

# OD2A-S Annual Performance Report and Work Plan

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## OD2A-S WORKPLAN - SURVEILLANCE STRATEGIES:

### *Strategy 1 (Surveillance): Surveillance Infrastructure*

1.1 Describe the activities that you are implementing as part of this strategy.

1.2 Describe the expected outputs or changes that will help improve surveillance activities.

### *Strategy 2 (Surveillance): Morbidity*

2.1 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?

*[Check all that apply (checkbox options): 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.

2.2 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.

2.3 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).

### *Strategy 3 (Surveillance): Mortality*

3.1 Data submission:

- Describe your plan to collect and abstract data from all required sources according to timeline requirements provided in Appendix 3 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. (*Question will not appear year 1*)

3.2 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:

- o 1) Will DC data, including additional elements to capture opioid and non-opioid UUDO deaths, be abstracted for all UUDO deaths in the reporting period?

- o 2) Will CME and toxicology data be entered for a minimum of 75% of deaths for the reporting period?

(Checkbox- Yes/No)

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. (Question will not appear year 1)

### 3.3 Data Dissemination:

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

### 3.4 Enhanced toxicology testing:

- Describe your plan to enhance toxicology testing according to CDC guidance or to support the medical examiner and coroner community.
  - o What percentage of OD2A-S funds will be used?
  - o What activities will be supported?
  - o Will the minimum required toxicology testing be performed for all suspected drug overdose deaths?  
(Checkbox- Yes/No)
  - o If OD2A-S funding will not be used to enhance toxicology testing, please provide justification for not doing so.

## Strategy 4 (Surveillance): Biosurveillance (Competitive Surveillance Strategy)

### 4.1 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.

### 4.2 Testing minimums:

- Does your laboratory agree to test at least a minimum of 20 specimens per week per submitting site?  
(Checkbox - Yes/No; textbox for reason why not, if applicable)

- Identify a goal number of specimens tested per funding period (min. ~1,000/year, after Y1).

### 4.3 Source of specimens:

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

### 4.4 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)  
(Checkbox- Yes/No; textbox for reason why not, if applicable)

- Please select other substances planned to be tested beyond the basic required panel. (Checkboxes)

#### 4.5 Sampling:

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

#### 4.6 Data capture:

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

#### 4.7 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].

#### 4.8 Participation in workgroup:

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

#### 4.9 Optional - Other biosurveillance activities:

- Describe other planned activities related to biosurveillance.

### *Strategy 5 (Surveillance): Data Linkage (Competitive Surveillance Strategy)*

5.1 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?  
*[Checkbox- Yes/No; textbox for reason why not, if applicable]*

5.2 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 check 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?  
*[Checkbox- Yes/No; textbox for reason why not, if applicable]*

5.3 Data Dissemination

- Describe plans for data dissemination, including proposed product descriptions and how they will be shared with key partners.

**OD2A-S WORKPLAN - PREVENTION STRATEGIES:** Please answer the following questions with consideration of all your prevention strategies.

**P1: 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 a stigma reduction 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 that may benefit from less stigmatizing interactions with law enforcement.)

(Dropdowns with write-in options):

- Designated race
- Designated ethnicity
- Gender
- Age group
- Special Populations (e.g., persons involved in the criminal justice setting, urban populations, rural populations, persons who recently experienced an overdose, people experiencing homelessness, write-in option)

**Please answer the following questions for each population of focus selected above:**

- Which previously identified data sources are you using to inform choice of population of focus?  
(Select all that apply from dropdown)
- Why was this population chosen and how does focusing on this population address health equity or disproportionately affected populations?

- Select all interventions that will focus on this population.  
*(Select from dropdown of interventions)*
- 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)*

**Please answer the following question with consideration of all your prevention strategies:**

Develop a disparity impact statement to address how planned interventions across all prevention strategies will reach specific populations of focus, including underserved communities and/or disproportionately impacted populations. We recommend using the guidance below in drafting your statement.

