SUPPORTING STATEMENT: PART A

Overdose Response Strategy Data Collection

OMB# 0920-1461

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L ORS Annual Evaluation Survey Invitation Email
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Goal of the project: The goal of the new information collection request (ICR) is to conduct regular program assessments of the Overdose Response Strategy (ORS). The ORS is a national public health and public safety program created to help local communities reduce drug overdose and save lives.

Intended use of the resulting data: Information collected will provide crucial data for program performance monitoring, reporting and where applicable, program success. The information will also inform technical assistance and guidance documents.

Methods to be used to collect: A survey will be disseminated annually to public health and public safety partners and to ORS teams. Additionally, all ORS teams will report activity progress and capacity and workplan updates using web-based tools.

The subpopulation to be studied: Respondents include public health and public safety professionals and ORS teams. No subpopulations are being studied.

How the data will be analyzed: The data will be analyzed using descriptive and summary statistics, and qualitative summaries.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) seeks OMB approval for this new information collection request (ICR) for a 3-year period to conduct regular program assessments of the Overdose Response Strategy (ORS). The ORS is a national public health and public safety program created to help local communities reduce drug overdose and save lives. The ORS is co-funded by CDC and the Office of National Drug Control Policy (ONDCP) and implemented through partnerships with the National Foundation for the Centers for Disease Control and Prevention (CDCF) and the High Intensity Drug Trafficking Areas (HIDTA) program. The ORS is implemented by teams of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs) who work together on drug overdose issues within and across sectors and jurisdictions.

The goal of the information collection is answer the following program evaluation questions:

1. How does the ORS program build and strengthen public health/public safety collaboration and communication within and across sectors and jurisdictions?
2. To what extent is the ORS program carrying out its strategies and activities?
3. To what extent and in what ways does the ORS program tap into the strengths and assets of public health and public safety partners?

4. To what extent are public health and public safety partners in the field implementing evidence-based overdose prevention and response programs based on their engagement with ORS teams?
5. To what extent does the ORS contribute to reducing non-fatal and fatal overdoses and saving lives through public health-public safety partnership?

The data collected will be used to inform program enhancements and improvements and describe program successes. By collecting this data, CDC will be able to monitor ORS program implementation, ensure fidelity to ORS goals and strategies, inform the creation of technical assistance tools and resources, and highlight ORS successes to support program sustainability and continued funding. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

Background

Drug overdoses remain the leading cause of injury-related death in the United States.[1] CDC predicts that around 108,000 Americans died from a drug overdose in the 12-month period ending December 2023 [2]. Recently, overdose deaths have been linked to the rapid increase in synthetic opioids,[3] including illicitly manufactured fentanyl (IMF), and a resurgence of stimulants,[4] particularly methamphetamine, into the illegal drug supply.

Multisector collaboration is critical to preventing overdoses and saving lives [5]. Two key sectors in this response are public health and public safety, as they are both on the front lines and both tasked with improving community safety and well-being. CDC demonstrates strong commitment to public health/public safety partnerships through implementation of several national programs, including the ORS.

The ORS is a unique collaboration between public health and public safety agencies designed to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and evidence-based and innovative strategies. The ORS is co-funded by CDC and the Office of National Drug Control Strategy (ONDCP) and currently implemented by 61 teams of Drug Intelligence Officers (DIOs) and Public Health Analysts (PHAs) serving in all 50 states, the District of Colombia (D.C.), Puerto Rico, and the U.S. Virgin Islands.

ORS teams support public health and public safety entities in their jurisdictions by:

- Sharing data systems to inform rapid and effective community overdose prevention efforts.
- Supporting immediate, evidence-based response efforts that can directly reduce overdose deaths.
- Designing and using promising strategies at the intersection of public health and public safety.
- Disseminating information to support the implementation of evidence-informed overdose prevention strategies.

As the ORS is one of CDC's flagship overdose prevention programs, and partnering with public safety is one of CDC's key overdose prevention strategies, a greater understanding of the impact

and effectiveness of the ORS is needed to inform program enhancements and improvements. CDC is authorized to collect information for public health purposes by Section 301(a) of the Public Health Service Act (Attachment A).

