**OD2A-LOCAL Annual Performance Report and Work Plan**

Form Approved

OMB NO: 0920-1283

Exp. Date: XXX

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**PREVENTION STRATEGIES:** Please answer the following question with consideration of all of your prevention strategies.

**P1: Priority Populations**

**Please select the priority populations for your prevention strategies.**

(*A priority population is a population that would benefit from an intervention in terms of reduced risk of overdose. For example, if a stigma reduction training for law enforcement officers is implemented, the officers would be the audience for the intervention, but the priority population might be the persons who use drugs in that community that may benefit from less stigmatizing interactions with law enforcement.*) *(select all that apply)*

* + Race and ethnicity
  + Gender
  + Age group
  + Persons involved in the criminal justice setting
  + People experiencing homelessness
  + Persons who recently experienced an overdose
  + Urban populations
  + Rural populations
  + Other priority populations

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**Please answer the follow questions for each priority population selected above:**

* Which data sources are you using to inform this choice of priority population? *(select all that apply, adding to and revising from prior year’s response)*
  + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* Why was this population chosen? *(free-text response adding to and revising from prior year’s response)*

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* How will the interventions lead to improved health equity? *(free-text response adding to and revising from prior year’s response)*

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Please select all prevention strategies that will focus on this population. *(select all that apply from drop down)*

* + Linkage to and Retention in Care
  + Harm reduction
  + Stigma reduction
  + Clinician and Health Systems Best Practices
  + Health IT Enhancements

**For each strategy identified above:**

* How do the data, or evidence, show that the priority population can be impacted through this strategy (why was this strategy chosen for this population)? *(free-text response)*

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**P2: Partnerships**

**Please identify the partners with whom you will work to conduct your prevention strategies.**

(Partners should include all internal and external partners such as subrecipients/contractors, community partners, public safety partners, health care system partners, and other partners you will work with to conduct prevention strategies. Partners can be grouped if they are part of one program, for example, you are funding multiple sub-awardees to complete similar work.)

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| **Name of Partner/s** | **Sector** |
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* Strategies in which the partner will be involved. *(select from drop down)*
  + Linkage to and Retention in Care
  + Harm reduction
  + Stigma reduction
  + Clinician and Health Systems Best Practices
  + Health IT enhancements

* For each strategy, specify the interventions in which the partner will be involved. *(drop-down options of interventions with free-text response)*

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**Please answer the follow questions for EACH priority population selected above:**

* Describe how you will engage with this partner (for each strategy/intervention selected) and how this partnership will facilitate implementation efforts. *(free-text response)*

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* Describe how you will share key data (e.g., morbidity, mortality, programmatic, evaluation) with this partner to facilitate the implementation of prevention interventions. . *(free-text response)*

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* By engaging this partner, how does both your work and their work improve overall efforts to prevent overdoses? *(free-text response)*

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**Work Plan**

*Component A: Strategy 1 (Prevention): Linkage to and Retention in Care*

Please select data source types that will be used to inform this strategy. *(select all that apply)*

* + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* 1. Describe partners that would be involved with data interpretation (e.g., persons with lived experience, community partners), and describe how they will play a role in using these data to inform, prioritize, and make changes to program implementation. *(free-text response)*

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* 1. Describe how you plan on using these data to ensure that interventions within this strategy are feasible, evidence-based, and address high priority needs.*(free-text response)*

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please specify your linkage to and retention in care interventions. *(select from drop-down)*   + Use navigators to support linkage to care (*required*)   + Use navigators to link persons to harm reduction services (*required*)   + Implement peer support programs   + Provide training and support to peers working with disproportionately affected persons   + Implement low-barrier, culturally-relevant and innovative connections throughout community services   + Implement culturally-relevant public safety-led programs that facilitate rapid linkage to care (e.g., safe stations, post-overdose outreach, law enforcement-assisted diversion or deflection)   + Implement universal screening and linkage to care protocols via multidisciplinary teams   + Build bidirectional connections across clinical, social/behavioral service settings, and public safety   + Enhance telehealth capabilities in local healthcare sites to broad access to care   + Develop electronic resource hubs such as a comprehensive database of clinicians and facilities offering treatment   + Other  |  | | --- | |  |  * Please select the settings for this intervention. *(select from drop-down)*   + Community   + Healthcare   + Public safety * What is the intended audience for the intervention? *(free-text response)*  |  | | --- | |  |  * Please describe the intervention, including what you are doing and how you are conducting the intervention and with whom. *(free-text response)*  |  | | --- | |  |  * Do you plan to evaluate this intervention? *(check box—Yes/No response)*   + If yes, or required for evaluation, please identify the **short-term outcomes** you will evaluate for this intervention?   + If yes, or required for evaluation, please identify the **intermediate-term outcomes** you will evaluate for this intervention? |
| Describe the following information for EACH step:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)* |
| * Please enter the name of step. *(free-text response)*  |  | | --- | |  |  * Please provide a description of the step. *(free-text response)*  |  | | --- | |  |  * What is the anticipated start date for this step? *(free-text response)*  |  | | --- | |  |  * What is the anticipated date of completion for this step? *(free-text response)*  |  | | --- | |  | |

