OD2A: LOCAL Performance Measures Technical Guidance

Centers for Disease Control and Prevention
Division of Overdose Prevention
Prevention Programs and Evaluation Branch

May 2025

Acknowledgments

Contents

Introduction

This technical guidance is specifically developed to support recipients of [Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)](#) in their reporting of performance measures, also referred to as indicators. Performance measures will be reported by recipients during the period of funding to track progress on key interventions and outcomes as outlined in the Notice of Funding Opportunity (NOFO).

This Technical Guidance document includes:

- Introduction
- Snapshot of performance measures
- Detailed descriptions of each performance measure
- Reporting timeline and guidance

Purpose and Objectives

The primary goal of performance measures in OD2A: LOCAL is to provide a common set of indicators that will be used by recipients and their partners to monitor progress and identify areas for improvement. Performance measures data can 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: LOCAL across overdose prevention strategies and use data for programmatic improvement.
4) CDC communicate with Health and Human Services (HHS) and other federal policymakers about the progress made under OD2A: LOCAL.

At CDC, these performance measures are not meant to compare jurisdictions to each other, but rather to monitor progress for a recipient over time and to examine OD2A: LOCAL as a program, overall. By establishing and regularly monitoring performance measures, recipients can identify areas of strength, pinpoint challenges, and align their efforts with intended objectives, ultimately fostering accountability and continuous enhancement within their programs.

Data Quality

We strive for high-quality data reported across performance measures. High-quality data ensure that the information collected is accurate, consistent, and reflective of the true impact of program activities. Addressing data quality requires a proactive approach to include staff training, standardized data collection protocols, regular data quality assurance checks, and continuous monitoring and improvement processes. Investing in data quality enhances the credibility of performance measures, supporting evidence-based decision-making and ensuring the program's overall success. Consider the following:

- Accuracy – The information collected should clearly and adequately measure the indicator within a plausible range.

- Consistency – Written documentation of data collection and analysis methods can ensure the same procedures are followed each time.
- Timeliness – The information collected should be available to inform program management decisions and it should represent the most current data available. Reporting the data soon after it is collected is a good practice and can help to reflect the true impact of program activities.
- Integrity – Safeguards should be established to minimize the risk of bias or errors in data transcription. This may be achieved by having more than one person conduct the data transcription. In addition, there should be independence in key data collection, management, and assessment procedures and mechanisms to prevent unauthorized changes to the data.

We are asking OD2A: LOCAL recipients to keep us informed if you identify any data quality concerns and challenges in data collection or reporting processes that could affect data quality. Each of the performance measures includes data quality and contextual questions in which any data quality concerns should be shared with CDC. Ultimately, we want to ensure that performance measure data we review and share account for any needed caveats regarding data quality.

OD2A: LOCAL Performance Measures

There are 8 performance measures. There are 7 quantitative measures and 1 qualitative measure. The labels and brief descriptions are listed here for a quick reference. All quantitative data should be answered in the Excel reporting tool. All qualitative questions including HE_Impact, contextual questions, and data quality questions should be reported directly in Partner's Portal.

Quick View

Icon	Label Name	Performance Measure
	HE_Impact	Impactful practices for improving access to care and treatment for disproportionately affected populations
	HE_Activities	Number of health impact focused overdose prevention interventions focused on disproportionately affected populations implemented with OD2A funding
	HR_Encounters	Number of harm reduction service encounters at OD2A-funded organizations
	HR_Naloxone	Number of naloxone doses distributed by OD2A-funded organizations
	LTC_Navigator_Hours	Number of hours navigators spent on linkage to care and harm reduction services via warm handoffs
	LTC_Referrals	Number of referrals to care and harm reduction services
	HS_Training	Percent of clinicians who received training on implementing the "2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain"
	HS_SUD_Protocols	Number of health settings implementing or improving protocols and/or policies for evidence-based substance use disorder (SUD) treatment or referrals

This guide uses a standard format to describe each performance measure. Each indicator reference sheet is organized by an overview of the measure and its key reporting fields. Each indicator reference sheet includes a section on reporting specifications to explain exactly what needs to be reported for each performance measure. Each quantitative measure includes required and optional disaggregates, contextual questions, and data quality questions. Contextual questions are required and help recipients explain any nuances in the data and provide a fuller picture of the quantitative measures. Data quality questions are included for you to provide information about the data reported to help explain representativeness, completeness, and other data quality considerations.