A.2. Purpose and Use of Information Collection

The purpose of this information collection request (ICR) is to answer the following evaluation questions:

1. How does the ORS program build and strengthen public health/public safety collaboration and communication within and across sectors and jurisdictions?
2. To what extent is the ORS program carrying out its goals and strategies?
3. To what extent and in what ways does the ORS program tap into the strengths and assets of public health and public safety partners?
4. To what extent are public health and public safety partners in the field implementing evidence-based overdose prevention and response programs based on their engagement with ORS teams?
5. To what extent does the ORS contribute to reducing non-fatal and fatal overdoses and saving lives through public health-public safety partnership?

State and local agencies are responsible for tracking and controlling local overdose epidemics by implementing prevention and response strategies that increasingly include both public health and public safety sectors. ORS teams support agencies in those cross-sector efforts; however, there is currently no mechanism to collect information on activities implemented by ORS teams, the extent to which ORS teams are helping state, local, and territorial partners build cross-sector partnerships, the impact and effectiveness of those partnerships, and elements or attributes that support the successful implementation of public health and public safety partnerships to reduce drug overdose.

This ICR focuses on a survey and a reporting tool that ORS teams and their partners will complete to provide critical data to CDC on a quarterly and annual basis for program monitoring, to inform technical assistance and guidance documents produced by CDC or other partners, and to assess the extent to which the ORS program is achieving the goal of supporting public health and public safety partnerships to reduce drug overdose. It will also provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

This ICR is needed to gather information about how the ORS has contributed to shared, collective efforts to reduce drug overdoses and save lives. It will also allow for the collection of summaries of activities implemented by ORS teams, challenges encountered, success stories, and progress updates.

The following data collection instruments are part of this ICR. All instruments can be found in The following attachments:

1. Attachment D: ORS Annual Evaluation Survey-PHA
2. Attachment E: ORS Annual Evaluation Survey-DIO
3. Attachment F: ORS Annual Evaluation Survey-Public Health Partner
4. Attachment G: ORS Annual Evaluation Survey-Public Safety Partner
5. Attachment H: ORS Annual Evaluation Survey-ORS Management/Coordination Team
6. Attachment I: ORS Quarterly Reporting Template
7. Attachment L: ORS Annual Evaluation Invitation Email
8. Attachment M: ORS Annual Evaluation Reminder Email

ORS Annual Survey

The ORS Annual Evaluation Survey will be disseminated each year for up to 3 years to solicit feedback on how the ORS program operated in the previous year (e.g., the survey disseminated in 2026 will ask respondents to reflect on their experiences with the program in 2025). The survey will be administered through SmartSheet, an online data collection platform, to each of the 5 key respondent groups: Drug Intelligence Officers (n=61), Public Health Analysts (n=61), public health partners in each ORS jurisdiction (n=70), public safety partners in each ORS jurisdiction (n=70), and the national ORS management and coordination team (n=25). Public health and public safety partners in each jurisdiction will be individuals who serve as designated site leads for ORS teams. In some cases, a jurisdiction may have multiple site leads or multiple jurisdictions may share a site lead.

The survey includes five sections:

1) "Backbone" support for the ORS program at the national level
2) Partner relationships/attributes
3) Local implementation of the ORS partnership model
4) Doing the work through jurisdictional action plans
5) Impact of partnerships

Each respondent group will receive a survey version tailored to their respective group, with 45 questions for PHAs and DIOs, 38 questions for partners, and 18 questions for the ORS national management and coordination team.

For close-ended questions, respondents will be asked to use a Likert scale (strongly agree, agree, disagree, strongly disagree, I don't know) to indicate the degree to which they agree with statements in each of the five sections. The survey will include an option for ORS teams and partners to provide examples of the impact of ORS partnerships following each of the five close-ended questions. All respondents will be asked five additional open-ended questions to describe challenges, suggestions, and visions for the future of the program. The survey will be open for two weeks and two reminder emails will be sent. Responses will be anonymous.

Table 1 below provides a crosswalk showing the relation between the ORS program evaluation questions, logic model outcome and indicators measured by the annual survey. The ORS logic model is provided in Attachment J.