**Work Plan**

*Component A: Strategy 2 (Prevention): Harm Reduction*

* 1. Please select data source types that will be used to inform this strategy. *(select all that apply)*
  + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* 1. Describe partners would be involved with data interpretation (e.g., persons with lived experience, community partners), and describe how they will play a role in using these data to inform, prioritize, and make changes to program implementation. *(free-text response)*

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* 1. Describe how you plan on using these data to ensure that interventions within this strategy are feasible, evidence-based, and address high priority needs.*(free-text response)*

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please specify your harm reduction interventions. *(select from drop-down)*   + Distribute naloxone to populations at highest risk of overdose or to populations with disparate rates of overdose (*required*)   + Use of navigators to link people to harm reduction services   + Partner with syringe service programs to improve access to services for groups disproportionately affected by overdose   + Support co-design of harm reduction programs with historically underserved or disproportionately affected communities.   + Build and strengthen coalitions that support local harm reduction environments and access to life-saving strategies   + Develop a network to provide naloxone and fentanyl test strip distribution or other drug checking technology approved by CDC   + Implement focused education and communication campaigns tailored to various populations to share timely data on trends in local drug supply   + Inform and educate local decision makers on the science of harm reduction strategies by providing scientific evidence and locally-generated data   + Develop communications that quickly and efficiently communicate findings from drug checking surveillance or other local data sources   + Promote first responders facilitating access to syringe services programs   + Develop and implement plans to respond to acute events, such as overdose spikes   + Provide naloxone and overdose prevention education to persons who are incarcerated or detained prior to or upon release   + Educate and train public safety personnel on evidence-based harm reduction strategies, with a focus on persons who are overrepresented in the criminal justice continuum   + Partner with clinicians to ensure persons at high risk of an opioid overdose have access to naloxone, either via a prescription or direct provision.   + Provide access to harm reduction services in health systems   + Ensure clinicians understand local SSP resources and understand how to help PWUD access services   + Equip clinicians with education on safer use practices (e.g., safer injection, using with others) to enhance counseling for PWUD.   + Other  |  | | --- | |  |  * Please select the settings for this intervention. *(select from drop-down)*   + Community   + Healthcare   + Public safety * What is the intended audience for the intervention? *(free-text response)*  |  | | --- | |  |  * Please describe the intervention, including what you are doing and how you are conducting the intervention and with whom. *(free-text response)*  |  | | --- | |  |  * Do you plan to evaluate this intervention? *(check box—Yes/No response)*   + If yes, or required for evaluation, please identify the **short-term outcomes** you will evaluate for this intervention?   + If yes, or required for evaluation, please identify the **intermediate-term outcomes** you will evaluate for this intervention? |
| Describe the following information for EACH step:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)* |
| * Please enter the name of step. *(free-text response)*  |  | | --- | |  |  * Please provide a description of the step. *(free-text response)*  |  | | --- | |  |  * What is the anticipated start date for this step? *(free-text response)*  |  | | --- | |  |  * What is the anticipated date of completion for this step? *(free-text response)*  |  | | --- | |  | |

**Work Plan**

*Component A: Strategy 3 (Prevention): Stigma Reduction*

* 1. Please select data source types that will be used to inform this strategy. *(select all that apply)*
  + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* 1. Describe partners would be involved with data interpretation (e.g., persons with lived experience, community partners), and describe how they will play a role in using these data to inform, prioritize, and make changes to program implementation. *(free-text response)*

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* 1. Describe how you plan on using these data to ensure that interventions within this strategy are feasible, evidence-based, and address high priority needs.*(free-text response)*

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please specify your stigma reduction interventions. *(select from drop-down)*   + Implement an anti-stigma program for the local health department and/or health system employees   + Build opportunities to connect local SSPs to the community to reduce stigmatizing attitudes towards these services and to better connect these services to community health services   + Reduce stigma towards naloxone use while educating the public on naloxone access and use, in conjunction with educating about the availability of effective treatments for SUD   + Train on Good Samaritan Laws or other policies that affect PWUDs for any community member or organization to reduce stigma towards overdose prevention   + Develop and adapt culturally relevant program training and implementation for public safety and criminal justice personnel including the promotion of referral to evidence-based SUD services for people with SUDs   + Implement anti-stigma focused training for first engagement with people with SUD for first responders and appropriate subsequent referral to health services   + Conduct training incorporating engagement with people with lived experience of SUDs to reduce stigma and humanize the lived experience of people living with SUDs among public safety officers   + Examine with public safety whether policies and protocols that relate to engagement with people with SUDs and their treatment are stigma-free and equitable for different populations   + Develop a roll call video for law enforcement that discusses risks and treatment for substance use disorder and the impact of stigmatizing language and behavior upon people with OUD   + Implement anti-stigma education for clinicians to address stigma about PWUID, harm reduction services, and recovery.   + Organize and integrate clinician and health system training on the role of stigma for the provision of pain management and SUD care, including how stigmatizing practices may exacerbate inequities in care access and delivery, and to implement anti-stigma didactic education   + Examine policies and protocols for potentially unfair or discriminatory treatment of people with pain and/or OUD to ensure that access to pain medication and treatment for SUDs is equitable across the healthcare system   + Other  |  | | --- | |  |  * Please select the settings for this intervention. *(select from drop-down)*   + Community   + Healthcare   + Public safety * What is the intended audience for the intervention? *(free-text response)*  |  | | --- | |  |  * Please describe the intervention, including what you are doing and how you are conducting the intervention and with whom. *(free-text response)*  |  | | --- | |  |  * Do you plan to evaluate this intervention? *(check box—Yes/No response)*   + If yes, please identify the **short-term outcomes** you will evaluate for this intervention?   + If yes, please identify the **intermediate-term outcomes** you will evaluate for this intervention? |
| Describe the following information for EACH step:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)* |
| * Please enter the name of step. *(free-text response)*  |  | | --- | |  |  * Please provide a description of the step. *(free-text response)*  |  | | --- | |  |  * What is the anticipated start date for this step? *(free-text response)*  |  | | --- | |  |  * What is the anticipated date of completion for this step? *(free-text response)*  |  | | --- | |  | |