- CDC.gov: [Social Determinants of Health | CDC](#), CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#), SAMHSA.gov: [Disparity Impact Statement](#)

**P2: Partnerships**

**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  
*(Dropdown + write-in option)*
- Select all the relevant strategies/interventions  
*(Dropdown list of strategies and related 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.

### ***Strategy 6 (Prevention): Clinician/Health System Engagement and Health IT/PDMP Enhancement***

4.1 Please select data source types that will be used to inform this strategy.

*[Checkboxes: SUDORS, vital stats, hospital discharge data, syndromic data, PDMP, EMS data, biosurveillance strategy, data linkage strategy, evaluation data, ODMAP, public safety (e.g., incarceration, drug seizure), data from community partners, write-in option]*

4.2 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)?

#### **Intervention Level Questions:**

*Intervention level questions will need to be answered for each intervention selected. Dropdown list of all interventions in Strategy 6 (grouped by category) + write-in option:*

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

- Please select the setting for this intervention.  
(Dropdown + write-in option)

- What is the immediate audience for the intervention?  
(Dropdown + write-in option)

- 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)*  
(Checkbox - Yes/No)

Step Level Questions:

*(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 provide name of step and describe the step.

- What is the anticipate start date for this step?

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

## Strategy 7 (Prevention): Public Safety Partnerships/Interventions

4.3 Please select data source types that will be used to inform this strategy

[Checkboxes: SUDORS, vital stats, hospital discharge data, syndromic data, PDMP, EMS data, biosurveillance strategy, data linkage strategy, evaluation data, ODMAP, public safety (e.g., incarceration, drug seizure), data from community partners, write-in option]

4.4 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)?

### Intervention Level Questions:

Intervention level questions will need to be answered for each intervention selected. Dropdown list of all interventions in Strategy 7 (grouped by category) + write-in option:

1. 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.
2. 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).

3. 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 (e.g., structural racism, criminalization of drug use, lack of education or economic opportunity) 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, harm reduction, naloxone administration, trauma-informed care, recovery-oriented approaches, and other overdose prevention strategies.
4. Implementing evidence-based overdose prevention strategies at the intersection of PH/PS (including LtC and harm reduction)
  - 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), and facilitating access to syringe services programs. (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.
5. 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 (e.g., training curriculum addressing stigma or trauma-informed care, approach for responding to overdose in communities of color, implementation plan for linkage to care program).

- Please select the setting for this intervention.  
(*Dropdown + write-in option*)
- What is the immediate audience for the intervention?  
(*Dropdown + write-in option*)
- 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*)  
(*Checkbox – Yes/No*)

**Step Level Questions:**

(*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.*)

<ul style="list-style-type: none"> <li>• Please provide name of step and describe the step.</li> </ul> <input type="text"/>
<ul style="list-style-type: none"> <li>• What is the anticipate start date for this step?</li> </ul> <input type="text"/>
<ul style="list-style-type: none"> <li>• What is the anticipated date of completion for this step?</li> </ul> <input type="text"/>

### Strategy 8 (Prevention): Harm Reduction

4.5 Please select data source types that will be used to inform this strategy

*[Checkboxes: SUDORS, vital stats, hospital discharge data, syndromic data, PDMP, EMS data, biosurveillance strategy, data linkage strategy, evaluation data, ODMAP, public safety (e.g., incarceration, drug seizure), data from community partners, write-in option]*

4.6 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)?

#### Intervention Level Questions:

*Intervention level questions will need to be answered for each intervention selected. Dropdown list of all interventions in Strategy 8 (grouped by category) + write-in option:*

1. 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 harm reduction services (such as SSPs) and to link people to care from harm reduction services, as appropriate.

2. 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).

