

# ATT 3a: OD2A-S Annual Performance Report and Work Plan

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## WORK PLAN

### List of Questions for Strategy 1 (Surveillance): Surveillance Infrastructure

- Describe the activities that you are implementing as part of this strategy.
- Describe the expected outputs or changes that will help improve surveillance activities.

### List of Questions for Strategy 2 (Surveillance): Morbidity

#### *Syndromic Surveillance (Sys) and/or Hospital Discharge Data*

- What data will be submitted to CDC for nonfatal overdose surveillance, in accordance with submission requirements outlined in the DOSE technical guidance? (*select all that apply*)
  - Syndromic Surveillance Data (monthly)
  - Hospital Discharge UB-04 Billing Data - ED
  - Hospital Discharge UB-04 Billing Data - Inpatient]
- Describe how you will meet/continue to meet the 80% surveillance coverage requirement.

#### *Data Dissemination*

Identify a minimum of two planned data products for the funding period and describe their anticipated use. Be sure to indicate the intended audience (e.g., key local partners, the public) and how the products will be shared with this audience. Indicate how the data products will support drug overdose response and prevention efforts, especially in the following priority areas: Support more timely identification of changes in nonfatal drug overdose trends; Enable more timely recognition of opportunities for drug overdose interventions for those at greatest risk of overdose; Provide data by local areas or subgroups to assist targeting of interventions; and/or Rapidly disseminate findings to stakeholders, including EDs participating in data collection, especially when drug overdose spikes are detected.

#### *Optional - Other Nonfatal Surveillance Activities*

- Describe plans for other nonfatal overdose surveillance activities. (e.g., detection of nonfatal drug overdose outbreaks or activities to improve data quality).

### List of Questions for Strategy 3 (Surveillance): Mortality Data Submission

- Describe your plan to collect and abstract data from all required sources according to timeline requirements and corresponding to your workplan reporting period.
- If all required data were not abstracted and submitted during the past performance period, please describe how challenges in doing so will be addressed moving forward.

## Coverage

- Describe your plan to collect death certificate (DC), coroner or medical examiner (CME) report, and toxicology data for all unintentional or undetermined intent drug overdose (UUDO) deaths in the jurisdiction or in a sub-set of counties.
- If data will be collected and abstracted for a sub-set of counties:
  - Will DC data, including additional elements to capture opioid and non-opioid UUDO deaths, be abstracted for all UUDO deaths in the reporting period?
  - Will CME and toxicology data be entered for a minimum of 75% of deaths for the reporting period?
    - If yes, please list the counties that had at least one UUDO death and will not participate and explain whether the list of participating counties will be consistent with prior reporting periods.
- If challenges related to UUDO deaths data were encountered during the last reporting period, please explain how they will be addressed moving forward.

## Data Dissemination

- Describe SUDORS data dissemination plans including proposed products and plans to ensure data will be used for action.

## Enhanced Toxicology Testing

- Describe your plan to enhance toxicology testing according to CDC guidance or to support the medical examiner and coroner community.
  - What percentage of OD2A-S funds will be used?
  - What activities will be supported?
  - Will the minimum required toxicology testing be performed for all suspected drug overdose deaths?
  - If OD2A-S funding will not be used to enhance toxicology testing, please provide justification for not doing so.

## List of Questions for Strategy 4 (Surveillance): Biosurveillance

### Capable Lab

- Identify laboratory(ies) performing testing and please include name of lab(s); a brief summary of qualifications, such as staff certifications and proficiency testing results; and a description of validated methods being used.

### Testing Minimums

- Does your laboratory agree to test at least a minimum of 20 specimens per week per submitting site?
  - Please describe, if not applicable.
  - Identify a goal number of specimens tested per funding period (min. ~1,000/year, after Y1).

## *Source of Specimens*

- Identify hospitals planning to submit specimens and data for this surveillance activity and describe their catchment areas.

## *Consistent Testing Panel for Surveillance*

- Do you plan to use the required testing panel and test for required substances? (Plan may include substances beyond the required base panel)
  - Please describe, if not applicable.
  - Please select other substances planned to be tested beyond the basic required panel.

## *Sampling*

- Describe the intended specimen sampling plan (e.g., what kind of samples and from where samples will be collected).

## *Data Capture*

- Describe your plan to collect and report the required data elements along with specimens.

## *Data Dissemination*

- Describe plans for data dissemination, including proposed product descriptions and how they will be shared with key partners [at least two data dissemination products (e.g., internal or external reports, dashboards, presentations) per year].

## *Participation in Workgroup*

- Describe your plan to ensure attendance and participation in the CDC workgroup for this strategy.

## *Optional - Other Biosurveillance Activities*

- Describe other planned activities related to biosurveillance.

## *List of Questions for Strategy 5 (Data Linkage): Biosurveillance*

**Required Linkage: Link person-level fatal drug overdose data to at least one data source that captures nonfatal drug overdoses**

- Describe your plan to link person-level data sets that include fatal overdose data and nonfatal overdose data, including a description of data sources to be used, linkage procedures/methods, key variables used to link datasets, and how required indicators will be included.
- Will deaths occurring on or after January 1, 2023, be included?
  - Please describe, if not applicable.

**Required Linkage: Link fatal and/or nonfatal drug overdose data with at least one data source that captures information on groups at disproportionate overdose risk**

- Identify additional data linkages that will be performed [check all that apply (must select at least one): criminal justice; PDMP; social determinants of health (SDOH)].
- Describe your plan to link the data sets indicated above to fatal overdose data and/or nonfatal overdose treatment data, including a description of data sources to be used, linkage procedures/methods, key variables used to link datasets, and how required indicators will be included.
- Will deaths occurring on or after January 1, 2022, be included?
  - Please describe, if not applicable.
- Describe plans for data dissemination, including proposed product descriptions and how they will be shared with key partners.

## List of Population-Specific Questions for Prevention Strategies

Please select the populations of focus for your prevention strategies.