**Work Plan**

*Component A: Strategy 4 (Prevention): Clinician and Health Systems Best Practices*

* 1. Please select data source types that will be used to inform this strategy *(select all that apply)*
  + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* 1. Describe partners would be involved with data interpretation (e.g., persons with lived experience, community partners), and describe how they will play a role in using these data to inform, prioritize, and make changes to program implementation. *(free-text response)*

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* 1. Describe how you plan on using these data to ensure that interventions within this strategy are feasible, evidence-based, and address high priority needs.*(free-text response)*

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please specify your clinician and health systems interventions. *(select from drop-down)*   + Advance clinician best practices for acute, subacute, and chronic pain treatment including opioid prescribing, as described in the CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022 (*required*)   + Identify and address inequities in pain management practices, SUD diagnosis and care.   + Build comfort and confidence among clinicians to support provision of pain care as well as MOUD   + Train, implement, and adopt trauma-informed practices into health system and clinical staff policies and standards   + Expand fundamental knowledge of screening and care for polysubstance use, OUD, and StUD, with special attention paid to raising awareness of specific community/local options for care   + Other  |  | | --- | |  |  * What is the intended audience for the intervention? *(free-text response)*  |  | | --- | |  |  * Please describe the intervention, including what you are doing and how you are conducting the intervention and with whom. *(free-text response)*  |  | | --- | |  |  * Do you plan to evaluate this intervention? *(check box—Yes/No response)*   + If yes, or required for evaluation, please identify the **short-term outcomes** you will evaluate for this intervention?   + If yes, or required for evaluation, please identify the **intermediate-term outcomes** you will evaluate for this intervention? |
| Describe the following information for EACH step:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)* |
| * Please enter the name of step. *(free-text response)*  |  | | --- | |  |  * Please provide a description of the step. *(free-text response)*  |  | | --- | |  |  * What is the anticipated start date for this step? *(free-text response)*  |  | | --- | |  |  * What is the anticipated date of completion for this step? *(free-text response)*  |  | | --- | |  | |

*Component A: Strategy 5 (Prevention): Health IT Enhancements*

* 1. Please select data source types that will be used to inform this strategy *(select all that apply)*
  + Hospital discharge data
  + Emergency department syndromic surveillance data
  + Electronic health record (EHR) data
  + EMS data
  + Biosurveillance data
  + PDMP data
  + Public safety data
  + Data from community partners
  + Evaluation data
  + Survey data
  + Other data source (please specify):

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* 1. Describe partners would be involved with data interpretation (e.g., persons with lived experience, community partners), and describe how they will play a role in using these data to inform, prioritize, and make changes to program implementation. *(free-text response)*

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* 1. Describe how you plan on using these data to ensure that interventions within this strategy are feasible, evidence-based, and address high priority needs.*(free-text response)*

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please specify your health IT enhancement interventions. *(select from drop-down)*   + Build formal frameworks and mechanisms to facilitate actionable and computable sharing of state-collected data for local implementation and integration into health system EHRs   + Support creation of electronic CDS tools and/or quality improvement measures to bring tailored data into EHRs in an actionable and computable format for clinicians thereby streamlining clinical workflow   + Other  |  | | --- | |  |  * What is the intended audience for the intervention? *(free-text response)*  |  | | --- | |  |  * Please describe the intervention, including what you are doing and how you are conducting the intervention and with whom. *(free-text response)*  |  | | --- | |  |  * Do you plan to evaluate this intervention? *(check box—Yes/No response)*   + If yes, please identify the **short-term outcomes** you will evaluate for this intervention?   + If yes, please identify the **intermediate-term outcomes** you will evaluate for this intervention? |
| Describe the following information for EACH step:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)* |
| * Please enter the name of step. *(free-text response)*  |  | | --- | |  |  * Please provide a description of the step. *(free-text response)*  |  | | --- | |  |  * What is the anticipated start date for this step? *(free-text response)*  |  | | --- | |  |  * What is the anticipated date of completion for this step? *(free-text response)*  |  | | --- | |  | |

**Work Plan**

*Component A: Strategy 6 (Surveillance): Surveillance Infrastructure Building*

Please describe **each** of your surveillance infrastructure building objectives. *(free-text response written as specific, measurable, achievable, realistic, and timebound [*[*SMART*](https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/evaluate/develop-smart-objectives.html)*] objectives).* Please describe no more than 10 objectives.