3. Improving access to and delivery of harm reduction services to reduce overdose
- Partnering with and providing support to existing SSPs and harm reduction organizations to increase access to harm reduction services and support programming to reduce overdose, including support of staff time to increase hours and services.
  - Increasing awareness of SSPs and harm reduction organizations in communities.
  - Supporting mobile SSPs and mobile harm reduction units.
  - Supporting other interventions that increase SSP and harm reduction services utilization and reduce overdose.

4. Creating and disseminating education and communication materials to increase awareness of and access to harm reduction resources (such as SSPs) and to combat stigma and change social norms around harm reduction
- 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 harm reduction 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.

- Please select the setting for this intervention.  
*(Dropdown + write-in option)*
- What is the immediate audience for the intervention?  
*(Dropdown + write-in option)*
- 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)*  
*(Checkbox – Yes/No)*

**Step Level Questions:**  
*(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 provide name of step and describe the step.
- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

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## Strategy 9 (Prevention): Community-Based Linkage to Care

4.7 Please select data source types that will be used to inform this strategy

[Checkboxes: SUDORS, vital stats, hospital discharge data, syndromic data, PDMP, EMS data, biosurveillance strategy, data linkage strategy, evaluation data, ODMAP, public safety (e.g., incarceration, drug seizure), data from community partners, write-in option]

4.8 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)?

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### Intervention Level Questions:

Intervention level questions will need to be answered for each intervention selected. Dropdown list of all interventions in Strategy 9 (grouped by category) + write-in option:

#### 1. 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 SSPs and local harm reduction programs.
- 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.

#### 2. 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.

#### 3. 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.

- Please select the setting for this intervention.  
*(Dropdown + write-in option)*
- What is the immediate audience for the intervention?  
*(Dropdown + write-in option)*
- 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)*  
*(Checkbox - Yes/No)*

**Step Level Questions:**  
*(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 provide name of step and describe the step.
- What is the anticipate start date for this step?
- What is the anticipated date of completion for this step?

**DRAFT OD2A-S Annual Performance Report (APR)**

**OD2A-S APR - SURVEILLANCE STRATEGIES:** Please answer the following question with consideration of all your surveillance strategies.

**S1: Technical assistance**

- Would technical assistance be helpful in the implementation of your surveillance strategies?

(Checkbox- Yes/No)

- If yes, what type of support may be needed?

**Strategy 1 (Surveillance): Surveillance Infrastructure**

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

## Strategy 2 (Surveillance): Morbidity

### 2.1 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?

(Checkbox – Yes/No)

- If not, what were the barriers? (Question only appears if “No” is selected above)

### 2.2 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?

(Check box – Yes/No)

- If not, please provide an explanation. (Question only appears if “No” is selected above)

- Please submit a list of products developed using data from this strategy, including key details and links to products, where possible.

### 2.3 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.

## Strategy 3 (Surveillance): Mortality

### 3.1 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?

[Yes/No (list of reporting periods and death data that correspond)]

- o If not, please explain the challenges encountered. (Question only appears if No is selected above)

3.2 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:
  - o 1) Were all DC data, including additional elements to capture opioid and non-opioid involved UUDO deaths, abstracted for the reporting period?

- o 2) Were CME and toxicology data entered for a minimum of 75% of deaths for the reporting period? (Yes/No)

- 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.

- o If not, please explain the challenges encountered with achieving coverage per NOFO requirements.

3.3 Data Dissemination:

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

### 3.4 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.

## *Strategy 4 (Surveillance): Biosurveillance (Competitive Surveillance Strategy)*

### 4.1 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.

### 4.2 Testing minimums:

- Average number of specimens tested per week (from unique overdose events)?  
(*Dropdown with number ranges*)
  - Please explain reason why there were none. (Question only appears if “0” is selected above)

- Total nonfatal overdose specimens tested during the reporting period.

#### 4.3 Source of specimens:

- Total number of partner hospitals submitting specimens from overdose patients presenting in their EDs  
(*Dropdown with number ranges*)
  - Please explain reason why there were none. (Question only appears if “0” is selected above)

- Please provide names of partner hospitals submitting specimens.

