Form approved:
OMB Control Number: 0920-1282
Expiration date: 06/30/2026

OD2A-S Performance Measures Technical Guidance

Division of Overdose Prevention
State Program and Implementation Branch

May 2025

Acknowledgments

We want to acknowledge everyone who played a crucial role in the development of performance measures for Overdose Data to Action in States (OD2A-S). This would not have been possible without the dedication, expertise, and collaboration of a diverse group of public health partners. Special thanks to the subject matter experts at the Centers for Disease Control and Prevention (CDC), whose invaluable insights and domain knowledge shaped the selection and prioritization of indicators. Thank you also for the active engagement of our recipients during the initial performance measures webinar, whose feedback provided essential perspectives and ensured the relevance of our measures. Finally, thank you to the evaluators from the Program Evaluation Team, who each played a critical role in the development of this guide. This collective effort underscores the spirit of collaboration and commitment that defines our work in OD2A-S.

Contents

Introduction

This technical guidance is specifically developed to support recipients of Overdose Data to Action in States (OD2A-S) 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 will support recipients to collect and report on the outlined performance measures. This document includes:

- Introduction
- Snapshot of performance measures
- Detailed descriptions of each performance measure
- Reporting timeline and guidance
- Appendices (acronyms and glossary)

Purpose and Objectives

The primary goal of performance measures in OD2A-S 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-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.

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-S 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 ensures 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-S 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-S 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 Partners Portal.

Quick View

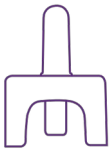
Icon	Label Name	Performance Measure
	HE_Impact	Impactful practices for improving access to care and treatment for disproportionately affected populations
	HE_Activities	Number of health impact focused overdose prevention interventions focused on disproportionately affected populations implemented with OD2A funding
	HR_Encounters	Number of harm reduction service encounters at OD2A funded or supported organizations
	HR_Naloxone	Number of naloxone doses distributed by OD2A funded or supported organizations
	LTC_Navigators	Number of navigators who link PWUD to care and harm reduction services via warm handoffs
	LTC_Referrals	Number of referrals to care and harm reduction services
	HS_Training	Number of clinicians who received training on implementing the “2022 CDC Clinical Practice Guidelines 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
Unit of Measure	Quantitative value (e.g., count or percentage)
Numerator	Suggested numerator
Denominator	Suggested denominator (if applicable).
Disaggregates	The separation of indicators into smaller units to identify underlying trends and patterns. Allows for understanding of how subgroups are impacted differently. 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 fordisproportionately 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 Partners 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. Which 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, like 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., syringe services programs) • 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 focused 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 that reflects the health impact focused overdose prevention activities that occurred in a harm reduction setting. **HE_Public_Safety_Settings** • Enter a whole number that reflects the health impact focused overdose prevention activities that occurred in a public safety setting. **HE_Other_Settings** • *This disaggregate is optional. If chosen, enter a whole number that reflects the health impact focused overdose prevention activities that occurred in any setting outside of clinical, harm reduction, and public safety.*
Contextual Question	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

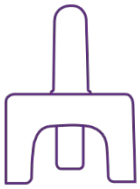
Key Reporting Fields

Primary Unit of Measure	Total count of service encounters
Disaggregates	**Selected harm reduction services:** • Number of service encounters where in-person drug checking occurred, and result was provided back to participant (e.g., use of FTIR/mass spectrometer) **Locations where harm reduction services were provided:** • Zip code(s) where service is delivered. *(Note: this is NOT the zip code of the participant residence)*
Reporting Specifications	**Total_HR_Encounters** • Enter a total count of harm reduction service encounters (e.g., in-person, mail, telephone, online) that occurred at an OD2A-S funded organization during the designated reporting period. **Encounters_with_Drug_Checking** • Enter a whole number for service encounters where drug checking occurred.