*(A population of focus is the population that would benefit from an intervention in terms of reduced risk of overdose. For example, if an overdose prevention training for law enforcement officers is implemented, the officers would be the audience for the intervention, but the population of focus may be the persons who use drugs in that community who would benefit from law enforcement helping to prevent overdose deaths and link persons at risk of overdose to treatment.) (select all that apply)*

- Designated race
- Designated ethnicity
- Designated sex
- Age group
- Special Populations (e.g., persons involved in the criminal justice setting, urban populations, rural populations, persons who recently experienced an overdose)
- Other populations of focus

For each population of focus selected:

- Which previously identified data sources are you using to inform choice of population of focus?
- Why was this population chosen and how does focusing on this population address health outcomes for disproportionately affected populations?
- Select all interventions that will focus on this population.
- Why was this intervention chosen for this population (how do the data, or evidence, show that the population of focus can be impacted through this intervention)? *(Answer for each intervention selected)*

## List of Partner Questions for Prevention Strategies

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

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

- Name of Partner
- Sector
- Select all the relevant strategies/interventions

Please answer the follow questions for each partnership selected above:

- Describe how you will engage with this partner (for each strategy/intervention selected) and how this partnership will facilitate implementation efforts.
- Describe how and how often key data (e.g., morbidity, mortality, programmatic, evaluation) will be disseminated to this partner to facilitate the implementation of prevention interventions.

# List of Questions for Strategy 6 (Prevention): Clinician/Health System Engagement and Health IT/PDMP Enhancement

## Data Source

- Please select data source types that will be used to inform this strategy. *(select all that apply)*
  - o SUDORS
  - o Vital stats
  - o Hospital discharge data
  - o Syndromic data
  - o PDMP
  - o EMS data
  - o Biosurveillance strategy
  - o Data linkage strategy
  - o Evaluation data
  - o ODMAP
  - o Public safety (e.g., incarceration, drug seizure)
  - o Data from community partners
  - o Other data source (please specify):
- Which data sources, if any, will you be using as part of this strategy to inform near real-time community responses to spikes in drug overdoses or dangerous drug supplies (e.g., ODMAP, syndromic)?

## Implementation

- Please specify intervention categories and interventions.
  - o Educating clinicians on best practices for acute, subacute, and chronic pain including opioid prescribing, as described in the [CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022](#) [At least 1 intervention required]
    - Developing trainings on the management of pain, focusing on dissemination to all clinicians who may treat acute, subacute, and chronic pain in outpatient settings.
    - Supporting health system implementation of the CDC Clinical Practice Guideline via use of electronic clinical decision support tools (CDS) or of a health system quality improvement measurement framework.
    - Developing and/or enhancing existing in-state center of excellence facilities to build state-wide referral network and expertise hubs to facilitate the provision of multi-modal, evidence-based pain care.
  - o Training clinicians on screening, diagnosis, and linkage to care for opioid use disorder (OUD) and stimulant use disorder (StUD) [At least 1 intervention required]
    - Developing trainings on screening and diagnosis of SUDs, especially OUD and StUD, intended for clinicians across a range of specialties.
    - Disseminating information to clinicians on health system-wide SUD care options with a focus on addressing inequities in access to these care options.
    - Raising awareness of existing large-scale, national mentorship programs for SUD care for technical assistance and peer support, including but not limited to Opioid Response Network, Providers Clinical Support System, among others.

- O Building and implementing health system-wide clinical capacity to screen, diagnose, and support (or connect to) trauma-informed longitudinal care for OUD and StUD and support recovery for adults and adolescents
  - Required Intervention: Supporting emergency department linkages via multidisciplinary teams including navigators, broadening the scope from only post-overdose scenarios to also include strategies like focused connections during care for conditions that may represent sequelae of substance use (e.g., skin/soft tissue infections) and enhanced universal screening for SUD (e.g., opioids and stimulants) among patients presenting for other reasons to identify new opportunities to engage in and link to care.
  - Supporting health system-wide expansion of MOUD provision in primary care, such as via removal of system-wide administrative barriers, addressing stigma, and addressing inequities towards MOUD uptake; strengthening collaborations with behavioral health networks to support evidence-based treatment for StUD (e.g., contingency management, cognitive behavioral therapy); and supporting new system-wide policies that aim to reduce inequities in access to evidence-based care.
  - Supporting new system-wide inpatient workflows and policies to identify hospitalized patients who are ready to engage in SUD care, to build clinician awareness of health system care options, to help improve clinician perception and attitudes towards MOUD, and to help advance linkage to care efforts.
  - Integrating pharmacists as part of the SUD linkage and care model.
  - Training, implementation, and adoption of trauma-informed practices into health system and clinical staff policies and standards.
  
- O Expanding PDMP data sharing across state lines/interstate interoperability
  - Required Intervention: Implementing and expanding electronic information sharing among states in compliance with the National Prescription Monitoring Information Exchange (PMIX) Architecture.
  - Required Intervention: Connecting and maintaining bidirectional connection for the exchange of PDMP data with other “state” PDMP systems and ensuring that every request received by the recipient’s PDMP system sends an appropriate and timely response.
  
- O Implementing universal use among clinicians and their delegates within a state
  - Implementing universal PDMP registration and use that includes a streamlined and simplified PDMP registration process.
  - Expanding and improving medical examiner and coroner access to prescription history from within an integrated PDMP and medical examiner's/coroner's case management system interface.
  
- O Possessing more timely or real-time data contained within a PDMP
  - Improving PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting.
  
- O Actively managing the PDMP in part by sending proactive (or unsolicited) reports to clinicians to inform prescribing and patient care
  - Designing, validating, or refining algorithms for identifying high-risk prescribing activity and other risk factors associated with overdose to use as a trigger for proactive reports (e.g., receiving prescriptions from multiple clinicians, and concurrent substance use or dangerous combinations that put patients at higher risk for opioid use disorder and overdose).

- Developing and implementing behavioral health and MOUD support/treatment systems within an integrated PDMP-EHR interface, which can help with addressing inequities in access to evidence-based care.
- o Ensuring that PDMPs are easy to use and access by clinicians
  - Expanding access to PDMPs via a health information exchange.
  - Integrating PDMP data into electronic health records.