Table 1

Evaluation	Logic Model	Indicators

Questions	Outcomes	
How does the ORS program build and strengthen public health/public safety collaboration and communication within and across sectors and jurisdictions?	ORS teams support increased collaboration and communication between cross-sector partners.	Backbone support 1. The ORS program builds a common understanding of the problem that needs to be addressed. 2. The ORS program builds and maintains motivation among key stakeholders to achieve the program's goals. 3. The ORS program provides support toward identified goals and opportunities and identifies challenges and gaps. 4. The ORS program is committed to and actively involved in achieving our state/jurisdictional goals. 5. As a result of our involvement with the ORS program, public health/public safety collaboration and communication in my jurisdiction is stronger. Partner relationships/attributes 6. ORS public health/safety partner has clear approaches/goals for our contribution to the ORS program. 7. ORS public health/safety partner understands the work of other ORS partners in state/jurisdiction and how they support the common goals of the ORS program. 8. ORS public health/safety partner works collaboratively to identify and implement strategies. 9. ORS public health/safety partner takes part in activities to build trust and connection across sectors. 10. ORS public health/safety partner engages in frank, open and respectful discussion specifically about each other's needs and/or priorities as it relates to the ORS. 11. ORS public health/safety partner is committed to and actively involved in achieving our state/jurisdictional ORS program goals. 12. Indicate the best fit for the current level of involvement with your formal ORS public health/public safety partner from your perspective. 13. Identify your desired level of involvement with this partner. 14. If you are not at your desired level of collaboration, what characteristics would need to change to reach it?

		15. Our involvement with public safety/public health partner has improved my organization's approach to addressing overdoses.
To what extent is the ORS program carrying out its goals and strategies? In what ways do these activities address populations disproportionately at risk of overdose?	ORS teams collaborate with partners to adopt data-informed, evidence-based strategies.	Local Implementation of the ORS Model 16. Together, my public health and public safety partners regularly share data, insights, and trends we are seeing related to drug overdose in our communities. a. Agree: please provide specific examples in your jurisdiction from 2023. b. Disagree: Optional: Please elaborate on your selection. 17. Together, my public health and public safety partners inform and help local communities develop local solutions to reduce overdoses and save lives. c. Agree: please provide specific examples in your jurisdiction from 2023. d. Disagree: Optional: Please elaborate on your selection. 18. Together, my public health and public safety partners implement evidence-based response efforts that can directly reduce overdose deaths. e. Agree: please provide specific examples in your jurisdiction from 2023. f. Disagree: Optional: Please elaborate on your selection. 19. Together, my public health and public safety partners design and use promising strategies at the intersection of public health and public safety. g. Agree: please provide specific examples in your jurisdiction from 2023. h. Disagree: Optional: Please elaborate on your selection. 20. Together, my public health and public safety partners implement evidence-informed prevention strategies that can reduce substance use and overdose. i. Agree: please provide specific examples in your jurisdiction from 2023. j. Disagree: Optional: Please elaborate on your selection. 21. What populations are disproportionately at risk of overdose in your jurisdiction, and how has your

		ORS partnership worked to reduce risk among these populations? 22.
To what extent and in what ways does the ORS program tap into the strengths and assets of public health and public safety partners?	ORS teams collaborate with partners to leverage the strengths and assets of public health and public safety to reduce fatal and non-fatal overdoses.	Local Implementation of the ORS Model 23. The ORS partners in my state/jurisdiction are doing a good job leveraging the strengths and assets of public health to reduce fatal and non-fatal overdoses. 24. Please describe specific strengths and assets used.
To what extent and in what ways are the public health and public safety sectors making different decisions about policies or programs, and the use of resources because of and as they relate to the goals of the ORS program?	ORS teams collaborate with partners to make improved decisions about policies or programs and the use of resources to reduce fatal and non-fatal overdoses.	Local Implementation of the ORS Model 1. Since partnering with the ORS program, public health/public safety partner is making improved decisions about policies or programs, and the use of resources to reduce fatal and non-fatal overdoses. 2. Please describe specific decisions made about policies and programs or use of resources.
To what extent does the ORS contribute to reducing non-fatal and fatal overdoses and saving lives through public health-public safety partnership?	Cross-sector partners reduce non-fatal and fatal overdoses in communities through public health-public safety partnership.	Impact of Partnership 25. Looking back at the last year, what do you think was the most significant change in collaboration across public health and public safety in your jurisdiction as a result of your participation in the ORS? 26. What about the ORS has been the most impactful on public health partner's ability to contribute to the reduction of fatal and non-fatal overdoses? 27. What about the ORS has been the most impactful on public safety partner's ability to contribute to the reduction of fatal and non-fatal overdoses? 28. As a result of the involvement with the ORS

		program, our state/jurisdictional efforts can better address overdoses. 29. In what ways have overdose and related trends changed in the last year, if at all, as a result of public health-public safety partnership in your jurisdiction?