#### 4.4 Consistent testing panel for surveillance:

- Did you use the required testing panel for all specimens tested for which data were submitted to CDC?  
(*Checkbox - Yes/No*)
  - If not, please provide a reason. (Question only appears if No is selected above)

- Please select other substances tested beyond the basic required panel. (*Checkboxes*)

#### 4.5 Sampling:

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

#### 4.6 Data capture:

- Provide a percentage of specimens with all required data elements collected.  
(*Dropdown of percent ranges*)
  - If not 100%, please explain why. (Question would only appear if 100% is not selected)

4.7 Data Dissemination (*starting in Year 3*):

- 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?

(Checkbox - Yes/No)

- If not, please provide an explanation. (Question only appears if “No” is selected above)

- Please submit a list of products using data from this strategy, including key details and links to products, if possible.

4.8 Participation in workgroup:

- Percentage of CDC workgroup meetings attended by epidemiology and/or laboratory staff.

(Dropdown of percent ranges)

- If not 100%, please explain why. (Question would only appear if 100% is not selected)

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

**Strategy 5 (Surveillance): Data Linkage (Competitive Surveillance Strategy)**

5.1 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.

- 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 the percentage of records successfully linked.

- 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.

- 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.

- 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.

- 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?  
(Checkbox- Yes/No)

- If not, please provide an explanation. (Question only appears if “No” is selected above)

5.2 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.

*[Check all that apply (must select at least one: [criminal justice; PDMP; social determinants of health (SDOH)].*

- For each linkage:

- o Indicate the fatal drug overdose or nonfatal drug overdose data source that was linked to:

*[Checkbox - (SUDORS; vital records; EMS; ED records; inpatient records)]*

- 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 percentage of records successfully linked for each activity.

- o 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.

o 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?

*(Checkbox - Yes/No/Not applicable)*

- If not, please provide an explanation. (Question only appears if “No” is selected above)

o 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.

o 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.

- o 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.

- o Were deaths occurring on or after January 1, 2023, included?  
(Checkbox - Yes/No)

- If not, please provide an explanation. (Question only appears if “No” is selected above)

5.3 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?  
(Checkbox - Yes/No)

- o If not, please provide an explanation. (Question only appears if “No” is selected above)

**OD2A-S APR - PREVENTION STRATEGIES:** Please answer the following questions with consideration of all your prevention strategies.

**P1: Success Story Builder** (at least 1 required across prevention strategies). Recipients are encouraged to follow [guidance developed by NCCDPHP](#).

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 and culturally tailored activities were used to address health equity?

- Results

- o What happened as a result of the work you did?
- o Why is that result important? (Describe the “so what?”)
- o 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.

**P2: Technical Assistance**

- Would technical assistance help you implement your interventions within this strategy? (Yes/No)
  - o If yes, what type of support may be needed?

**P3: Key Budget Questions**

Recipients should provide an estimate of 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 award that is obligated towards the activities listed below.

- Percentage of OD2A-S funds spent to support local health departments.

- Percentage of OD2A-S funds spent to support tribes.

***Strategy 6 (Prevention): Clinician/Health System Engagement and Health IT/PDMP Enhancement***

6.1 Please answer these data to action questions based on the data sources used to inform this strategy:

- 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).

- o What were the impacts or results from the implementation change?

- o What additional data gaps, if any, did you identify?

- o 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. (*Question appears based on workplan selection*)

6.2 Recipients should provide an estimate of 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.

- Percentage of OD2A-S funds spent on Clinician/Health System Engagement interventions.

- Percentage of OD2A-S funds spent on Health IT/PDMP Enhancement interventions.

6.3 Please answer the following questions with consideration of all the interventions being evaluated in this strategy:

- How have individuals from priority populations and people with lived experience been engaged in the evaluation of the interventions (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

- Share an example of how you've successfully shared your evaluation findings with partners.