*(Intervention level questions will need to be answered for each intervention selected.)*

- Please select the setting for this intervention.
- What is the immediate audience for the intervention?
- Please describe the intervention, including your plan to implement the intervention or enhance/expand your existing work.
- Do you plan to evaluate this intervention? *(Required interventions will need to be evaluated, but evaluating other interventions is optional)*
  - o If yes, or required for evaluation, please identify the short-term outcomes you will evaluate for this intervention?
  - o If yes, or required for evaluation, please identify the intermediate-term outcomes you will evaluate for this intervention?

## Intervention Steps

*(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)*

- Please enter the name of step.
- Please provide a description of the step.
- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

## List of Questions for Strategy 7 (Prevention): Public Safety Partnerships/Interventions

### Data Source

- Please select data source types that will be used to inform this strategy. *(select all that apply)*
  - o SUDORS
  - o Vital stats
  - o Hospital discharge data
  - o Syndromic data
  - o PDMP
  - o EMS data
  - o Biosurveillance strategy
  - o Data linkage strategy
  - o Evaluation data
  - o ODMAP
  - o Public safety (e.g., incarceration, drug seizure)
  - o Data from community partners
  - o Other data source (please specify):

- Which data sources, if any, will you be using as part of this strategy to inform near real-time community responses to spikes in drug overdoses or dangerous drug supplies (e.g., ODMAP, syndromic)?

## Implementation

- Please specify intervention categories and interventions.
  - Developing and maintaining Public Health and Public Safety (PH/PS) partnerships or collaboratives at the state level
    - Facilitating the initiation or expansion of the PHAST toolkit or another framework across the state, to engage PH/PS in efforts to convene multi-sector partners, share information on the overdose crisis, prioritize strategies and interventions accordingly, and monitor progress collectively.
    - Supporting the development and implementation of protocols to mitigate risks to patients experiencing disrupted access to prescription opioids or other controlled substances, in line with CDC's Opioid Rapid Response Program (ORRP). Creating partnerships between PH/PS and clinical leaders across the state to improve coordination during a sudden clinic closure or access disruption event.
    - Standardizing processes and procedures for overdose fatality review (OFR) teams at the state or regional levels.
  - Improving data sharing, availability, and use at the intersection of PH/PS
    - Initiating or expanding the use and coverage of novel data systems, such as High Intensity Drug Trafficking Area's (HIDTA) Overdose Detection Mapping Application (ODMAP), to monitor overdoses, facilitate post-overdose outreach efforts, detect overdose spikes, locate hotspots, and/or identify emerging drug threats.
    - Implementing systems that utilize arrest and/or seizure data to identify the possibility of a spike in overdose and to inform response and communication protocols, excluding the linkage of specific overdose cases across datasets.
    - Developing and implementing plans to respond to acute events, such as overdose spikes (identified through surveillance – see “Morbidity” section above or through ODMAP or similar tools).
  - Improving knowledge, attitudes, and capacity among PH/PS to prevent and respond to overdose
    - Developing, disseminating, and evaluating efforts to reduce barriers to overdose prevention and response among PH/PS partners.
    - Improving understanding of how systemic issues in communities contribute to overdose risk and identify a strategy for PH/PS partners to reduce trauma and burden of overdose in these communities.
    - Training PH/PS partners on topics such as stigma reduction, OUD, StUD, naloxone administration, trauma-informed care, recovery-oriented approaches, and other overdose prevention strategies.
  - Implementing evidence-based overdose prevention strategies at the intersection of PH/PS
    - Implementing evidence-based overdose prevention strategies, including distribution of naloxone and drug checking supplies (i.e., fentanyl test strips), raising awareness of Good Samaritan Laws, drug checking interventions, providing access to medications for opioid use

disorder (MOUD). (When implementing linkage to care, navigators must be used to facilitate linkages).

- Implementing strategies that may take place in criminal justice settings (e.g., courts, jail, parole), upon reentry, and in the community.
- Implementing promising overdose prevention strategies at the intersection of PH/PS
  - Implementing promising practices that have demonstrated some impact on overdose and associated risk factors and may include diversion and deflection programs, post-overdose outreach programs, and linkage to care and support services. (When implementing linkage to care, navigators must be used to facilitate linkages).
  - Developing and adapting culturally tailored training and program implementation materials.

*(Intervention level questions will need to be answered for each intervention selected.)*

- Please select the setting for this intervention.
- What is the immediate audience for the intervention?
- Please describe the intervention, including your plan to implement the intervention or enhance/expand your existing work.
- Do you plan to evaluate this intervention? *(Required interventions will need to be evaluated, but evaluating other interventions is optional)*
  - If yes, or required for evaluation, please identify the short-term outcomes you will evaluate for this intervention?
  - If yes, or required for evaluation, please identify the intermediate-term outcomes you will evaluate for this intervention?

## Intervention Steps

*(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)*

- Please enter the name of step.
- Please provide a description of the step.
- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

## List of Questions for Strategy 8 (Prevention): Harm Reduction

### Data Source

- Please select data source types that will be used to inform this strategy. *(select all that apply)*
  - SUDORS
  - Vital stats
  - Hospital discharge data
  - Syndromic data
  - PDMP
  - EMS data
  - Biosurveillance strategy
  - Data linkage strategy
  - Evaluation data
  - ODMAP

- o Public safety (e.g., incarceration, drug seizure)
  - o Data from community partners
  - o Other data source (please specify):
- Which data sources, if any, will you be using as part of this strategy to inform near real-time community responses to spikes in drug overdoses or dangerous drug supplies (e.g., ODMAP, syndromic)?