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**For each surveillance infrastructure building objective identified above:**

* 1. What are the expected outputs of this objective during the upcoming funding year? *(free-text response)*

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* 1. How are outputs of this objective anticipated to improve drug overdose surveillance? *(free-text response)*

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* 1. During the upcoming funding year, what is the expected time frame for achieving this objective (specifying the number of months)? *(free-text response)*

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* 1. Please describe the key partners involved in helping you engage in surveillance infrastructure building. *(free-text response)*

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**Work Plan**

*Component B (Surveillance): Drug Product and Paraphernalia Testing*

B.1 Implement surveillance system

**Describe your efforts to identify all laboratory(ies) performing testing. For each laboratory identified, provide the following information:**

* + Please provide the name(s) of the laboratory(ies) conducting testing.

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* + Please describe the type of testing conducting by each laboratory conducting testing.

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* + Identify an annual goal for the number of samples that will be tested in a free text field.

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* Describe the types of samples that you plan to test during the upcoming funding year *(select all that apply from drop-down)*
  + Drug product samples (e.g., pills, powders)
  + Syringes
  + Plastic bags containing drugs
  + Cooker
  + Cotton
  + Foil
  + Other drug paraphernalia
  + Other (provide text)

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* Briefly describe the plan for obtaining drug products and/or drug paraphernalia samples tested in a free text field. This should include descriptions of:
  + How the samples are being obtained (e.g., SSP, ME/C, law enforcement)?
  + The sampling plan (e.g., test all samples or test a random sample of specimens).

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B.2 CDC data reporting and workgroup participation requirements

* List the people or job positions that will participate in the CDC workgroup for this component. *(free-text response)*

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B.3 Disseminate data

* Describe plans for data dissemination, including proposed product descriptions and how they will be shared with key partners. *(free-text response)*

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**Work Plan**

*Component C (Surveillance): Linkage to and Retention in Care Surveillance*

C.1 Implement surveillance system

* Identify the entry point(s) for which your jurisdiction plans to collect linkage to and retention in care surveillance indicators during the upcoming funding year *(select all that apply from drop-down, including option for other)*
  + Emergency department
  + Other hospital department
  + Emergency medical services (EMS)
  + Community partners
  + Public safety partners
  + Other (provide text)

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* Describe the data sources that your jurisdiction plans to use to support linkage to and retention in care surveillance during the reporting period. *(free-text response)*

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* Describe how your jurisdiction plans to obtain and maintain access to key data sources to support linkage to and retention in care surveillance during the reporting period, including anticipated challenges and plans to address them.

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* Describe how your jurisdiction plans to establish and maintain data systems to support linkage to and retention in care surveillance during the reporting period, including anticipated challenges and plans to address them.

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* Is your jurisdiction planning to collect individual-level data that are linked across indicators during the reporting period? *(check box – Y/N)*
  + If no, what are the barriers to collecting individual-level data and how do you plan to address them?

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C.2 CDC data reporting and workgroup participation requirements

* List the people or job positions that will participate in the CDC workgroup for this strategy. *(free-text response)*

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C.3 Disseminate data

* Describe plans for data dissemination, including descriptions of planned products and how they will be shared with key partners. *(free-text response)*

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**OD2A-LOCAL Annual Performance Report and Work Plan**

**Annual Performance Report**

**Annual Performance Report**

**PREVENTION STRATEGIES:** Please answer the following question with consideration of all of your prevention strategies.

**SUCCESS STORIES**

(Recipients are encouraged to follow [guidance developed by NCCDPHP](https://www.cdc.gov/chronicdisease/programs-impact/success-stories/writing-guidance.htm)).

Success stories are particularly important tools that: Allow CDC to elevate the work of jurisdictions, foster connections and sharing of promising practices among jurisdictions, and inform areas/ideas where TA could be introduced/enhanced.

**Title (Let your readers know what to expect from the story)**

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**Challenge**

* Describe the public health problem that you sought to address.

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* List all the data sources that were used to identify the problem and the priority population**.**

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**Approach**

* Describe the priority population.

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* Describe how data were used to inform the intervention implemented.

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* WHERE and WHEN did the intervention take place?

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* HOW did the intervention address the Challenge?

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* WHO was involved, including major partners?

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* WHAT innovative approaches and culturally tailored activities were used to address health equity?

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**Results**

* What happened as a result of the work you did?

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* Why is that result important? (Describe the “so what?”)

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* What are short-term, intermediate, or long-term outcomes that demonstrate how the intervention had an impact (e.g., how many people were reached, what practices/behaviors changed, how much money was saved, if any policies were changed or developed, how was the Challenge addressed)? Please refer back to your logic model and quantify your outcomes when possible.

