**Division of Overdose Prevention Technical Assistance Hub**

Attachment 4. Annual OD2A Technical Assistance Survey

Form Approved

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**overdose data to action (OD2A) ANNUAL Technical Assistance (TA) Survey**

**Introduction**

ICF, under contract with the Center for Disease Control (CDC), manages and evaluates the Overdose Data to Action (OD2A) technical assistance (TA).This survey is intended to gather your feedback regarding the perceived quality and effectiveness of different types of TA offered through the DOP OD2A TA program. Our goal is to understand which types of assistance best support your work. The data collected by this survey will help inform CDC decisions related to the types of support OD2A recipients.

The survey has been pre-populated to reflect the activities and other resources your organization has accessed during the last 18 months (Date to Date). The survey should reflect the organization—for example, if you did not attend a particular TA activity, but a colleague at your organization did participate, multiple respondents may contribute to the survey. The survey is designed to take approximately 13 minutes to complete.

**INformed Consent**

* Your participation is voluntary. You may refuse to answer any questions.
* ICF will maintain your responses in a secure system. ICF will have access to your contact information when you complete this survey. However, ICF will aggregate and de-identify responses when reporting to CDC. ICF will not link your name with your individual responses in any reports to CDC. ICF will maintain your responses in a secure manner.
* There are no right or wrong answers or ideas—we want to hear your experiences and opinions.
* There are no risks to you or your organization for participating in this survey. The survey data will be used to inform subsequent training and TA efforts.
* If you have questions about the survey or Institutional Review Board (IRB) approval, contact Megan Brooks at megan.brooks@icf.com.

***I have read the information above and agree to participate***

* Agree, continue to the survey

**Please indicate the OD2A recipient organization you are affiliated with**:

*Create drop down list of organizations*

Alabama Department of Public Health

|  |  |  |
| --- | --- | --- |
| Alabama Department of Public Health | Georgia Department of Public Health | North Carolina Department of Health and Human Services |
| Alaska Department of Health & Social Services | Hamilton County General Health District (OH) | Ohio Department of Health |
| Allegheny County Health Department (PA) | Harris County (TX) | Oklahoma State Department of Health |
| Arizona Department of Health Services | Hawaii State Department of Health-Behavioral Health Administration | Oregon Health Authority, Public Health Division |
| Arkansas Department of Health | Health Research, Inc. (New York State Department of Health) | Pennsylvania Department of Health |
| Baltimore County Government (MD) | Idaho Department of Health and Welfare | Philadelphia Department of Public Health (PA) |
| California Department of Public Health | Illinois Department of Public Health | Puerto Rico Department of Health |
| City of Chicago, Department of Public Health | Indiana State Department of Health | Rhode Island Department of Health |
| Colorado Dept of Public Health & Environment | Iowa Department of Public Health | South Carolina Department of Health and Environmental Control |
| Commonwealth Healthcare Corporation (Northern Marianna Islands) | Kansas Department of Health and Environment | South Dakota Department of Health |
| Commonwealth of Massachusetts | Louisiana Office of Public Health | Southern Nevada Health District (Clark County, NV ) |
| Connecticut Department of Public Health | Maine Department of Health and Human Services | Tennessee Department of Health |
| County of Riverside Department of Public Health (CA) | Maricopa County (AZ) | Thomes E Dobbs (Mississippi State Department of Health) |
| County of San Diego Health and Human Services Agency | Maryland Department of Health | University of Kentucky Research Foundation |
| Cuyahoga County Board of Health (OH) | Michigan Department of Health and Human Services | Utah Department of Health |
| Delaware Department of Health and Social Services | Minnesota Department of Health | Vermont State Agency of Human Services |
| District of Columbia Department of Health | Missouri Department of Health and Senior Services | Virginia Department of Health |
| Florida Department of Health | Montana Department of Public Health and Human Services | Washington State Department of Health |
| Florida Department of Health in Broward County (FL) | Nebraska Dept of Health and Human Services | West Virginia Department of Health and Human Resources |
| Florida Department of Health in Duval County | Nevada Department of Health and Human Services | Wisconsin Department of Health Services |
| Florida Department of Health, Palm Beach County (FL) | New Hampshire Department of Health and Human Services |   |
| Franklin County Board of Commissioners/Public Health (OH) | New Jersey Department of Health |   |
| Fund for Public Health in New York, Inc. (NYC Health) | New Mexico Department of Health |   |

**TA overall**

**Thinking about the TA you accessed in the last 18 months (e.g., webinars, one-on-one consultation, peer-to-peer, trainings, electronic resources, site visits), please rate your agreement with the following statements.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dimensions to be assessed** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** | **No opinion/not applicable** |
| I understand the purpose of TA |  |  |  |  |  |  |
| Technology was used appropriately to support TA delivery  |  |  |  |  |  |  |
| Lines of communication related to TA were clear |  |  |  |  |  |  |
| TA was provided in a timely manner |  |  |  |  |  |  |
| TA providers were responsive to my needs |  |  |  |  |  |  |
| TA supported implementation of our OD2A project |  |  |  |  |  |  |
| TA providers were professional and courteous |  |  |  |  |  |  |
| TA was aligned to my needs |  |  |  |  |  |  |
| TA was aligned with my organization’s capacity  |  |  |  |  |  |  |
| It was helpful to hear about examples from other jurisdictions |  |  |  |  |  |  |
| I was aware of the technical assistance options |  |  |  |  |  |  |