## Implementation

- Please specify intervention categories and interventions.
  - o Using navigators to connect people to services
    - Required Intervention: Initiating, expanding, and supporting programs and outreach by navigators (e.g., people with lived experience, case managers) to promote access to overdose prevention and reversal tools, treatment options, and drug checking equipment.
  - o Ensuring PWUD have access to overdose prevention and reversal tools, treatment options, and drug checking equipment
    - Required Intervention: Developing and expanding overdose education and naloxone distribution programs that prioritize education and distribution among those who are at the greatest risk of experiencing or witnessing an overdose.
    - Improving access to low-threshold MOUD and treatment for other substance use disorders (e.g., stimulant use disorder) via co-location with harm reduction services or patient navigation
    - Improving availability and access to field drug checking (e.g., mass spectrometry and/or educating PWUD about and disseminating drug checking supplies such as FTS).
  - o Developing and sustaining partnerships with community-based organizations to improve access to and delivery of overdose prevention and reversal tools, treatment options, and drug checking equipment.
    - Partnering with and providing support to community-based organizations to increase access to overdose prevention and reversal tools, drug checking equipment, and support programming to reduce overdose, including support of staff time to increase hours and services.
    - Increasing awareness of overdose prevention and reversal tools, treatment options, and drug checking equipment in communities.
    - Supporting mobile overdose prevention and engagement units.
    - Supporting other interventions that increase overdose prevention services utilization.
  - o Creating and disseminating education and communication materials to increase awareness of and access to overdose prevention resources.
    - Producing and distributing risk reduction and overdose prevention educational resources and materials for PWUD.
    - Developing and implementing trainings and education interventions for those who interact with or provide services to PWUD (e.g., clinicians, community-based organizations, and local leadership) to address stigma experienced by PWUD in their community.
    - Deploying communication campaigns that focus on overdose prevention or stigma reduction messaging, including television, print, radio, outdoor, online, and social media outlets. Campaigns may use CDC-developed resources such as the Stop Overdose campaigns, the Rx

Awareness campaign, or other evidence-based resources developed locally and tested with the intended audience.

*(Intervention level questions will need to be answered for each intervention selected.)*

- Please select the setting for this intervention.
- What is the immediate audience for the intervention?
- Please describe the intervention, including your plan to implement the intervention or enhance/expand your existing work.
- Do you plan to evaluate this intervention? *(Required interventions will need to be evaluated, but evaluating other interventions is optional)*
  - o If yes, or required for evaluation, please identify the short-term outcomes you will evaluate for this intervention?
  - o If yes, or required for evaluation, please identify the intermediate-term outcomes you will evaluate for this intervention?

## Intervention Steps

*(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)*

- Please enter the name of step.
- Please provide a description of the step.
- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

## List of Questions for Strategy 9 (Prevention): Community-Based Linkage to Care

### Data Source

- Please select data source types that will be used to inform this strategy. *(select all that apply)*
  - o SUDORS
  - o Vital stats
  - o Hospital discharge data
  - o Syndromic data
  - o PDMP
  - o EMS data
  - o Biosurveillance strategy
  - o Data linkage strategy
  - o Evaluation data
  - o ODMAP
  - o Public safety (e.g., incarceration, drug seizure)
  - o Data from community partners
  - o Other data source (please specify):
- Which data sources, if any, will you be using as part of this strategy to inform near real-time community responses to spikes in drug overdoses or dangerous drug supplies (e.g., ODMAP, syndromic)?

## Implementation

- Please specify intervention categories and interventions.
  - o Initiating linkage to care activities
    - Required Intervention: Using navigators to facilitate linking people to care and other services.
    - Developing case management systems to help individuals navigate the processes by which care may be procured. Recipients are encouraged to implement these case management systems within existing community-based organizations.
    - Creating post-overdose outreach teams or Assertive Community Outreach programs that connect with the individual within 72 hours of a suspected overdose and provide linkages to care. Team composition may include first responders, community health workers, and health care workers. The composition of these teams varies by community.
  - o Supporting retention in care
    - Required Intervention: Using navigators to facilitate implementing monitoring programs following discharge from acute care to prevent treatment interruption.
    - Creating peer support groups or linkages to community-based self-help groups with an emphasis on peers with lived experience.
    - Increasing access to and retention in care through the development of telehealth infrastructure and resources.
  - o Maintaining recovery
    - Developing and implementing Recovery Management Checkups protocols that provide support, ongoing assessment, and monitoring after primary treatment for SUD.
    - Supporting Recovery Community Centers and Mutual-Help Organizations (fostering peer groups that are supportive of recovery and self-acceptance).
    - Supporting linkage to ancillary services such as job skills trainings, training/employment, cultural community centers, and transportation through partnerships or direct staffing support.

*(Intervention level questions will need to be answered for each intervention selected.)*

- Please select the setting for this intervention.
- What is the immediate audience for the intervention?
- Please describe the intervention, including your plan to implement the intervention or enhance/expand your existing work.
- Do you plan to evaluate this intervention? *(Required interventions will need to be evaluated, but evaluating other interventions is optional)*
  - o If yes, or required for evaluation, please identify the short-term outcomes you will evaluate for this intervention?
  - o If yes, or required for evaluation, please identify the intermediate-term outcomes you will evaluate for this intervention?

## Intervention Steps

*(These are the steps necessary to complete the intervention selected above. Steps include planning to conducting the intervention to dissemination of findings to evaluation. Recipients will be able to add several steps per intervention.)*

- Please enter the name of step.
- Please provide a description of the step.

- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

## Overall Budget Section

The following list of budget items should be submitted via the identified electronic mechanism provided by your OD2A support team. You may use the following list to prepare a complete and accurate budget response.

## Personnel Salary & Fringe

<b>Salary Total</b>	\$	<b>Fringe Total</b>	\$
<b>Salary: Component 1</b>	\$	<b>Fringe: Component 1</b>	\$
<b>Salary: Component 2</b>	\$	<b>Fringe: Component 2</b>	\$
<b>Salary: Component 3</b>	\$	<b>Fringe: Component 3</b>	\$
<b>Salary: Component 4</b>	\$	<b>Fringe: Component 4</b>	\$

Personnel Cost					
Name of Personnel	Position Title	Annual Salary/Wages	% Paid by this Grant	Months	Salary and Wages
					\$
	Fringe	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
			\$	\$	\$
Justification					
Allocations					
Funding Category	% Allocated	\$ Allocated (Salary/Wages)	\$ Allocated to Fringe	Total Allocated	
Component 1		\$	\$	\$	
Component 2		\$	\$	\$	
Component 3		\$	\$	\$	
Component 4		\$	\$	\$	
*Note: Please duplicate this table for each OD2A personnel needed for budget reporting					