Key Reporting Fields

Label	Used to give a shorthand to each measure.
Name	Descriptive name of performance measure.
Primary Unit of Measure	Quantitative value (e.g., count or percentage).
Numerator	Suggested numerator (included if there is a denominator).
Denominator	Suggested denominator (if applicable)
Disaggregates	The separation of indicators into smaller units to identify underlying trends and patterns. Allows for understanding how subgroups are differently impacted. All disaggregates are required unless otherwise noted as optional.
Reporting Specifications	Descriptions that operationalize how to report each measure to CDC.
Contextual Questions	Questions to improve CDC's understanding of numeric data. As a complement to the reported performance measures data, recipients are asked to provide qualitative contextual explanatory information.
Data Quality	Specific questions for which recipients should describe data quality and representativeness of the data, for example, issues or concerns with respect to data quality and completeness.

Indicator Reference Sheets for Each Performance Measure

HE_Impact

Impactful practices for improving access to care and treatment for disproportionately affected populations

Key Reporting Fields

Primary Measure	**This is a qualitative measure.** It is a narrative description of the impactful practices you observe in your jurisdiction that improve access to care and treatment for PWUD. **There is no quantitative reporting required for this performance measure**. This may be reported in Partner's Portal.
Disaggregates	N/A
Reporting Specifications	The following format is recommended for reporting this qualitative indicator: 1. Brief description of the implemented and/or tailored (*adapted to specific cultural, linguistic, environmental, or social needs of populations*) evidence-based intervention or innovative practice (*including setting and whether navigators were included if applicable*) and how these compare to previous efforts. 2. How access to care or treatment has been improved, and what new/existing community assets were leveraged. 3. Specific populations disproportionately affected by overdose and underserved with care and treatment programs are impacted by efforts (*if tracked*). 4. *This is optional. Any other outcomes that were improved (provides recipients the option to expand beyond access to care and include any other outcomes, for example, retention in care, decreased opioid use).* The length of the narrative should be succinct, but each impactful practice* should have a descriptive paragraph if more than one is outlined. **Note: If your jurisdiction or partners have not implemented any impactful practices at the time of reporting, please note in the relevant data submission field "no practices have been implemented to improve access to care and treatment to date."*
Contextual Questions	1. What barriers prevent achieving access to care and treatment for SUD? 2. What facilitators support achieving access to care and treatment for SUD?

Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HE_Activities

Number of health impact overdose prevention interventions focused on disproportionately affected populations implemented with OD2A funding

Key Reporting Fields

Primary Unit of Measure	Total count of health impact activities
Disaggregates	Settings • Health/Clinical (e.g., emergency department, hospitals, clinics, outpatient, inpatient, primary care, pharmacies) • Harm reduction (e.g., SSPs) • Public safety (e.g., criminal justice, EMS) • Other
Reporting Specifications	**Total_HE_Activities** This is a formula field that will generate a total count of health impact overdose prevention interventions focused on disproportionately affected populations that occurred in a clinical, harm reduction, public safety, or other settings during the designated reporting period once the disaggregates below are entered into the appropriate fields. **HE_Clinical_Settings** Enter a whole number for the health impact overdose prevention activities that occurred in a health/clinical setting. **HE_HR_Settings** Enter a whole number for the health impact overdose prevention activities that occurred in a harm reduction setting. **HE_Public_Safety_Settings** Enter a whole number for the health impact overdose prevention activities that occurred in a public safety setting. **HE_Other_Settings** Enter a whole number that reflects the health impact overdose prevention activities that occurred in any setting outside of clinical, harm reduction, and public safety.