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 adjacent cell. **Encounters_with_Drug_Checking_by_ZipCode** • Enter a whole number for service encounters involving drug checking for each zip code provided. When the zip code is "unknown" total the remaining encounters with drug checking 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? 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)
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., Syringe Service Programs, community-based organizations, senior care organizations, f based organizations, Emergency Department/Urgent Care, O healthcare organizations, Police departments, Jails/Prisons, Colleges/Universities, Secondary education, Health Departme • Number of all pre-measured naloxone doses distributed by organization. • Zip code(s) where the organization distributed their doses (N distributed at a brick-and-mortar location like an SSP, use th code of the SSP. **This is NOT the zip code of the particip residence**) • Number of all pre-measured naloxone doses distributed by z
Reporting Specifications	**Total_Naloxone_Distributed** Enter a whole number for doses of naloxone distributed b OD2A funded or supported organization during the desig reporting period. **Type_of_Organization** • This variable has been pre-selected. If data are not availa particular type of organization, enter 0 for all variables in adjacent row. **Num_Doses_Distributed** • Enter a whole number for the count of all pre-measured n doses distributed for each type of organization.

Reporting Specifications (Continued)	**ZipCode_By_Nal_Distribution_Site** • 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_Navigators

Number of navigators who link PWUD to care and harm reduction services via warm handoffs

Key Reporting Fields

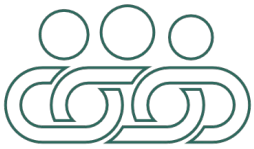
Primary Unit of Measure	Total count of unique navigators who link PWUD
Disaggregates	Entry points where navigators are primarily located: • Health/Clinical (e.g., emergency department, hospitals, clinics/practices, outpatient, inpatient, treatment centers, primary care, pharmacies) • Harm reduction (e.g., syringe services programs) • Public safety (e.g., criminal justice, EMS) • Other *This disaggregate is optional. Number of hours navigators spent on linkage efforts*
Reporting Specifications	**Total_Navigators** • This is a formula field that will generate a total count of unique navigators who link PWUD to care and/or harm reduction services via warm handoffs once the disaggregates below are entered into the appropriate fields. **Nav_Clinical** • Enter a whole number for the navigators located in a health/clinical setting. **Nav_HR** • Enter a whole number for the navigators located in a harm reduction setting. **Nav_Public_Safety** • Enter a whole number for the navigators located in a public safety setting.

Reporting	

Specifications (Continued)	**Nav_Other** • Enter a whole number for the navigators in any other settings. **Navigator_Hours_Clinical** • *This disaggregate is optional. If chosen, 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** • *This disaggregate is optional. If chosen, 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** • *This disaggregate is optional. If chosen, 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** • *This disaggregate is optional. If chosen, enter a whole number for the total hours' navigators have spent on linkage to care or referral efforts in any other settings.*
Contextual Questions	1. 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, etc.). 2. Describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them.
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 is not counting unique individuals, but rather referral encounters.*
Disaggregates	Types of care/service referrals: • Number of referrals to medications for opioid use disorder (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 of unique referrals to care and harm reduction services once the disaggregates below are entered in the appropriate fields. **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. Note: when the race_ethnicity is marked unknown, this also includes if an individual preferred not to answer. **Ref_MOUD** • Enter a whole number for all referrals to MOUD for each race/ethnicity with available data. **Ref_Behavioral_Trt** • Enter a whole number for all referrals to behavioral health treatment only (without MOUD) for each race/ethnicity with available data. **Ref_to_HR** • Enter a whole number for all referrals to harm reduction services for each race/ethnicity with available data. **Total_Ref_Race_Ethnicity** • This is a formula field that will generate a total count for all referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services by each race/ethnicity.
Contextual Questions	**Types of 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, 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).
Meta Data / 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