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**Annual Performance Report**

*Component A: Strategy 1 (Prevention): Linkage to and Retention in Care*

1.1 Describe all data analyzed to inform interventions for this strategy and any partner involvement with analysis, interpretation, and program refinement (provide examples of relevant analysis). *(Data sources prepopulated workplan with write-in option)*

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1.2 How did implementation of interventions change as a result of the use of these data? *(Describe how these data were used to improve/adapt or reprioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).*

* + 1. What were the impacts or results from the implementation change?
    2. What additional data gaps, if any, did you identify?
    3. Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies. *(Question would only appear if recipient responded to the relevant strategy-level question in the data sources tab of the workplan.)*

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* 1. Describe your approach, including the use of data, to address the role of health inequities and social determinants of health in overdose prevention activities, including interventions you are implementing that focus on populations disproportionately affected by substance use and overdose.

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please select your linkage to care interventions.   + Progress narrative: describe your progress to date for this intervention, including progress engaging your priority populations. (Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.)  |  | | --- | |  |  * + Please select the outputs and deliverables from this intervention. (Dropdown list of relevant outputs/deliverables with a box to add a short description, and link if available)     - Publications     - Presentations     - Abstracts     - Toolkits     - Dashboards/Data Viz     - Training Materials     - Other  |  | | --- | |  |  * + Please indicate whether you will continue with this intervention in the next year? *(Check box--Yes/No) (whether this is continued or not should be reflected in the workplan for the coming year)* |
| Step Level Questions:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation.)* |
| * Indicate your completion status for this step. *(Already Completed, On Schedule, Delayed, Discontinued)*   + Why was this step not completed (Question will appear only if “completion status” is not “Already Completed” or “On Schedule”).   + What are your plans for completion (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + Anticipated completion date (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Question will appear only if “Discontinued” is selected.) |

**Evaluation Questions**

* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **short-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **intermediate-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. How have individuals from priority populations and people with lived experience been engaged in the evaluation of the intervention (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

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* 1. Share a successful example for how you’ve shared your evaluation findings with partners.

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* 1. Share one or more example of how you have used your evaluation findings to inform program improvements.

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**Technical Assistance**

* 1. Would technical assistance be helpful in the implementation of your interventions within this strategy? *(check box – Yes/No)*

If yes, what type of support may be needed? *(free-text response)*

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**Budget**

* 1. Recipients should provide an estimate of the OD2A: LOCAL funds obligated towards the linkage to care and retention to care interventions above, across all settings, in the current budget year. These estimates should be reported as an approximate percentage of the total award that is obligated towards the activities listed above.

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| --- | --- | --- |
| **Intervention** | **Amount** | **% of OD2A: LOCAL Funds** |
| Funding for navigator interventions |  |  |
| Other linkage to and retention in care interventions |  |  |

**Annual Performance Report**

*Component A: Strategy 2 (Prevention): Harm Reduction*

* 1. Describe all data analyzed to inform interventions for this strategy and any partner involvement with analysis, interpretation, and program refinement (provide examples of relevant analysis). *(Data sources prepopulated workplan with write-in option)*

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* 1. How did implementation of interventions change as a result of the use of these data? *(Describe how these data were used to improve/adapt or reprioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).*
     1. What were the impacts or results from the implementation change?
     2. What additional data gaps, if any, did you identify?
     3. Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies. *(Question would only appear if recipient responded to the relevant strategy-level question in the data sources tab of the workplan.)*

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* 1. Describe your approach, including the use of data, to address the role of health inequities and social determinants of health in overdose prevention activities, including interventions you are implementing that focus on populations disproportionately affected by substance use and overdose.

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please select your harm reduction interventions.   + Progress narrative: describe your progress to date for this intervention, including progress engaging your priority populations. (Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.)  |  | | --- | |  |  * + Please select the outputs and deliverables from this intervention. (Dropdown list of relevant outputs/deliverables with a box to add a short description, and link if available)     - Publications     - Presentations     - Abstracts     - Toolkits     - Dashboards/Data Viz     - Training Materials     - Other  |  | | --- | |  |  * + Please indicate whether you will continue with this intervention in the next year? *(Check box--Yes/No) (whether this is continued or not should be reflected in the workplan for the coming year)* |
| Step Level Questions:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation.)* |
| * Indicate your completion status for this step. *(Already Completed, On Schedule, Delayed, Discontinued)*   + Why was this step not completed (Question will appear only if “completion status” is not “Already Completed” or “On Schedule”).   + What are your plans for completion (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + Anticipated completion date (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Question will appear only if “Discontinued” is selected.) |

**Evaluation Questions**

* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **short-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **intermediate-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. How have individuals from priority populations and people with lived experience been engaged in the evaluation of the intervention (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

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* 1. Share a successful example for how you’ve shared your evaluation findings with partners.

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* 1. Share one or more example of how you have used your evaluation findings to inform program improvements.

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**Technical Assistance**

* 1. Would technical assistance be helpful in the implementation of your interventions within this strategy? *(check box – Yes/No)*

If so, what type of support may be needed? *(free-text response)*

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**Budget**

* 1. Recipients should provide an estimate of the OD2A: LOCAL funds obligated towards the harm reduction interventions above, across all settings, in the current budget year. These estimates should be reported as an approximate percentage of the total award that is obligated towards the activities listed above.