ORS Quarterly Reporting Template

ORS teams will be required to provide summaries of implemented activities and challenges encountered, detailed descriptions of sub activities and their dates of completion, success stories, progress updates, and implementation plans within each sub activity on a quarterly basis. The Overdose Response Strategy Team Reporting System (ORSTRS) is a web-based platform used for all reporting. Data will be analyzed by CDC and CDCF and recommendations will be provided to ORS teams to strengthen their activities and partnerships. Success stories and program achievements will also be collected, shared internally, and a selection will be used to report to Congress and share with the public. Furthermore, CDC and CDCF staff will use the successful implementation examples to help recommend program improvements and strategies to other ORS teams. Please see Attachment I for the ORS Quarterly Reporting Template which provides information on all fields collected in the system.

The main purpose of ORSTRS is to track and monitor ORS teams' activities across the ORS network to improve program monitoring, evaluation and reporting to partners, like ONDCP and CDC. Data collection includes adding projects, tracking projects through updates, and reviewing projects with commentary. Users add projects and project updates that national reviewers can track and review with commentary. Project updates include documents, presentations, and success stories. Users also add data on external partners, such as the organizations and the key contacts they partner with.

Categories and subcategories are standardized throughout the system for ease of use, reporting, and analysis.

The ORS Team Reporting System is also a collaborative tool. Users can use the project directory to search for projects led by other ORS teams in other parts of the country, as well as search for other ORS staff to foster cross-state and jurisdictional collaboration in the staff directory. This feature allows ORS teams to better leverage the ORS Network by having access to projects that have completed internal review and approval in other states/jurisdictions, as well as contact information for the respective ORS Teams for direct outreach and learning.

PHAs and DIOs are expected to report project activities on a quarterly basis. Reports are due 15 days after the quarter ends or the following business day, if the 15th falls on the weekend or a holiday. Quarterly periods and submission due dates are as follows:

- First Quarter (Q1): January 1 – March 31
    - Submission due: April 15

    - All reviewer feedback resolved and projects approved: May 15
- Second Quarter (Q2): April 1 – June 30
    - Submission due: July 15
    - All reviewer feedback resolved and projects approved: August 14
- Third Quarter (Q3): July 1 – September 30
    - Submission due: October 15
    - All reviewer feedback resolved and projects approved: November 14
- Fourth Quarter (Q4): October 1 – December 31
    - Submission due: January 15
    - All reviewer feedback resolved and projects approved: February 14

Proposed Data Use

Aggregate-level information collected from the Annual Survey will be disseminated to ORS teams and to the public via an annual Program Evaluation Report within 3 months of closing the survey. Information collected through the ORS Quarterly Reporting Template in ORSTRS will be disseminated to ORS teams and to the public via the ORS Annual Report. Data from both the Annual Survey and the ORS Quarterly Reporting Template will largely be used to develop programmatic reports, tools, and implementation guides for the purposes of program improvement. In collaboration with ORS teams, other dissemination tools such as webinar, abstracts, presentations, and manuscripts may be developed.

A.3. Use of Improved Information Technology and Burden Reduction

The ORS Annual Survey will be collected via Smartsheet, an online data collection platform. Smartsheet was selected because it provides a secure, cost-effective way to create the survey, disseminate it via email, track responses, and conduct initial data analysis and visualizations of responses. Responses can also be exported to Excel or other software for further analysis. Smartsheet is also an accessible platform for all ORS partners, including public safety partners who may be restricted in platforms they can access.

CDC and CDCF developed the aforementioned ORSTRS web-based platform that will be used to collect the quarterly updates outlined in this ICR. The data entry interface of ORSTRS was developed through a subcontract with Mathematica, a research and data analytics consultancy.