# Contracts

<b>Total for Contract</b>	\$	<b>Component 3</b>	\$
<b>Component 1</b>	\$	<b>Component 4</b>	\$
<b>Component 2</b>	\$	<b>Indirect Cost</b>	\$

Basic Information		
<b>Contractor Title</b>		
<b>Method of Selection</b>		
<b>Justification for Sole Source Selection</b>		
<b>Period of Performance</b>		
<b>Scope of Work (Describe the specific services/tasks to be performed by the contractor, how they relate to the accomplishment of program objectives, and the specific strategy(ies) they align with. Please be sure deliverables are clearly defined.)</b>		
<b>Method of Accountability</b>		
Allocations		
<b>Funding Category</b>	<b>% Allocated</b>	<b>\$ Allocated</b>
<b>Component 1</b>		\$
<b>Component 2</b>		\$
<b>Component 3</b>		\$
<b>Component 4</b>		\$
*Note: Please duplicate this table for each OD2A personnel needed for budget reporting		

Itemized Costs		Justification
<b>Salary and Wages</b>	\$	
<b>Fringe Benefits</b>	\$	
<b>Consultant Cost</b>	\$	
<b>Equipment</b>	\$	
<b>Supplies</b>	\$	
<b>Travel</b>	\$	
<b>Deliverable Cost</b>	\$	
<b>Other describe</b>	\$	
<b>Other</b>	\$	

<b>Describe</b>			
<b>Other describe</b>		\$	
<b>Subcontract Cost</b>		\$	
<b>Total Direct Costs</b>		\$	
<b>Indirect Costs</b>		\$	
<b>Total For Contract</b>		\$	
*Note: Please duplicate this table for each OD2A personnel needed for budget reporting			

## Consultants

<b>Total for Consultant</b>	\$	<b>Component 2</b>	\$
<b>Component 1</b>	\$	<b>Component 3</b>	\$
		<b>Component 4</b>	\$

Basic Information		
<b>Consultant Title</b>		
<b>Organizational Affiliation</b>		
<b>Nature of Services to Be Rendered</b>		
<b>Relevance of Service to the project</b>		
<b>Method of Accountability</b>		
Allocations		
<b>Funding Category</b>	<b>% Allocated</b>	<b>\$ Allocated</b>
<b>Component 1</b>		\$
<b>Component 2</b>		\$
<b>Component 3</b>		\$
<b>Component 4</b>		\$
*Note: Please duplicate this table for each OD2A personnel needed for budget reporting		

Itemized Costs		Justification
Number of Days of Consultation		
Expected Daily Rate of Compensation		
<b>BASE COMPENSATION SUBTOTAL</b>		\$
Travel		\$
Per Diem (total for all days consultation)		\$
Supplies		\$
<b>Deliverable Cost</b>		\$
<b>Other describe</b>		\$
<b>Other describe</b>		\$
<b>Other describe</b>		\$
<b>Other describe</b>		\$
<b>Other describe</b>		\$
<b>Expenses Subtotal</b>		\$
<b>Total For Consultant</b>		\$
*Note: Please duplicate this table for each OD2A personnel needed for budget reporting		

# Equipment

Equipment costs are for items with a <u>unit cost</u> over \$10,000.					Allocations									
Line #	Item Requested	Number Needed	Unit Cost	Total Amount Planned	% Allocated [Component 1]	% Allocated [Component 2]	% Allocated [Component 3]	% Allocated [Component 4]	\$ Allocated [Component 1]	\$ Allocated [Component 2]	\$ Allocated [Component 3]	\$ Allocated [Component 4]	Justification	
1				\$					\$	\$	\$	\$		
2				\$					\$	\$	\$	\$		
3				\$					\$	\$	\$	\$		
4				\$					\$	\$	\$	\$		
5				\$					\$	\$	\$	\$		

# Supplies

Line #	Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	% Allocated [Component 1]	% Allocated [Component 2]	% Allocated [Component 3]	% Allocated [Component 4]	\$ Allocated [Component 1]	\$ Allocated [Component 2]	\$ Allocated [Component 3]	\$ Allocated [Component 4]	Justification
1					\$					\$	\$	\$	\$	
2					\$					\$	\$	\$	\$	
3					\$					\$	\$	\$	\$	

# Travel

	Description (include location and travel event)	# of People	Cost of Mileage or Airfare	Cost of Per Diem or Lodging	Cost of Ground Transport	Other Costs	Amount Planned	% Allocated [Component 1]	% Allocated [Component 2]	% Allocated [Component 3]	% Allocated [Component 4]	\$ Allocated [Component 1]	\$ Allocated [Component 2]	\$ Allocated [Component 3]	\$ Allocated [Component 4]	Justification (Please include names of persons traveling and reason for travel)
1							\$					\$	\$	\$	\$	
2							\$					\$	\$	\$	\$	
3							\$					\$	\$	\$	\$	
4							\$					\$	\$	\$	\$	

# Other

Line #	Item Requested	Number Needed	Unit Cost	Amount Planned	% Allocated [Component 1]	% Allocated [Component 2]	% Allocated [Component 3]	% Allocated [Component 4]	\$ Allocated [Component 1]	\$ Allocated [Component 2]	\$ Allocated [Component 3]	\$ Allocated [Component 4]	Justification
1				\$					\$	\$	\$	\$	
2				\$					\$	\$	\$	\$	
3				\$					\$	\$	\$	\$	
4				\$					\$	\$	\$	\$	

# Summary

Recipient	Budget Period Year

Object Class	Component 1	Component 2	Component 3	Component 4	Grand Total
Salary and Wages	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$
Contractual Costs	\$	\$	\$	\$	\$
Consultant Costs	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$
Supplies	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
<b>Direct Cost</b>	\$	\$	\$	\$	\$
<b>Indirect Costs</b>	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$
<b>Target</b>	\$	\$	\$	\$	\$
<b>Balance</b>	\$	\$	\$	\$	\$

Indirect Cost Justification
Please remember to submit a copy of your <b>current approved</b> indirect cost rate agreement.