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| **Intervention** | **Amount** | **% of OD2A: LOCAL Funds** |
| Funding for navigator interventions |  |  |
| Funding for naloxone distribution interventions |  |  |
| Other harm reduction interventions |  |  |

**Annual Performance Report**

*Component A: Strategy 3 (Prevention): Stigma Reduction*

* 1. Describe all data analyzed to inform interventions for this strategy and any partner involvement with analysis, interpretation, and program refinement (provide examples of relevant analysis). *(Data sources prepopulated workplan with write-in option)*

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* 1. How did implementation of interventions change as a result of the use of these data? *(Describe how these data were used to improve/adapt or reprioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).*
     1. What were the impacts or results from the implementation change?
     2. What additional data gaps, if any, did you identify?
     3. Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies. *(Question would only appear if recipient responded to the relevant strategy-level question in the data sources tab of the workplan.)*

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* 1. Describe your approach, including the use of data, to address the role of health inequities and social determinants of health in overdose prevention activities, including interventions you are implementing that focus on populations disproportionately affected by substance use and overdose.

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please select your stigma reduction interventions.   + Progress narrative: describe your progress to date for this intervention, including progress engaging your priority populations. (Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.)  |  | | --- | |  |  * + Please select the outputs and deliverables from this intervention. (Dropdown list of relevant outputs/deliverables with a box to add a short description, and link if available)     - Publications     - Presentations     - Abstracts     - Toolkits     - Dashboards/Data Viz     - Training Materials     - Other  |  | | --- | |  |  * + Please indicate whether you will continue with this intervention in the next year? *(Check box--Yes/No) (whether this is continued or not should be reflected in the workplan for the coming year)* |
| Step Level Questions:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation.)* |
| * Indicate your completion status for this step. *(Already Completed, On Schedule, Delayed, Discontinued)*   + Why was this step not completed (Question will appear only if “completion status” is not “Already Completed” or “On Schedule”).   + What are your plans for completion (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + Anticipated completion date (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Question will appear only if “Discontinued” is selected.) |

**Evaluation Questions**

* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **short-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **intermediate-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. How have individuals from priority populations and people with lived experience been engaged in the evaluation of the intervention (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

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* 1. Share a successful example for how you’ve shared your evaluation findings with partners.

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* 1. Share one or more example of how you have used your evaluation findings to inform program improvements.

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**Technical Assistance**

* 1. Would technical assistance be helpful in the implementation of your interventions within this strategy? *(check box – Yes/No)*

If so, what type of support may be needed? *(free-text response)*

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**Budget**

* 1. Recipients should provide an estimate of the OD2A: LOCAL funds obligated towards the stigma reduction interventions above, across all settings, in the current budget year. These estimates should be reported as an approximate percentage of the total award that is obligated towards the activities listed above.

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| **Intervention** | **Amount** | **% of OD2A: LOCAL Funds** |
| Stigma reduction interventions |  |  |

**Annual Performance Report**

*Component A: Strategy 4 (Prevention): Clinician and Health Systems Best Practices*

* 1. Describe all data analyzed to inform interventions for this strategy and any partner involvement with analysis, interpretation, and program refinement (provide examples of relevant analysis). *(Data sources prepopulated workplan with write-in option)*

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* 1. How did implementation of interventions change as a result of the use of these data? *(Describe how these data were used to improve/adapt or reprioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).*
     1. What were the impacts or results from the implementation change?
     2. What additional data gaps, if any, did you identify?
     3. Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies. *(Question would only appear if recipient responded to the relevant strategy-level question in the data sources tab of the workplan.)*

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* 1. Describe your approach, including the use of data, to address the role of health inequities and social determinants of health in overdose prevention activities, including interventions you are implementing that focus on populations disproportionately affected by substance use and overdose.

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please select your clinician and health systems best practices interventions.   + Progress narrative: describe your progress to date for this intervention, including progress engaging your priority populations. (Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.)  |  | | --- | |  |  * + Please select the outputs and deliverables from this intervention. (Dropdown list of relevant outputs/deliverables with a box to add a short description, and link if available)     - Publications     - Presentations     - Abstracts     - Toolkits     - Dashboards/Data Viz     - Training Materials     - Other  |  | | --- | |  |  * + Please indicate whether you will continue with this intervention in the next year? *(Check box--Yes/No) (whether this is continued or not should be reflected in the workplan for the coming year)* |
| Step Level Questions:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation.)* |
| * Indicate your completion status for this step. *(Already Completed, On Schedule, Delayed, Discontinued)*   + Why was this step not completed (Question will appear only if “completion status” is not “Already Completed” or “On Schedule”).   + What are your plans for completion (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + Anticipated completion date (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Question will appear only if “Discontinued” is selected.) |

**Evaluation Questions**

* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **short-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **intermediate-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. How have individuals from priority populations and people with lived experience been engaged in the evaluation of the intervention (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

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* 1. Share a successful example for how you’ve shared your evaluation findings with partners.

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* 1. Share one or more example of how you have used your evaluation findings to inform program improvements.