The use of ORSTRS provides several advantages:

- This user-friendly online interface requires little training and is easy and intuitive for ORS teams to use to enter data for the information collection.
- Standard data elements, definitions, and specifications at all levels improve the quality and comparability of information that ORS teams submit and enhance the consistency of reports to examine information across ORS teams.
- The structure of the data collection in ORSTRS is flexible such that different ORS teams are still able to capture and report information relevant to their program context and structure.
- The ability to carry information and populate from one reporting period to the next increases the efficiency of data entry, reduces errors and redundancies, and therefore increases the quality and reliability of information that ORS teams submit each quarter.

The ORSTRS tool improves information quality by minimizing errors and redundancy. Having information consistently collected from all ORS teams in the same manner year-over-year reduces the level of burden attributable to redundancy and reduces the workload to enter and maintain the data. Additionally, ORS teams will have data self-populated from one quarter to another, which minimizes data re-entry, burden, and potential errors. Finally, by providing one, centralized data collection tool, ORS teams will experience less burden because each team will not need to figure out how to collect data on their own.

Further, standardization enhances the consistency of information collected, thereby enabling examination of cross-program strategies. The report generation capabilities of the web-based tool reduce the respondent burden associated with paper-based reports. Without the reporting tools and the integrated approach to information collection and reporting, ORS teams and CDC would need to continue to use time consuming and labor-intensive procedures for information collection and reporting.

ORSTRS is also a collaborative tool. Users can use the project directory to search for projects led by other ORS teams in other parts of the country, as well as search for other ORS staff to foster cross-state and jurisdictional collaboration in the staff directory. This feature allows ORS teams to better leverage the ORS Network by having access to projects that have completed internal review and approval in other states/jurisdictions, as well as contact information for the respective ORS Teams for direct outreach and learning.

Project updates can be saved without submitting, allowing users to input data throughout the quarter and submit for reviewer approval at the end of the quarter. For projects with a status of ‘In Progress’ or ‘On Hold’, data in the project overview, , project team, , and project focus sections can be copied over to the next quarter once reviewed and approved by the National ORS Team, and the data in these sections can be updated as needed to reflect the current quarter. Sections for outcomes in progress and outcomes completed are blank in any new or copied project entry and can be completed with applicable information reflecting activities in the quarter.

Users will also be asked to set up multi-factor authentication (MFA) when they activate their accounts. MFA is an authentication method that requires the user to provide two or more verification methods to gain access to a resource such as an application, online account, or a

Virtual Private Network (VPN). MFA is a core component of a strong identity and access management (IAM) policy. Rather than just asking for a username and password, MFA requires one or more additional verification factors for security, like a verification code sent via text message to a mobile number.

A.4. Efforts to Identify Duplication and Use of Similar Information

NCIPC has confirmed with other Centers within CDC that they have not already collected the type of information covered by this data collection. Although the ORS is co-funded by another federal agency, ONDCP, NCIPC has confirmed that this data collection is not duplicative of any ONDCP data collection efforts as it relates to the ORS. These discussions were held on August 23, 2024, with the deputy director of ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program. From the discussion, it was concluded that CDC should move forward with obtaining OMB approval and that this data collection would not be redundant of any ONDCP data collection efforts related to the ORS. NCIPC will share information from this data collection in aggregate form with partners at ONDCP.

No ICR currently exists that would allow for the collection of this information. This ICR serves a practical and necessary purpose of collecting information that will identify and inform any needed ORS program enhancements or improvements. The collection of this information is essential to ensure that this national, multi-million-dollar program co-funded by two federal agencies continues to achieve its mission and goals.

A.5. Impact on Small Businesses or Other Small Entities

Every effort will be made to minimize the burden on all respondents during this collection of information. Information collected is held to the absolute minimum required to identify new actions or improving existing ones to control the overdose crisis to ease impact on small businesses or entities. No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Less frequent reporting would undermine accountability efforts at all levels and negatively affect monitoring recipient progress. The annual and quarterly reporting schedule ensures that CDC responses to inquiries from HHS, the White House, Congress, and other stakeholders are based on timely and up-to-date information. This information is key for program accountability and ORS implementation.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the Federal Register on October 21, 2024, vol. 89, No. 203, pp. 84148-84149 (Attachment B.1). There was 3 non-substantive public comments to the 60-day Federal Register Notice, the standard CDC response was sent (Attachment B1).