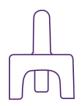|	
Contextual Questions	1. Please describe the activities in this performance measure, for whom they were intended, and how the activities were implemented and/or tailored (e.g., linguistically, culturally) for disproportionately affected populations?
Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HR_Encounters

Number of harm reduction service encounters at organizations funded or supported by OD2A

Key Reporting Fields

Primary Unit of Measure	Total count of harm reduction service encounters
Disaggregates	**Selected harm reduction services:** • Number of service encounters where in-person drug checking occurred, and result was provided back to the participant (e.g., use of FTIR/mass spectrometer) • *This disaggregate is optional. Number of service encounters with people at highest risk of overdose (Defined by the needs of populations served and jurisdictional context) and/or with populations disproportionately affected by overdose* **Locations where harm reduction services were provided:** • Zip code(s) where harm reduction services are provided. *(Note: this is NOT the zip code of the participant's residence)*
Reporting Specifications	**Total_HR_Encounters** This is a formula field that will generate a total count of harm reduction service encounters (e.g., in-person, mail, telephone, online) that occurred at OD2A: LOCAL funded organizations during the designated reporting period once the data are entered by zip code into the appropriate fields. *Note the total is calculated from the data entered by zip code, not the encounters with drug checking disaggregates.* **Encounters_with_Drug_Checking** Enter a whole number for service encounters where drug checking occurred. **Encounters_with_People_High_Risk** *This disaggregate is optional. If chosen, enter a whole number for service encounters with people at highest risk of overdose and/or with populations disproportionately affected by overdose.*
Reporting Specifications	**ZipCode_By_HR_Service_Site**

(continued)	Enter the five-digit zip code for each site where harm reduction services (e.g., in-person, mail, telephone, online) were provided. For any service site where services are provided in person, use the brick-and-mortar location zip code. For services provided via phone or mail, use the address of the brick-and-mortar location. For mobile-based outreach services, use the zip code of where the outreach encounter happened. For any service sites where zip codes are unknown, provide the total number of encounters that occurred across locations with unknown zip codes in the designated cell for "unknown" within the reporting tool. **Num_Encounters_ZipCode** Enter a whole number for service encounters for each zip code provided. When the zip code is "unknown" total the remaining encounters and enter a whole number.

Contextual Questions	1. What are the barriers for people accessing harm reduction services in your jurisdiction?
	2. What are the facilitators for people accessing harm reduction services in your jurisdiction?
	3. What types of services are included in the encounters reported?
	4. Please estimate the proportion of harm reduction service encounters that occurred:
	    ___% at brick and mortar locations
	    ___% via mobile-based outreach services
	    ___% via mail-based delivery
	    ___% other (please specify)
	5. *(If selecting optional disaggregate)*, *describe who your jurisdiction serves when referring to populations disproportionately affected by overdose.*

Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting). 2. How many OD2A-funded organizations are included in the data submitted?

HR_Naloxone

Number of naloxone doses distributed by OD2A-funded or supported organizations

Key Reporting Fields

Primary Unit of Measure	Total count of pre-measured naloxone doses distributed
Disaggregates	• Type of funded organization (e.g., SSPs, CBOs, senior care organizations, faith-based organizations, emergency department/urgent care, other healthcare organizations, police departments, jails/prisons, colleges/universities, secondary education, health department, other) • Number of all pre-measured naloxone doses distributed by organization. • Zip code(s) where the organization distributed their doses (Note: if distributed at a brick-and-mortar location like an SSP, use the zip code of the SSP. This is NOT the zip code of the participant residence) • Number of all pre-measured naloxone doses distributed by zip code.
Reporting Specifications	**Total_Naloxone_Distributed** This is a formula field that will generate a total count of doses of naloxone that were distributed by OD2A-funded organizations during the designated reporting period once the disaggregates below are entered into the appropriate fields. **Type_of_Organization** This variable has been pre-selected. If data are not available for a particular type of organization, enter 0 in the adjacent row. **Num_Doses_Distributed** Enter a whole number for the count of all pre-measured naloxone doses distributed for each type of organization.

