

OMB Control Number 0920-1282

Performance Measures Project

Request for genIC Approval (for data collection in 2023, 2024, 2025)

CIO: National Center for Injury Prevention and Control, Division of Overdose Prevention, State Program implementation Branch

PROJECT TITLE: Performance Measures Reporting for OD2A in States Cooperative Agreement

PURPOSE AND USE OF COLLECTION: As one of CDC’s primary overdose prevention initiatives, the Overdose Data to Action program occupies a unique niche within the larger scope of Health and Human Services’ (HHS) drug overdose initiatives, including the HHS Overdose Prevention Strategy (OPS). This request is to initiate performance measures data collection activities for the Overdose Data to Action in State (OD2A-S) cooperative agreement. To better understand the implementation successes and barriers as well as outcomes of OD2A-S prevention interventions, CDC developed a set of standard performance measures to be reported by all OD2A-S recipients. The primary goal of performance measures in OD2A-S is to provide a common set of indicators that will be used by OD2A-S recipients and their partners, as well as by CDC, to monitor progress and identify areas for improvement. It is important to note, OD2A-S has a complementary cooperative agreement. OD2A: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) works with city, county, and territory health department recipients. Together OD2A-S and OD2A: LOCAL are the two primary overdose cooperative agreements for CDC’s overdose prevention initiatives.

NUMBER AND TITLE OF NOFO: Overdose Data to Action in States (OD2A-S) CDC-RFA-CE-23-0002

NUMBER OF PARTICIPATING RECIPIENTS: 50

DESCRIPTION OF NOFO (check all that apply):

- Funds all 50 states
- Has budget higher than \$10 million per year
- Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

In response to the growing severity of the opioid overdose epidemic, the US government declared the opioid overdose epidemic a public health emergency on October 26, 2017, joining at least eight states that had declared the opioid overdose epidemic a statewide emergency. U.S. drug overdose deaths have increased to historic levels in recent years, with nearly 108,000 deaths occurring in 2022. In 2022, drug overdose deaths involving any opioids accounted for more than three-fourths of all drug overdose deaths. Drug overdose deaths involving cocaine or psychostimulants with abuse potential—such as

methamphetamine—accounted for more than one-fourth and nearly two-thirds, respectively, of drug overdose deaths overall during 2022.

The drug overdose epidemic is one of the U.S. Department of Health and Human Services (HHS) top priorities. In 2017, HHS launched a 5-point Opioid Strategy: 1) Access: Better Prevention, Treatment, and Recovery Services, 2) Data: Better Data on the Epidemic, 3) Pain: Better Pain Management, 4) Overdoses: Better Targeting of Overdose-Reversing Drugs, and 5) Research: Better Research on Pain and Addiction. The current HHS Overdose Prevention Strategy (OPS) includes four broad domains: 1) Primary Prevention, 2) Harm Reduction, 3) Evidence-based Treatment, and 4) Recovery Support. Striving to address HHS OPS domains, CDC's Division of Overdose Prevention (DOP) has a comprehensive portfolio of overdose surveillance and prevention efforts, including its flagship Overdose Data to Action (OD2A) cooperative agreements (CoAgs). OD2A in States (OD2A-S), focuses on overdose surveillance and prevention efforts by city, county, and territory health departments.

PERFORMANCE METRICS USED & JUSTIFICATIONS:

The purpose of the OD2A-S is to support funded health departments to use data to drive action steps to reduce overdose morbidity and mortality as fast as possible, with a primary focus on opioid, stimulant, and polysubstance use involving opioids and/or stimulants. These action steps should address health disparities and inform prevention and response efforts. Information collected will provide crucial data for program performance monitoring, and program success. These performance measures were designed in collaboration with CDC subject matter experts, OD2A-S recipients, and other selected experts. Data collection will include 100% of jurisdictions funded in the OD2A-S NOFO. Data will be analyzed using descriptive and summary statistics, and qualitative summaries. These standardized performance measures will be used to help:

- 1) Recipients show progress and communicate progress to their health department leadership.
- 2) CDC and recipients inform future CDC programmatic investments.
- 3) CDC and recipients understand the contributions of OD2A-S across overdose prevention strategies and use data for programmatic improvement.
- 4) CDC communicates with Health and Human Services (HHS) and other federal policymakers about the progress made under OD2A-S.

Additionally, these performance measures are committed to addressing equitable delivery of and improved access to care and services for people who use drugs (PWUD) and other populations of focus. Performance measures also can endeavor to address the needs of populations of focus, noting the intersectionality and interconnectedness across sociodemographic characteristics (e.g., people experiencing homelessness, people who are incarcerated, race, ethnicity, LGBTQIA+) and the communities in which populations of focus live. Performance measures can reveal health disparities in overdose prevention, treatment, and recovery efforts among disproportionately affected communities that may be defined geographically and/or socio-demographically, including but not limited to communities affected by high rates of opioid prescribing, overdose morbidity, overdose mortality, or naloxone administration.

There are 8 performance measures. There are 7 quantitative measures (see AttB_OD2AS Excel Reporting Tool and AttC_OD2AS Partners Portal PM Module Screenshots) and 1 qualitative measure (see AttA_OD2AS PM Technical Guidance and OD2AS Partners Portal PM Module Screenshots). OD2A

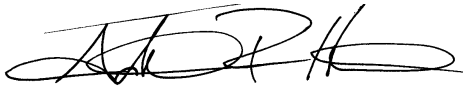
recipients are expected to report on all performance measures on an annual basis. This does not limit what individual OD2A-S health departments want to capture for their use, and individual recipients can examine their capacities to collect, analyze, and disseminate additional performance measure data.

CERTIFICATION:

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions.

Name:



Adrienne Herron, PhD

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS

This table calculates the total estimated burden per year for all recipients.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
OD2A-State health departments	OD2AS_PM Technical Guidance (see AttA)	50	1	20	1000
	OD2AS_Excel Reporting Tool (see AttB)	50	1	15	750
Totals					1750

TOTAL BURDEN HOURS FOR THIS GENIC

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2024,2025,2026	3	1750	5250

FEDERAL COST: The estimated annual cost to the Federal government is \$161,963

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - Web-based
 - Email
 - Postal Mail
 - Other, Explain Excel Reporting Tool

Please make sure all instruments, instructions, and scripts are submitted with the request.

Attachments

- A. OD2AS_PM Technical Guidance
- B. OD2AS_Excel Reporting Tool
- C. OD2AS_Partners Portal PM Module Screenshots