**For each of the following strategies and activities, please indicate your agreement with the following statement: *The TA I received helped me implement my work plan related to this strategy.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Strategy for Assessment** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** | **No opinion/not applicable** |
| Strategy 1. Collect and disseminate timeline emergency department data on suspected all drug, all opioid, heroin and all stimulant overdoses |  |  |  |  |  |  |
| Strategy 2. Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data |  |  |  |  |  |  |
| Strategy 3. Implement innovative surveillance to support NOFO interventions |  |  |  |  |  |  |
| Strategy 4. Prescription Drug Monitoring Programs |  |  |  |  |  |  |
| Strategy 5. Integration of State and Local Prevention and Response Efforts |  |  |  |  |  |  |
| Strategy 6. Establishing Linkages to Care |  |  |  |  |  |  |
| Strategy 7. Providers and Health Systems Support |  |  |  |  |  |  |
| Strategy 8. Partnerships with Public Safety and First responders |  |  |  |  |  |  |
| Strategy 9. Empowering Individuals |  |  |  |  |  |  |
| Strategy 10. Prevention Innovation Project |  |  |  |  |  |  |

**TA MODALITIES**

**Please rate the following TA modalities on their importance in helping achieve your OD2A work plan objectives: (Check one in each column).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Modality** | **Very Important** | **Important** | **Fairly Important** | **Slightly Important** | **Not at all Important** | **Not applicable** |
| One-on-one virtual technical assistance |  |  |  |  |  |  |
| Conference calls |  |  |  |  |  |  |
| Webinars/ virtual training |  |  |  |  |  |  |
| Peer-to-peer exchanges |  |  |  |  |  |  |
| Site visits or in-person one-on-one technical assistance |  |  |  |  |  |  |
| In-person group training event |  |  |  |  |  |  |
| E-library (resources) |  |  |  |  |  |  |
| Helpdesk |  |  |  |  |  |  |

**TA Providers**

**Please rate the following TA providers on their importance in helping achieve your OD2A work plan objectives: (Check one in each column).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Modality** | **Very Important** | **Important** | **Fairly Important** | **Slightly Important** | **Not at all Important** | **Not applicable** |
| CDC State Support Team |  |  |  |  |  |  |
| Other CDC experts |  |  |  |  |  |  |
| CDC’s partners (NACCHO, ASTHO, CSTE) |  |  |  |  |  |  |
| Other experts external to CDC  |  |  |  |  |  |  |

**For each of the following strategies and activities, please indicate which modality and which provider was most helpful, and least helpful, to implement your workplan.**

|  |  |  |
| --- | --- | --- |
| **Strategy for Assessment** | **MOST helpful** **(Select one modality and one provider per strategy)** | **LEAST helpful****(Select one modality and one provider per strategy)** |
| Strategy 1. Collect and disseminate timeline emergency department data on suspected all drug, all opioid, heroin and all stimulant overdoses | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 2. Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 3. Implement innovative surveillance to support NOFO interventions | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 4. Prescription Drug Monitoring Programs | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 5. Integration of State and Local Prevention and Response Efforts | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 6. Establishing Linkages to Care | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 7. Providers and Health Systems Support | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 8. Partnerships with Public Safety and First responders | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 9. Empowering Individuals | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |
| Strategy 10. Prevention Innovation Project | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 | * One-on-one virtual TA
* Conference calls
* Webinars/virtual training
* Peer to peer exchanges
* Site visits or in-person one-on-one technical assistance
* In-person group training events
* E-library
* Helpdesk
* Not applicable
 |
| * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 | * CDC State Support Team
* Other CDC experts
* CDC’s partners (NACCHO, ASTHO, CSTE)
* Other experts external to CDC
 |

**What is your preferred way to receive technical assistance? [INSERT drop down with delivery modality]**

**CHALLENGES AND BARRIERS**

**Thinking about the last 18 months of OD2A support, please indicate if your jurisdiction experienced any of the following challenges accessing or participating in TA. [Drop down will be provided.]**

|  |
| --- |
| **Barriers and Challenges to Access and Participation** |
| Topics were not relevant to my work |
| Scheduling issues |
| Lack of adequate notice for upcoming events |
| Competing priorities limited my TA participation |
| While the topics were relevant, the specific speakers were not interesting or appealing |
| No staff availability to attend |
| The TA was overly burdensome |
| Content level seemed too low for our organization |
| Content level seemed too high for our organization |
| Technology  |
| Others |

**OPEN-ENDED FEEDBACK**

1. **Please tell us how the TA received has impacted your agency or organization.**
2. **What suggestions do you have for improving TA?**
3. **What additional TA needs do you or your organization have?**