Reporting Specifications (continued)	**ZipCode_By_DistributionSite** Enter the five-digit zip code where the funded organization distributed their doses of naloxone. For any distribution site where the zip code is unknown, provide the total in the adjacent cell. **Num_Doses_Distributed_ZipCode** Enter a whole number for the count of pre-measured naloxone doses distributed for each zip code. When the zip code is "unknown" total the remaining doses distributed and enter a whole number.
Contextual Questions	1. What are barriers to accessing or receiving naloxone? 2. What are facilitators to accessing or receiving naloxone? 3. How did you use OD2A Funds to distribute naloxone (e.g., staffing to distribute, vending machines)? 4. *This contextual question is optional. Describe mechanisms used to distribute naloxone (e.g., mail in, handoffs).*
Data Quality	1. If you selected "other" type of organizations in the reporting tool, please describe. 2. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

LTC_Navigator_Hours

Number of hours navigators spent on linkage to care (LTC) and harm reduction services

Key Reporting Fields

Primary Unit of Measure	Total count of hours navigators spent on linkage efforts with PWUD
Disaggregates	Entry points where navigators are primarily located: • Health/Clinical (e.g., emergency department, hospitals, clinics/practices, outpatient, inpatient, treatment centers, primary care, pharmacies) • Harm reduction (e.g., SSPs) • Public safety (e.g., criminal justice, EMS) • Other
Reporting Specifications	**Total_Navigator_Hours** This is a formula field that will generate a total count of hours navigators spent linking PWUD to care and/or harm reduction services once the disaggregates below are entered into the appropriate fields. **Navigator_Hours_Clinical** Enter a whole number for the total hours navigators have spent on linkage to care or referral efforts in health/clinical settings. **Navigator_Hours_HR** Enter a whole number for the total hours navigators have spent on linkage to care or referral efforts in harm reduction settings. **Navigator_Hours_Public_Safety** Enter a whole number for the total hours navigators have spent on linkage to care or referral efforts in public safety settings. **Navigator_Hours_Other** Enter a whole number for the total hours navigators have spent on linkage to care or referral efforts in any other settings. *Note: Hours should be reported in whole hours.*
Contextual Questions	1. How many navigators are included in this performance measure? 2. Describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience).

	3. Describe methods to support and retain navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone).
Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

LTC_Referrals

Number of referrals to care and harm reduction services

Key Reporting Fields

Primary Unit of Measure	Total count of unique referrals *Note: If you refer one individual to both MOUD and harm reduction services, you would account for 2 different referrals as you will report by each service. If you refer the same individual multiple times, they would be counted multiple times. This indicator does not count unique individuals, but rather referral encounters.*
Disaggregates	Types of care/service referrals: • Number of referrals to MOUD • Number of referrals to behavioral health treatment only (without MOUD) • Number of referrals to harm reduction services Demographics of people who are referred: • Race and Ethnicity (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Multiracial and/or Multiethnic, Unknown)
Reporting Specifications	**Total_Referrals** This is a formula field that will generate a total count for all referrals to MOUD, behavioral health treatment only (without MOUD), and harm reduction services. **Race_Ethnicity** This variable has been pre-selected. If data are not available for a particular race and ethnicity, enter 0 for all variables in the adjacent row. <u>Note: when the race_ethnicity is marked unknown, this also includes if an individual preferred not to answer.</u> **Ref_MOUD** Enter a whole number for all referrals to MOUD for each race and ethnicity with available data. **Ref_Behavioral_Trt** Enter a whole number for all referrals to behavioral health treatment only (without MOUD) for each race and ethnicity with available data. **Ref_to_HR** Enter a whole number for all referrals to harm reduction services for each race and ethnicity with available data.
Reporting Specifications	**Total_Ref_Race_Ethnicity** This is a formula field that will generate a total count for all referrals to