Key Reporting Fields

Primary Unit of Measure	Total count of OD2A-S clinicians trained
Numerator	Count of clinicians trained
Disaggregates	• *This disaggregate is optional. Specialty (e.g., Primary c Emergency medicine, Hospitalists, Surgeons, OB/GYNs, Dentists, Physical medicine and rehabilitation, Occupati medicine, Pharmacists)* • *This disaggregate is optional. Number of unique clinicia* • *This disaggregate is optional. Number of eligible clinici* • *This disaggregate is optional. Percentage of eligible clir*
Reporting Specifications	**Total_Trained** • Enter a whole number for the count of all unique cli on implementing the 2022 CDC Clinical Practice Gui Prescribing Opioids for Pain during the designated r period. **Specialty** *Optional disaggregate: If chosen, select a specialty dropdown list for the type of clinicians trained on th Clinical Practice Guidelines for Prescribing Opioids f* **Num_Trained** • *Optional disaggregate: If a specialty is chosen, ente number for the unique clinicians by specialty who a implementing the 2022 CDC Clinical Practice Guidel Prescribing Opioids for Pain.*

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

Reporting Specifications (Continued)	**Num_Eligible** • *Optional disaggregate: If a specialty chosen, enter a whole number for all eligible clinicians who could be trained on implementing the 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain.* **Percent_Clinician_Trained** • *This is a formula field that will generate a percentage of clinicians trained when 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. *This contextual question is optional. 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/clinical 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/clinical settings
Disaggregates	• Number of health/clinical settings where protocols or policie been implemented/improved for evidence-based SUD treatn • Number of health/clinical settings where protocols or policie been implemented/improved for evidence-based SUD referr
Reporting Specifications	**Total_Health_Settings** • Enter the total count of health/clinical settings where pro and/or policies have been implemented/improved for evi based SUD treatment and/or referrals. Note this will be t number of unique health settings, regardless of whether have just one or both types of protocols/policies. **Num_Settings_SUD_Treatment** • Enter a whole number for the health/clinical settings whe protocols or policies have been implemented/improved f evidence-based SUD treatment. **Num_Settings_SUD_Referrals** • Enter a whole number for the health/clinical settings whe protocols or policies have been implemented/improved f evidence-based SUD referrals.
Contextual Questions	1. Describe how access to MOUD for healthcare settings has ch since implementing policies or protocols. 2. Describe the partnerships for SUD referral with the health se included in this indicator. What steps were taken to develop the partnerships for SUD referrals?
Data Quality	1. What types of health settings are included in the reported d 2. Describe any issues or concerns that impact the quality of th shared (e.g., data completeness, data accuracy, facilitators/ for collection and reporting).

Reporting

OD2A-S 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 capture for their use, 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 CDC commits 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 justify overdose prevention programs. Once data quality is at a sufficient place, CDC will share data reports back to individual recipients with their data for use within their own health department. CDC will use the data along with work plans and APRs to craft case studies and stories to share with CDC leadership, Health and Human Services, and other federal policymakers, as well as with recipients. 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 to report performance measure data in the 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 reporting 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 CDC is requesting that jurisdictions enter all counts—***please do not suppress small numbers***. All numbers will be available to the CDC OD2A-S Program Evaluation Team, and small counts will not be shared with anyone outside the support team. The CDC OD2A-S 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-S Performance Measures Reporting Tool.

Example of OD2A-S Performance Measures 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 focused overdose prevention activities 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 focused overdose prevention activities that occurred in a health/clinical setting.
HE_HR_Settings: Enter a whole number that reflects the health impact focused overdose prevention activities that occurred in a harm reduction setting.
HE_Public_Safety_Settings: Enter a whole number that reflects the health impact focused overdose prevention activities that occurred in a public safety setting.
HE_Other_Settings: This disaggregate is optional. If chosen, enter a whole number that reflects the health impact focused 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.

Required	Total_HE_Activities	0

		DISAGGREGATES			
		Required	Required	Required	*Optional*
Jurisdiction	Reporting_Period	HE_Clinical_Settings	HE_HR_Settings	HE_Public _Safety_ Settings	*HE_Other_Settings*
0	0				