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**Technical Assistance**

* 1. Would technical assistance be helpful in the implementation of your interventions within this strategy? *(check box – Yes/No)*

If so, what type of support may be needed? *(free-text response)*

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**Budget**

* 1. Recipients should provide an estimate of the OD2A: LOCAL funds obligated towards the clinician and health systems best practices interventions above, across all settings, in the current budget year. These estimates should be reported as an approximate percentage of the total award that is obligated towards the activities listed above.

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| **Intervention** | **Amount** | **% of OD2A: LOCAL Funds** |
| Advancing guideline concordant care |  |  |
| Other clinician and health systems best practices interventions |  |  |

**Annual Performance Report**

*Component A: Strategy 5 (Prevention): Health IT Enhancements*

* 1. Describe all data analyzed to inform interventions for this strategy and any partner involvement with analysis, interpretation, and program refinement (provide examples of relevant analysis). *(Data sources prepopulated workplan with write-in option)*

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* 1. How did implementation of interventions change as a result of the use of these data? *(Describe how these data were used to improve/adapt or reprioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).*
     1. What were the impacts or results from the implementation change?
     2. What additional data gaps, if any, did you identify?
     3. Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies. *(Question would only appear if recipient responded to the relevant strategy-level question in the data sources tab of the workplan.)*

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* 1. Describe your approach, including the use of data, to address the role of health inequities and social determinants of health in overdose prevention activities, including interventions you are implementing that focus on populations disproportionately affected by substance use and overdose.

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| Intervention Level Questions:  *Intervention level questions will need to be answered for each intervention specified.* |
| * Please select your health IT enhancement interventions.   + Progress narrative: describe your progress to date for this intervention, including progress engaging your priority populations. (Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.)  |  | | --- | |  |  * + Please select the outputs and deliverables from this intervention. (Dropdown list of relevant outputs/deliverables with a box to add a short description, and link if available)     - Publications     - Presentations     - Abstracts     - Toolkits     - Dashboards/Data Viz     - Training Materials     - Other  |  | | --- | |  |  * + Please indicate whether you will continue with this intervention in the next year? *(Check box--Yes/No) (whether this is continued or not should be reflected in the workplan for the coming year)* |
| Step Level Questions:  *(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation.)* |
| * Indicate your completion status for this step. *(Already Completed, On Schedule, Delayed, Discontinued)*   + Why was this step not completed (Question will appear only if “completion status” is not “Already Completed” or “On Schedule”).   + What are your plans for completion (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + Anticipated completion date (Question will appear only if “completion status” is not “Already Completed” or “Discontinued”).   + What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Question will appear only if “Discontinued” is selected.) |

**Evaluation Questions**

* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **short-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. For each outcome identified for interventions evaluated in this strategy *(pre-populated from workplan)*, please describe your evaluation short-term outcome indicators and progress toward achieving **intermediate-term outcomes** *(please include descriptions of progress in developing your evaluation questions, specifying indicators, identifying data sources, conducting analyses, and sharing evaluation findings):*

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* 1. How have individuals from priority populations and people with lived experience been engaged in the evaluation of the intervention (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

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* 1. Share a successful example for how you’ve shared your evaluation findings with partners.

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* 1. Share one or more example of how you have used your evaluation findings to inform program improvements.

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**Technical Assistance**

* 1. Would technical assistance be helpful in the implementation of your interventions within this strategy? *(check box – Yes/No)*

If so, what type of support may be needed? *(free-text response)*

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**Budget**

* 1. Recipients should provide an estimate of the OD2A: LOCAL funds obligated towards the health IT enhancement interventions above, across all settings, in the current budget year. These estimates should be reported as an approximate percentage of the total award that is obligated towards the activities listed above.

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| **Intervention** | **Amount** | **% of OD2A: LOCAL Funds** |
| Health IT enhancement interventions |  |  |

**Annual Performance Report**

**SURVEILLANCE STRATEGIES:** Please answer the following question with consideration of all of your surveillance strategies.

**SUCCESS STORIES**

(Recipients are encouraged to follow [guidance developed by NCCDPHP](https://www.cdc.gov/chronicdisease/programs-impact/success-stories/writing-guidance.htm)).

Success stories are particularly important tools that: Allow CDC to elevate the work of jurisdictions, foster connections and sharing of promising practices among jurisdictions, and inform areas/ideas where TA could be introduced/enhanced.

**Title (Let your readers know what to expect from the story)**

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**Challenge**

* Describe the public health problem that you sought to address.

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* Provide the data sources that were used to identify the problem and the priority population**.**

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**Approach**

* Describe the priority population.

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* How were the data used?

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* WHERE and WHEN did the intervention take place?

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* HOW did the intervention address the Challenge?

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* WHO was involved, including major partners?

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* WHAT innovative approaches and culturally tailored activities were used to address health equity (if applicable)?

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**Results**

* What happened as a result of the work you did?

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* Why is that result important? (Describe the “so what?”)

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**Annual Performance Report**

*Component A: Strategy 6 (Surveillance): Surveillance Infrastructure Building*

**For each objective proposed in the workplan (prepopulated from the workplan):**

* 1. Describe progress on the objective proposed in workplan, including accomplishments and barriers. *(free-text response)*

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* 1. List major outputs produced (e.g., data cube created, staff hired, or analyses/data products disseminated), including providing web links to data products when available. *(free-text response)*

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**Annual Performance Report**

*Component B (Surveillance): Drug Product and Paraphernalia Testing*

B.1 Implement surveillance system

* Identify all laboratory(ies) performing testing. *(free-text response)*

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For each laboratory identified, provide the following information in free text field:

* + Confirm all specimens were tested for drugs required by CDC. If not, why.