# ANNUAL PERFORMANCE REPORT

## SURVEILLANCE STRATEGIES

- Would technical assistance be helpful in the implementation of your surveillance strategies?
  - If yes, what type of support may be needed?

### List of Questions for Strategy 1 (Surveillance): Surveillance Infrastructure

- Describe your progress to date on activities proposed in the workplan, including relevant metrics, accomplishments, and barriers.

### List of Questions for Strategy 2 (Surveillance): Morbidity

#### *Syndromic Surveillance (SyS) and/or Hospital discharge data*

- Identify what data were submitted to CDC for nonfatal overdose surveillance. [Check all that apply (checkbox options: Syndromic Surveillance Data (monthly); Hospital Discharge UB-04 Billing Data – ED; Hospital Discharge UB-04 Billing Data – Inpatient)]
- Were all requirements met, as outlined in the DOSE technical guidance?
  - If not, what were the barriers?

#### *Data Dissemination (starting in Year 2)*

- Using nonfatal overdose surveillance data, did you develop at least two data products targeting key local partners and/or the public to support drug overdose response and prevention efforts in their jurisdiction?
  - If not, please provide an explanation.
- Please submit a list of products developed using data from this strategy, including key details and links to products, where possible.

#### *Optional: Other Nonfatal Surveillance Activities*

- Describe progress on other nonfatal overdose surveillance activities (e.g., detection of nonfatal drug overdose outbreaks or activities to improve data quality). Identify key successes/accomplishments and barriers.

### List of Questions for Strategy 3 (Surveillance): Mortality

#### *Data Submission*

- Were data abstracted and submitted from all required data sources according to the timeline requirements provided in Appendix 3 that correspond to the dates included in this performance period?
  - If not, please explain the challenges encountered.

## Coverage

- Were death certificate (DC), coroner or medical examiner (CME) report, and toxicology data collected for all unintentional and undetermined intent drug overdose (UUDO) deaths in the jurisdiction or a sub-set of counties per NOFO funding requirements?
- If data were collected and abstracted in a sub-set of counties:
  - Were all DC data, including additional elements to capture opioid and non-opioid involved UUDO deaths, abstracted for the reporting period?
  - Were CME and toxicology data entered for a minimum of 75% of deaths for the reporting period?
    - If yes, please list the counties that had at least one UUDO death and did **not** provide data.
    - Please explain whether the list of participating counties has been consistent for all reporting periods and provide information on challenges with participation.
    - If not, please explain the challenges encountered with achieving coverage per NOFO requirements.

## Data Dissemination

- Please submit a list of SUDORS products with key details, including links to products, if possible.

## Enhanced Toxicology Testing

- Describe how funding was used to enhance forensic toxicology testing according to CDC guidance or to support the medical examiner and coroner community?
  - What percentage of OD2A-S funds was used?
  - What activities were supported?
  - Was the minimum required toxicology testing performed for all suspected drug overdose deaths?
  - Was enhanced toxicology testing (as outlined in the appendix) performed for all suspected overdose deaths?
  - If OD2A-S funding was not used to enhance toxicology testing, please provide justification for why it was not used.

## List of Questions for Strategy 4 (Surveillance): Biosurveillance

### Capable Lab

- Identify laboratory(ies) that performed testing, including evidence of qualifications for performing testing (new proficiency testing results and trainings, etc.). Include name(s) of lab(s) and brief summary of qualifications.

### Testing Minimums

- Average number of specimens tested per week (from unique overdose events)?
  - If “0”, please explain reason why there were none.
- Total nonfatal overdose specimens tested during the reporting period.

### Source of Specimens

- Total number of partner hospitals submitting specimens from overdose patients presenting in their EDs
  - If “0”, please explain reason why there were none.
- Please provide names of partner hospitals submitting specimens.

### Consistent Testing Panel for Surveillance:

- Did you use the required testing panel for all specimens tested for which data were submitted to CDC?
  - If not, please provide a reason.
- Please select other substances tested beyond the basic required panel.

### Sampling

- Please describe specimen sampling plan used during the performance period.

### Data Capture

- Provide a percentage of specimens with all required data elements collected.
  - If not 100%, please explain why.

### Data Dissemination

- Using biosurveillance data, did you develop at least two data products targeting key local partners and/or the public to support drug overdose response and prevention efforts in their jurisdiction?

- o If not, please provide an explanation.
- Please submit a list of products using data from this strategy, including key details and links to products, if possible.

## Participation in Workgroup

- Percentage of CDC workgroup meetings attended by epidemiology and/or laboratory staff.
  - o If not 100%, please explain why.

## Optional - Other Biosurveillance Activities

- Describe progress on other optional biosurveillance activities and identify key successes/accomplishments and barriers.

## List of Questions for Strategy 5 (Surveillance): Data Linkage

### Required Linkage (*answer questions below for each data linkage*):

- Describe data sets that were linked [fatal overdose data set(s) and nonfatal overdose treatment data set(s)] for each activity.
  - o Describe the linkage procedures/methods, including whether exact matching or probabilistic matching techniques were used. Please list key variables used to link the datasets.
  - o Provide the percentage of records successfully linked.
  - o Provide the percentage of people who died of an unintentional or undetermined intent drug overdose with evidence of experiencing a nonfatal overdose within 12 months of the date of death.
    - If not provided, please explain why.
  - o Provide the number of reported nonfatal overdoses that occurred within 12 months before the date of death, reported in aggregate as the median number and interquartile range.
    - If not provided, please explain why.
  - o Provide the percentage of people who experienced a nonfatal overdose who subsequently experienced an unintentional or undetermined intent fatal overdose within 12 months of the nonfatal overdose.
    - If not provided, please explain why.
  - o Provide the number of days between the date of the fatal overdose and the date of the most recent nonfatal overdose reported in aggregate as median number and interquartile range.
    - If not provided, please explain why.
  - o Were deaths occurring on or after January 1, 2022, included?
    - If not, please provide an explanation.

