43	94220.66	23	78490.23	33	89.01	14	93246	32	145
28 WYOMING	25.18	25	75823.74	43	92809.35	13	118.71	3	27800	60	146
29 LYCOMING	21.54	32	98222.29	17	87079.48	22	55.15	50	116048	29	150
30 CUMBERLAND	16.64	44	88722.41	27	90178.54	18	59.27	46	246338	16	151
31 YORK	22.35	30	82166.66	37	75893.21	36	63.68	42	442867	8	153
32 BERKS	16.62	46	70844.10	49	62631.63	49	115.35	4	415271	9	157
33 ARMSTRONG	41.76	4	78628.53	41	72364.73	40	67.11	39	67052	38	162
34 SCHUYLKILL	16.60	47	87834.57	29	72749.15	38	74.00	27	144590	24	165
35 MIFFLIN	10.75	54	102604.30	13	83129.03	28	75.27	26	46500	46	167
36 BRADFORD	26.11	23	90274.31	26	82286.52	29	55.48	49	61281	41	168
37 MONROE	27.64	21	75539.82	44	56724.58	54	72.72	29	166397	21	169
38 CLINTON	10.14	56	95380.44	21	90372.96	17	76.06	24	39441	57	175
39 LEBANON	14.59	49	87418.56	30	85489.58	24	54.72	51	137067	25	179
40 MCKEAN	18.86	40	85098.56	32	95267.85	14	63.66	43	42412	51	180
41 CAMERON	21.13	35	96872.36	18	20667.79	66	169.06	1	4732	67	187
42 VENANGO	20.71	37	75108.72	47	87352.92	21	64.01	41	53119	43	189
43 ELK	9.72	59	108020.21	8	72405.42	39	71.26	31	30872	59	196
44 COLUMBIA	24.00	28	82479.90	36	73998.08	37	42.00	62	66672	39	202
45 LANCASTER	14.91	48	70274.90	51	69772.50	45	54.60	52	536624	6	202
46 HUNTINGDON	21.90	31	76283.17	42	43592.89	60	76.64	22	45668	48	203
47 WAYNE	35.16	9	70600.41	50	51875.07	57	62.50	44	51198	44	204
48 JEFFERSON	18.01	41	105968.94	10	62210.22	50	51.77	55	44430	50	206
49 WARREN	0.00	67	81178.83	38	91462.03	16	71.79	30	40396	55	206
50 GREENE	37.31	6	83698.93	35	44606.73	59	50.64	56	37519	58	214
51 FRANKLIN	13.67	51	75295.17	45	70532.68	43	48.17	59	153638	23	221
52 PIKE	12.51	52	66097.70	53	35602.07	65	96.52	10	55949	42	222
53 CENTRE	10.59	55	61680.16	59	79386.60	32	46.71	60	160580	22	228
54 SOMERSET	21.19	34	64643.42	54	61309.29	51	45.02	61	75522	37	237
55 SNYDER	2.47	65	66580.95	52	83906.14	26	54.40	53	40444	54	250
56 ADAMS	9.78	58	58003.81	62	58456.43	53	56.70	47	102295	31	251
57 PERRY	6.57	63	61000.33	61	39347.71	62	80.99	19	45685	47	252
58 BEDFORD	12.35	53	64374.51	56	54871.77	56	59.69	45	48586	45	255
59 UNION	6.67	62	64061.04	57	86221.47	23	35.59	64	44954	49	255
60 SUSQUEHANNA	14.40	50	53156.05	63	46666.35	58	69.60	33	41666	53	257
61 CLARION	10.13	57	64519.72	55	69218.69	46	53.17	54	39498	56	268
62 JUNIATA	8.09	60	61494.93	60	56017.30	55	68.72	36	24737	61	272
63 TIOGA	7.16	61	61964.80	58	58530.94	52	50.15	57	41877	52	280
64 FOREST	26.99	22	23063.43	66	8636.98	67	26.99	67	7410	65	287
65 FULTON	20.51	38	0.00	67	38457.86	63	41.01	63	14629	64	295
66 POTTER	5.85	64	43772.30	64	39366.99	61	35.10	65	17093	63	317
67 SULLIVAN	0.00	67	40881.80	65	36599.24	64	31.61	66	6328	66	328

- Analysis of 1) 2015 OD deaths, 2) Total Schedule II - V Dispensations from 7/1/2016 - 12/31/2016, 3) Total Schedule II - V Prescriptions from 7/1/2016 - 12/31/2016, 4)

Number of Dr. Shoppers (Patients having prescriptions written by 5+ Prescribers AND filling those prescriptions at 5+ Dispensaries from 7/1/2016 - 12/31/2016)

- Each model is ranked. Those ranks are then summed in the Total Ranks Score column. A lower sum indicates a "worse" county

- Sources: Pennsylvania PDMP, 2015 PA Coroner's Report

- Red = counties 1 - 15, Orange = counties 16 - 30, Yellow = counties 31 - 52, No Fill = counties 53 - 67

- Data sorted in ascending order by sum of rankings for each of the four models

- OD Deaths Rate = Count OD Deaths 2015/2015 County Population * 100,000

- Dispensations Rate = Count Dispensations/2015 County Population * 100,000

- Prescriptions Rate = Count Prescriptions/2015 County Population * 100,000

- Doctor Shoppers Rate = Count Doctor Shoppers/2015 County Population * 100,000