(continued)	MOUD, behavioral treatment only (without MOUD) and harm reduction services by each race and ethnicity.
Contextual Questions	**Types of Impactful Referrals** 1. *This contextual question is optional. If you have other OD2A funded or supported referrals beyond referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services. Please describe the "other" types of referrals.* **Reporting Partners** 2. Approximately, what % of healthcare facilities (e.g., hospitals, emergency departments, and other clinical settings) reported data to your jurisdiction for this performance measure? (If % not available, report total number of healthcare facilities that reported) 3. Approximately, what % of EMS agencies reported data to your jurisdiction for this performance measure? (If % not available, report total number of EMS agencies that reported). 4. Approximately, what % of carceral settings (e.g., prisons and jails), reported data to your jurisdiction for this performance measure? (If % not available, report total number of carceral settings that reported). 5. Approximately, what % of harm reduction settings (e.g., SSPs) reported data to your jurisdiction for this performance measure? (If % not available, report total number of carceral settings that reported).
Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HS_Training

Percent of clinicians who received training on implementing the "2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain"

Key Reporting Fields

Primary Unit of Measure	Percent of clinicians trained
Numerator	Count of clinicians trained
Denominator	Count of eligible clinicians *We recognize not all jurisdictions will have a training model that lends itself to collecting a denominator and we will work with recipients on a case-by-case basis.*
Disaggregates	• Specialty (e.g., Primary care, Emergency medicine, Hospitalists, Surgeons, OB/GYNs, Neurologists, Dentists, Physical medicine and rehabilitation, Occupational medicine, Pharmacists)
Reporting Specifications	**Total_Percentage_trained** This is a formula field that will generate a percentage of clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain once the numerator and denominator are entered into the appropriate fields for each specialty. **Specialty** This variable has been pre-selected. If data are not available for a particular specialty, enter 0 for all variables in the adjacent row. **Num_Trained** Enter a numerator for the unique clinicians trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain for each specialty.

Reporting Specifications (continued)	**Num_Eligible** Enter a denominator for all eligible individuals who could be trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain for each specialty. **Percent_Clinician_Trained** This is a formula field that will generate a percentage of clinicians trained for each specialty once the numerator (Num_Trained) and denominator (Num_Eligible) are entered into the appropriate fields.
Contextual Questions	1. Describe the trainings including the title, number offered, length, who conducted them, and where the training occurred. 2. What populations are served by the clinicians who were trained? 3. What are barriers to effectively training clinicians on the "2022 CDC Clinical Practice Guideline"? 4. What are facilitators to effectively training clinicians on the "2022 CDC Clinical Practice Guideline"?
Data Quality	1. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HS_SUD_Protocols

Number of health settings implementing or improving protocols and/or policies for evidence-based SUD treatment or referrals

Key Reporting Fields

Primary Unit of Measure	Total count of health settings
Disaggregates	• Number of health settings where protocols or policies have been implemented/improved for evidence-based SUD treatment • Number of health settings where protocols or policies have been implemented/improved for evidence-based SUD referrals
Reporting Specifications	**Total_Health_Settings** Enter the total count of health settings where protocols and/or policies have been implemented/improved for evidence-based SUD treatment and/or referrals. <u>Note this will be the number of unique health settings, regardless of whether they have just one or both types of protocols/policies.</u> **Num_Settings_SUD_Treatment** Enter a whole number for the health settings where protocols or policies have been implemented/improved for evidence-based SUD treatment. **Num_Settings_SUD_Referrals** Enter a whole number for the health settings where protocols or policies have been implemented/improved for evidence-based SUD referrals.
Contextual Questions	1. Describe how access to MOUD for health settings has changed since implementing policies or protocols. 2. Describe the partnerships for SUD referral with the health settings included in this indicator. What steps were taken to develop and build the partnerships for SUD referrals?
Data Quality	1. What types of health settings are included in the reported data? 2. Describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

Reporting

OD2A: LOCAL recipients are expected to report on all performance measures on an annual basis. We have selected a short list of measures we believe are feasible for most recipients

to report on. This does not limit what individual health departments want to collect and analyze for your own uses, and individual recipients can examine their capacities to collect, analyze, and disseminate additional performance measure data.