### At least one of three optional linkages (*answer questions below for each data linkage*):

- Describe datasets that were linked [fatal overdose dataset(s) or nonfatal overdose dataset(s)] for each additional data linkages performed. (select *all that apply*, must select at least one: *criminal justice*; *PDMP*; *social determinants of health*).
- For each linkage:
  - Indicate the fatal drug overdose or nonfatal drug overdose data source that was linked to (*SUDORS*; *vital records*; *EMS*; *ED records*; *inpatient records*).
  - Describe the linkage procedures/methods, including whether exact matching or probabilistic matching techniques were used. Please list key variables used to link the datasets.
  - Provide percentage of records successfully linked for each activity.
  - If the linkage includes *criminal justice data linked to nonfatal overdose data*:
    - Provide the percentage of people who had a nonfatal overdose who had any interaction with the criminal justice system within 12 months of the date of the nonfatal overdose (e.g., were arrested and/or incarcerated for any crime).
      - If not provided, please explain why.
    - Provide the percentage of people who had a nonfatal overdose who had a drug-related interaction with the criminal justice system within 12 months of the date of the nonfatal overdose (e.g., were arrested and/or incarcerated for a drug-related crime).
      - If not provided, please explain why.
    - Provide the percentage of people who had a nonfatal overdose who had a violence-related interaction with the criminal justice system within 12 months of the date of the nonfatal overdose (e.g., were arrested and/or incarcerated for a violent crime).
      - If not provided, please explain why.
  - If the linkage includes *criminal justice data linked to fatal overdose data*:
    - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had any interaction with the criminal justice system within 12 months of the date of the fatal overdose (e.g., were arrested and/or incarcerated for any crime).
      - If not provided, please explain why.
    - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a drug-related interaction with the criminal justice system within 12 months of the date of the fatal overdose (e.g., were arrested and/or incarcerated for a drug-related crime).
      - If not provided, please explain why.
    - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a violence-related interaction with the criminal justice system within 12 months of the date of the fatal overdose (e.g., were arrested and/or incarcerated for a violent crime).
      - If not provided, please explain why.
    - Provide the number of days between the date of criminal justice interaction and the date of fatal overdose, reported in aggregate as median number and interquartile range.
      - If not provided, please explain why.

- If fatal drug overdose data were linked, were deaths occurring on or after January 1, 2022, included?
        - If not, please provide an explanation.
- If the linkage includes *PDMP prescription history data linked to nonfatal overdose data*:
  - Provide the percentage of people who had a nonfatal overdose who had a controlled prescription for an opioid pain reliever within 12 months of the date of the nonfatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had a nonfatal overdose who had a controlled prescription for buprenorphine within 12 months of the date of the nonfatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had a nonfatal overdose who had a controlled prescription for a stimulant within 12 months of the date of the nonfatal overdose.
    - If not provided, please explain why.
  - Percentage of people who had a nonfatal overdose who had a controlled prescription for a benzodiazepine within 12 months of the date of the nonfatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had a nonfatal overdose who had more than one prescription for an opioid pain reliever, buprenorphine (if available), stimulant, and/or benzodiazepine within 12 months of the date of nonfatal overdose (e.g., percent with an opioid and benzodiazepine prescription).
    - If not provided, please explain why.
- If the linkage includes *PDMP prescription history data linked to fatal overdose data*:
  - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a controlled prescription for an opioid pain reliever within 12 months of the fatal overdose date.
    - If not provided, please explain why.
  - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a controlled prescription for buprenorphine within 12 months of the date of the fatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a controlled prescription for a stimulant within 12 months of the date of the fatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had a controlled prescription for a benzodiazepine within 12 months of the date of the fatal overdose.
    - If not provided, please explain why.
  - Provide the percentage of people who had an unintentional or undetermined intent fatal overdose who had more than one prescription for an opioid pain reliever,

buprenorphine (if available), stimulant, and/or benzodiazepine within 12 months of the date of the fatal overdose (e.g., percent with an opioid and benzodiazepine prescription).

- If not provided, please explain why.
- If the linkage includes *social determinants of health data linked to overdose data*:
  - Provide the percentage of people who had a nonfatal overdose or who died of an overdose who had an interaction with behavioral health or social services (e.g., experiencing housing instability, receiving food assistance, etc.) within 12 months of the date of the nonfatal or fatal overdose.
    - If not provided, please explain why.
  - Please share results stemming from the linkage. For example, X% of persons with a nonfatal overdose reported receiving food assistance.
    - If not provided, please explain why.
- Were deaths occurring on or after January 1, 2023, included?
  - If not, please provide an explanation.

## Data Dissemination

- Describe progress towards data dissemination products and identify key successes/ accomplishments and barriers.
- Were public data products shared with CDC within one month of release?
  - If not, please provide an explanation.

## PREVENTION STRATEGIES

### List of Success Stories Questions: Prevention

#### SUCCESS STORIES

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

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

#### Challenge

- Describe the public health problem that you sought to address.
- List all the data sources that were used to identify the problem and the population of focus.

## Approach

- Describe the population of focus.
- Describe how data were used to inform the intervention implemented.
- WHERE and WHEN did the intervention take place?
- HOW did the intervention address the challenge?
- WHO was involved, including major partners?
- WHAT innovative approaches were used?

## Results

- What happened as a result of the work you did
- Why is that result important? (Describe the “so what?”)
- What are short-term, intermediate, or long-term outcomes that demonstrate how the intervention had an impact (e.g., how many people were reached, what practices/behaviors changed, how much money was saved, if any policies were changed or developed, how was the challenge addressed)? Please refer to your logic model and quantify your outcomes when possible.

## List of Questions for Strategy 6 (Prevention): Clinician/Health System Engagement and Health IT/PDMP Enhancement

### Data To Action

- How did implementation of interventions change as a result of the use of these data? (Describe how these data were used to improve/adapt or re-prioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).
- What were the impacts or results from the implementation change?
- What additional data gaps, if any, did you identify?
- Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies.

### Intervention Progress

#### For each intervention:

- Describe your progress to date for this intervention, including progress engaging your population of focus. Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.