A.8.b) Efforts to Consult Outside the Agency

The data collection instruments were designed collaboratively by CDC, CDCF and ONDCP/HIDTA staff. There were no major problems that could not be resolved during the consultation. Consultation will continue throughout the implementation process.

Name: Audi Ritchie
Title: Senior Program Officer, CDC Foundation

Name: Kiersten Nicholson
Title: Senior Program Officer, CDC Foundation

Name: Jim Cormier
Title: HIDTA ORS National Coordinator

A.9. Explanation of Any Payment or Gift to Respondents

Respondents receive no gift or payment for their participation in any information collections.

A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Office of the Chief Information Officer at CDC has determined that the Privacy Act does not apply to this information collection request. The Privacy Impact Assessment (PIA) for the ORS Annual Survey and the ORS Quarterly Reporting Template is attached (Attachment C).

No sensitive information or personal contact information will be collected in either the Annual Survey or the ORS Quarterly Reporting Template. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password-protected system, and information will be reported in aggregate form, there is no impact on respondent privacy. Key program staff will provide information related to programmatic improvement and they will be notified that their responses on the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any performance reports. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key program staff will be protected and maintained.

While consent is not required to report aggregate data, ORS teams' approval will be obtained if team-specific data are used for publications, reports, or other publicly disseminated information. No system of records will be created under the Privacy Act. Submission and access to ORS teams' data will be controlled by a password-protected login site. Access levels vary from read-only to read-write, based on the user's role and needs. CDC and CDCF staff will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that this information is non-research and therefore, IRB approval is not needed. The information collection does not involve the collection of personal information or the participation of human subjects in research. (Attachment K).

Justification for Sensitive Questions

The proposed data collection instruments do not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

ORS Annual Evaluation Survey (Attachments D, E, F, G, & H) respondents will be the ORS PHAs, ORS DIOs, ORS National Team staff from CDCF, and public health and public safety personnel across 50 states, DC, US Virgin Islands, and Puerto Rico. The estimated burden for each instrument includes time for reviewing instructions, searching sources, data collection, and completion of the instruments. The ORS Annual Evaluation Survey has an estimated burden of 30 minutes per respondent annually. The burden is based on previous versions of the survey completed by each respondent type under a previous funding opportunity.

Invitation and Reminder emails for ORS Annual Evaluation Survey (Attachments L & M) respondents will be the ORS PHAs, ORS DIOs, ORS National Team staff from CDCF, and public health and public safety personnel across 50 states, DC, US Virgin Islands, and Puerto Rico. The invitation email and the reminder email will each have an estimated burden of 2 minutes per respondent annually, based on prior experiences.

ORS Quarterly Reporting Template (Attachment I) is a web-based tool. Based on feedback from PHAs and DIOs who completed the template under a previous funding opportunity, the burden is estimated to be 60 minutes quarterly for both PHAs and DIOs.

Table 2. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
ORS Respondents	Invitation email (Att. L)	287	1	2/60	10
ORS Respondents	Reminder email (Att. M)	287	1	2/60	10
ORS Public Health Analysts	ORS Annual Evaluation Survey-PHA (Att. D)	61	1	30/60	31
	ORS Quarterly Reporting Template (Att. I)	61	4	45/60	183
ORS Drug Intelligence Officers	ORS Annual Evaluation Survey-DIO (Att. E)	61	1	30/60	31
	ORS Quarterly Reporting Template (Att. I)	61	4	45/60	183
State, territory, county and city health department staff	ORS Annual Evaluation Survey-Public Health Partner (Att. F)	70	1	30/60	35
HIDTA staff	ORS Annual Evaluation Survey-Public Safety Partner (Att. G)	70	1	30/60	35
CDCF ORS National Team Staff	ORS Annual Evaluation Survey-ORS Management/C	25	1	30/60	13

	oordination Team (Att. H)				
				Total	531

A.12.b) Annual burden cost

Respondents will be ORS PHAs, DIOs, public health and public safety partners, and ORS National Team staff from CDCF. The average hourly wage rate for PHAs, DIOs, and CDCF National Team staff was calculated using their average yearly salaries. For invitation and reminder emails the average of all ORS respondents was used.