Data collection may be ongoing in each individual health department with partners reporting to health departments monthly or quarterly at minimum to allow for discussion and potential course corrections early on. As part of the performance measures submission, DOP staff at the CDC commit to review the data, engage with recipients in discussion of the data, and learn from health departments' experiences and expertise gathered through prior and ongoing efforts to collect data and further strengthen overdose prevention programs. Once data quality is at a sufficient place, the CDC will share data reports back to individual recipients with their own data. CDC will use the performance measures data along with data from work plans, APRs, and other sources to craft case studies and data stories to share with CDC leadership, Health and Human Services, and other federal policymakers. We will share these with recipients as well. CDC will find opportunities for mutual learning, growth, and sharing best practices so that we can all learn from each other.

Reporting Process

The current plan is for recipients to report performance measure data in Partner's Portal. The 1 qualitative performance measure, contextual questions, and data quality questions will be submitted directly into the Partner's Portal platform. Data for the 7 quantitative measures along with their disaggregates will be submitted using the Excel tool we developed—the Excel tool will be submitted as an attachment within Partner's Portal. The Excel tool has a tab titled, "Start Here." Please read the information on that tab before entering data.

Please note that the CDC is requesting that jurisdictions enter all counts—***please do not suppress small numbers***. All numbers will be available to the CDC OD2A: LOCAL Program Evaluation Team, and small counts will not be shared with anyone outside the support team. The CDC OD2A: LOCAL Program Evaluation Team will aggregate small counts before any data are shared, and we will consult with recipients on plans to share data. If the count is zero, ***please enter "0"***—please do not leave these cells null or blank to ensure these cells are not mischaracterized as missing data.

Excel Reporting Tool

Performance measures will be reported using the Partner's Portal (see reporting process above). To aid in data collection with your partners and provide a clearer roadmap for data collection including required and optional disaggregates, we have developed an Excel-based tool, OD2A: LOCAL Performance Measure Reporting Tool.

Example of OD2A: LOCAL Performance Measure Reporting Tool.

Number of health impact overdose prevention interventions focused on disproportionately affected populations implemented with OD2A funding

Data Entry Instructions

Total_HE_Activities: This is a formula field that will generate a total count of health impact overdose prevention interventions focused on disproportionately affected populations that occurred in a clinical, harm reduction, public safety, or other settings during the designated reporting period once the disaggregates below are entered into the appropriate fields.

HE_Clinical_Settings: Enter a whole number that reflects the health impact overdose prevention activities that occurred in a clinical setting.

HE_HR_Settings: Enter a whole number that reflects the health impact overdose prevention activities that occurred in a harm reduction setting.

HE_Public_Safety_Settings: Enter a whole number that reflects the health impact overdose prevention activities that occurred in a public safety setting.

HE_Other_Settings: Enter a whole number that reflects the health impact overdose prevention activities that occurred in any setting outside of clinical, harm reduction, and public safety.

Please note that CDC is requesting that jurisdictions enter all counts—**please do not suppress small numbers**. If the count is zero, **please enter "0"**—please do not leave these cells null or blank to ensure these cells are not mischaracterized as missing data.

Total_HE_Activities	0

		DISAGGREGATES			
		Required	Required	Required	Required
Jurisdiction	**Reporting_Period**	**HE_Clinical_Settings**	**HE_HR_Settings**	**HE_Public_Safety_Settings**	**HE_Other_Settings**
0	0				