- Please list all relevant outputs/deliverables produced as a result of this intervention. (select all that apply)
  - o Abstracts
  - o Dashboards and data visualization products
  - o Digital content (e.g., websites, applications, TV spots, podcasts)
  - o Presentations
  - o Print media (e.g., pamphlets, flyers, billboards)
  - o Publications
  - o Toolkits
  - o Training Materials
  - o Other

Provide a title and brief description (including link if available) for all the outputs listed.

- Do you plan to continue with this intervention in the next program year?

## Step-Level Progress

- Indicate your completion status for this step. (*Already Completed, On Schedule, Delayed, Discontinued*)
  - o Why was this step not completed (Only answer if completion status is not “Already Completed” or “On Schedule”).
  - o What are your plans for completion (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - o Anticipated completion date (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - o What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Only answer completion status is “Discontinued”)

## List of Questions for Strategy 7 (Prevention): Public Safety Partnerships/Interventions

### Data To Action

- How did implementation of interventions change as a result of the use of these data? (Describe how these data were used to improve/adapt or re-prioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).
- What were the impacts or results from the implementation change?
- What additional data gaps, if any, did you identify?
- Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies.

## Intervention Progress

For each intervention:

- Describe your progress to date for this intervention, including progress engaging your population of focus. Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.
- Please list all relevant outputs/deliverables produced as a result of this intervention. (select all that apply)
  - Abstracts
  - Dashboards and data visualization products
  - Digital content (e.g., websites, applications, TV spots, podcasts)
  - Presentations
  - Print media (e.g., pamphlets, flyers, billboards)
  - Publications
  - Toolkits
  - Training Materials
  - Other

Provide a title and brief description (including link if available) for all the outputs listed.

- Do you plan to continue with this intervention in the next program year?

## Step-Level Progress

- Indicate your completion status for this step. (*Already Completed, On Schedule, Delayed, Discontinued*)
  - Why was this step not completed (Only answer if completion status is not “Already Completed” or “On Schedule”).
  - What are your plans for completion (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - Anticipated completion date (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Only answer completion status is “Discontinued”)

## List of Questions for Strategy 8 (Prevention): Harm Reduction

### Data To Action

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

- What were the impacts or results from the implementation change?
- What additional data gaps, if any, did you identify?
- Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies.

## Intervention Progress

### For each intervention:

- Describe your progress to date for this intervention, including progress engaging your population of focus. Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.
- Please list all relevant outputs/deliverables produced as a result of this intervention. (select all that apply)
  - Abstracts
  - Dashboards and data visualization products
  - Digital content (e.g., websites, applications, TV spots, podcasts)
  - Presentations
  - Print media (e.g., pamphlets, flyers, billboards)
  - Publications
  - Toolkits
  - Training Materials
  - Other

Provide a title and brief description (including link if available) for all the outputs listed.

- Do you plan to continue with this intervention in the next program year?

## Step-Level Progress

- Indicate your completion status for this step. (*Already Completed, On Schedule, Delayed, Discontinued*)
  - Why was this step not completed (Only answer if completion status is not “Already Completed” or “On Schedule”).
  - What are your plans for completion (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - Anticipated completion date (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Only answer completion status is “Discontinued”)

## List of Questions for Strategy 9 (Prevention): Community-Based Linkage to Care Data To Action

- How did implementation of interventions change as a result of the use of these data? (Describe how these data were used to improve/adapt or re-prioritize the interventions selected within this strategy and to be responsive to changes in the drug overdose epidemic, including changing patterns in health disparities).
- What were the impacts or results from the implementation change?
- What additional data gaps, if any, did you identify?
- Provide examples of how you used/shared near real-time data (e.g., ODMAP, syndromic) to inform rapid community responses to spikes in drug overdoses or dangerous drug supplies.

## Intervention Progress

### For each intervention:

- Describe your progress to date for this intervention, including progress engaging your population of focus. Highlight any significant successes or challenges. Describe barriers and how you overcame them and any relevant facilitators.
- Please list all relevant outputs/deliverables produced as a result of this intervention. (select all that apply)
  - o Abstracts
  - o Dashboards and data visualization products
  - o Digital content (e.g., websites, applications, TV spots, podcasts)
  - o Presentations
  - o Print media (e.g., pamphlets, flyers, billboards)
  - o Publications
  - o Toolkits
  - o Training Materials
  - o Other

Provide a title and brief description (including link if available) for all the outputs listed.

- Do you plan to continue with this intervention in the next program year?

## Step-Level Progress

- Indicate your completion status for this step. (*Already Completed, On Schedule, Delayed, Discontinued*)
  - o Why was this step not completed (Only answer if completion status is not “Already Completed” or “On Schedule”).
  - o What are your plans for completion (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - o Anticipated completion date (Only answer if completion status is not “Already Completed” or “Discontinued”).
  - o What are your plans to redirect funds budgeted for this step to another step or a different intervention? (Only answer completion status is “Discontinued”)

## List of Outcome-level Questions across Prevention Strategies

### Outcome Reporting

- How have individuals from priority populations and people with lived experience been engaged in the evaluation of the interventions within this strategy (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?
- Share a successful example of how you have shared your evaluation findings with partners.
- Share one or more example(s) of how you have used your evaluation findings to inform program improvements

### Outcome-Specific Questions

- Describe your progress toward achieving the outcome through your interventions in this strategy:
- Provide the evaluation questions you are addressing for this outcome:
- Present and define the indicators you are measuring:
- Identify the data sources you are using to evaluate this outcome:
- Describe your qualitative and/or quantitative data analyses:
- Describe your evaluation findings:

## List of Prevention Strategy Budget Questions

- Recipients should provide an estimate of the OD2A-S funds obligated towards the activities below in the current budget year. These estimates should be reported as an approximate percentage of the total OD2A-S award that is obligated towards these activities.
  - o Percentage of OD2A-S funds spent to support local health departments.
  - o Percentage of OD2A-S funds spent to support tribes.
  - o Percentage of OD2A-S funds spent on Clinician/Health System Engagement interventions.
  - o Percentage of OD2A-S funds spent on Health IT/PDMP Enhancement interventions.
  - o Percentage of OD2A-S funds spent on naloxone distribution efforts.
  - o Percentage of OD2A-S funds spent on navigators across all strategies.