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* + If laboratory(ies) used for testing were changed during the funding year, please explain the changes and why the change was made.

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* Report total drug product and paraphernalia specimens tested during the funding year (in Year 1, the recipient may report 0; during Year 2 – Year 5, the recipient must describe how they are working to increase the number of samples testing if they tested < 500 samples per year.) *(free-text response)*

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* Describe the types of samples that have been tested during the reporting period *(select all that apply from drop-down):*
  + Drug product samples (e.g., pills, powders)
  + Syringes
  + Plastic bags containing drugs
  + Cooker
  + Cotton
  + Foil
  + Other drug paraphernalia
  + Other (provide text)

|  |
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* Briefly describe where and how the samples were collected using a free text field. This should include a description of:
  + How the samples were obtained (e.g., SSP, ME/C, law enforcement)?
  + The number of different agencies or sites that provided samples (e.g., multiple SSPs or ME/Cs compared to a single SSP).
  + Whether all samples or a subset of samples were tested. If a subset were tested, please briefly describe the sampling plan.
  + Describe any major challenges with sample collection, including how you addressed or are addressing these challenges.

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B.2 CDC data reporting and workgroup participation requirements

* Report whether you submitted test findings to CDC on time during the reporting period. *(check-box--Yes/No/Year 1: Not applicable)*
  + If no, please describe the actions you are taking to report the testing data on-time in the future using a free text field.

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* Report whether CDC certified testing results were submitted to CDC for public reporting during the funding year. *(check-box--Yes/No/Year 1: Not applicable)*
  + If test results were not certified for public reporting during Year 2 – Year 5, describe how you are addressing data collection or quality issues identified by CDC.

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* Report the number of workgroup meetings attended during the fiscal year using a free text field.
  + If you missed 2 or more meetings, please describe why and how this will be prevented in the future.

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B.3 Disseminate data

* + - Describe progress towards disseminating data products and identify key accomplishments and barriers using a free text field.
  + List data products, using bullet points, released during the funding year including reports, alerts, and key presentations. Web links should be included if available.

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**TECHNICAL ASSISTANCE**

B.4 Would technical assistance be helpful in the implementation of your surveillance objectives within this strategy? *(check box – Yes/No)*

If yes, what type of support may be needed? *(free-text response)*

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**Annual Performance Report**

*Component C (Surveillance): Linkage to and Retention in Care Surveillance*

C.1 Implement surveillance system

* Select the entry point(s) for which your jurisdiction collected linkage to and retention to care surveillance indicators during the reporting period *(select all that apply from drop-down, including option for other)*
  + Emergency department
  + Other hospital department
  + Emergency medical services (EMS)
  + Community partners
  + Public safety partners
  + Other (provide text)

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* Describe the data sources that your jurisdiction used to support linkage to and retention in care surveillance during the reporting period.

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* Describe progress made in obtaining and/or maintaining access to key data sources to support linkage to and retention in care surveillance during the reporting period, including key challenges and strategies used to address these challenges.

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* Describe progress made in establishing or maintaining data systems to support linkage to and retention in care surveillance during the reporting period, including key challenges and strategies used to address these challenges.

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C.2 CDC data reporting and workgroup participation requirements

* Were all required linkage to and retention in care surveillance indicators submitted to CDC on time during the reporting period? *(Check box – Yes/No/Year 1: Not applicable)*
* Were any optional linkage to and retention in care surveillance indicators submitted to CDC during the reporting period? *(Check box – Yes/No/Year 1: Not applicable)*
* Were all requirements met, as outlined in the linkage to and retention in care surveillance technical guidance? *(Check box – Yes/No/Year 1: Not applicable)*
  + If no, describe the barriers to meeting these requirements and how you plan to address them. (Question only appears if “No” is selected above)

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* Report the number of workgroup meetings attended during the reporting period. *(free-text response)*

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* + If you missed 2 or more meetings, please describe why and how this will be prevented in the future.

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C.3 Disseminate data

* Did you develop at least one data product using linkage to and retention in care surveillance data during the reporting period? *(Check box – Yes/No)* 
  + If no, describe the barriers and how you plan to address them. (Question only appears if “No” is selected above)

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* Were any of these data products shared with key local partners and/or the public to support drug overdose response and prevention efforts in your jurisdiction during the reporting period? *(Check box – Yes/No)*
  + If no, describe why and how you plan to improve dissemination in the future. (Question only appears if “No” is selected above)

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* + If yes, how were the data products disseminated and used to guide prevention activities? (Question only appears if “Yes” is selected above)

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* Please provide a list of relevant data products that were produced and disseminated using data from this activity, including key details and links to products where possible.

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**TECHNICAL ASSISTANCE**

C.4 Would technical assistance be helpful in the implementation of your surveillance objectives within this strategy? *(check box – Yes/No)*

If yes, what type of support may be needed? *(free-text response)*

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