Because the type of public health staff responding to the Annual Survey will vary substantially across jurisdictions, the mean hourly wage of federal, state, and local government employees ($30.85) as estimated by the Bureau of Labor Statistics (https://www.bls.gov/oes/current/999001.htm#00-0000, accessed on September 15, 2024) was used to estimate burden costs.

Because the type of HIDTA staff responding to the Annual Survey will also vary substantially across jurisdictions, the mean hourly wage of top executives ($61.82) of federal, state, and local government as estimated by the Bureau of Labor Statistics ((https://www.bls.gov/oes/current/999001.htm#00-0000, accessed on September 15, 2024) was used to estimate burden costs.

Table 3. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Average Hourly Wage Rate (in dollars)	Total Costs
ORS Respondents	Invitation Email (Att. L)	10	$44.27	$443
ORS Respondents	Reminder Email (Att. M)	10	$44.27	$443
ORS Public Health Analysts	ORS Annual Evaluation Survey-PHA (Att. D)	31	$42.12	$1,306
	ORS Quarterly Reporting Template (Att. I)	183	$42.12	$7,708
ORS Drug Intelligence Officers	ORS Annual Evaluation Survey-DIO (Att. E)	31	$38.46	$1,192
	ORS Quarterly Reporting Template (Att. I)	183	$38.46	$7,038
State, territory, county and	ORS Annual Evaluation Survey-Public Health Partner (Att. F)	35	$30.85	$1,080

city health department staff				
HIDTA staff	ORS Annual Evaluation Survey-Public Safety Partner (Att. G)	35	$61.82	$2,164
CDCF ORS National Team Staff	ORS Annual Evaluation Survey-ORS Management/Coordination Team (Att. H)	13	$48.08	$625
			Total	$14,746

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware, or software costs.

A.14. Annualized Cost to the Government

The average annualized cost to the federal government is $162,896, as summarized in Table 4.

Table 4. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	• 25% GS-13 @ $99,595/year = $24,898.75 • 25% GS-14 @ $154,962/year = $38,740.50 Subtotal, CDC Personnel	$63,639
CDCF Personnel	• 50% Performance Lead @ $104,914/year = $52,457 • 50% Performance Technical Advisor @ $93,600/year = $46,800 Subtotal, CDCF Personnel	$99,257
	Total Annual Estimated Costs	**$162,896**

A.15. Explanation for Program Changes or Adjustments

This is a new ICR.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

A. Time schedule for the entire project

OMB approval of this ICR is being requested for three years. The Annual Survey will be administered immediately upon OMB approval and annually thereafter. ORS teams will report into ORSTRS using the ORS Quarterly Reporting Template (Attachment I) according to the following schedule:

- First Quarter (Q1): January 1 – March 31
    - Submission due: April 15
    - All reviewer feedback resolved and projects approved: May 15
- Second Quarter (Q2): April 1 – June 30
    - Submission due: July 15
    - All reviewer feedback resolved and projects approved: August 14
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    - Submission due: January 15
    - All reviewer feedback resolved and projects approved: February 14

CDC and CDCF will conduct analysis, visualization, and reporting of Annual Survey data within 3 months after data are submitted and finalized.

CDC and CDCF will conduct analysis, summary and reporting of data entered into ORSTRS through the ORS Quarterly Reporting Template on a quarterly basis for program management purposes. The data will be summarized and reported annually.

B. Publication plan

Data from both the Annual Survey and the ORS Quarterly Reporting Template will largely be used to develop programmatic reports, tools, and implementation guides for the purposes of program improvement. The information collected will not be used to make generalizable statements about the population of interest. However, in collaboration with ORS teams, other dissemination tools such as webinar, abstracts, presentations, and manuscripts may be developed.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. Summary statistics (e.g., counts) will be used to summarize the collected information.

Table 5 Project Time Schedule

Activity Time Schedule	**Timeline**
Dissemination of Annual Survey	Immediately upon OMB approval, then continuing annually
Populating Quarterly Reporting Template	Immediately upon OMB approval, then

	quarterly through the period of performance
Data Analysis	Annually

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. (2024, July 17). Provisional Drug Overdose Death Counts. Retrieved from Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov)

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