- Share one or more examples of how you have used your evaluation findings to inform program improvements.

Please answer the following questions for each intervention being evaluated:

- Please describe your evaluation short-term outcome indicators and progress toward achieving short-term outcomes.

- Please describe your evaluation intermediate-term outcome indicators and progress toward achieving intermediate-term outcomes.

#### Intervention Level Questions:

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

- Progress Narrative: 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. *(Dropdown list of types of resources)*
  - o Provide a title and brief description (including link if available) for all the outputs listed.

#### Step Level Questions:

*(These are the steps necessary to complete the intervention selected above. Recipients will be able to add several steps per intervention and will need to answer these questions for each step).*

- Completion status  
*(Checkboxes: Already Completed, On Schedule, Delayed, Discontinued)*

<ul style="list-style-type: none"> <li>• Why was this step not completed? <i>(Question only appears if applicable)</i></li> </ul> <input type="text"/>
<ul style="list-style-type: none"> <li>• What are your plans for completion? <i>(Question only appears if applicable)</i></li> </ul> <input type="text"/>
<ul style="list-style-type: none"> <li>• What is the anticipated completion date for this step? <i>(Question only appears if applicable)</i></li> </ul> <input type="text"/>
<ul style="list-style-type: none"> <li>• What are your plans to redirect OD2A-S funds budgeted for this step to another step or a different intervention? <i>(Question only appears if applicable)</i></li> </ul> <input type="text"/>

### Strategy 7 (Prevention): Public Safety Partnerships/Interventions

7.1 Please answer these data to action questions based on the data sources used to inform this strategy:

- 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).

- o What were the impacts or results from the implementation change?

- o What additional data gaps, if any, did you identify?

- o 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. *(Question appears based on workplan selection)*

7.2 Please answer the following questions with consideration of all the interventions being evaluated in this strategy:

- How have individuals from priority populations and people with lived experience been engaged in the evaluation of the interventions (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

- Share an example of how you've successfully shared your evaluation findings with partners.

- Share one or more examples of how you have used your evaluation findings to inform program improvements.

Please answer the following questions for each intervention being evaluated:

- Please describe your evaluation short-term outcome indicators and progress toward achieving short-term outcomes.

- Please describe your evaluation intermediate-term outcome indicators and progress toward achieving intermediate-term outcomes.

**Intervention Level Questions:**

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

- **Progress Narrative:** 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. (Dropdown list of types of resources)
  - o Provide a title and brief description (including link if available) for all the outputs listed.

**Step Level Questions:**

*(These are the steps necessary to complete the intervention selected above. Recipients will be able to add several steps per intervention and will need to answer these questions for each step).*

- Completion status  
(Checkboxes: Already Completed, On Schedule, Delayed, Discontinued)
- Why was this step not completed? (Question only appears if applicable)
- What are your plans for completion? (Question only appears if applicable)
- What is the anticipated completion date for this step? (Question only appears if applicable)
- What are your plans to redirect OD2A-S funds budgeted for this step to another step or a different intervention? (Question only appears if applicable)





## Strategy 8 (Prevention): Harm Reduction

8.1 Please answer these data to action questions based on the data sources used to inform this strategy:

- 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).

- o What were the impacts or results from the implementation change?

- o What additional data gaps, if any, did you identify?

- o 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. *(Question appears based on workplan selection)*

8.2 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.

- Percentage of OD2A-S funds spent on naloxone distribution efforts.

8.3 Please answer the following questions with consideration of all the interventions being evaluated in this strategy:

- How have individuals from priority populations and people with lived experience been engaged in the evaluation of the interventions (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

- Share an example of how you've successfully shared your evaluation findings with partners.

- Share one or more examples of how you have used your evaluation findings to inform program improvements.

Please answer the following questions for each intervention being evaluated:

- Please describe your evaluation short-term outcome indicators and progress toward achieving short-term outcomes.

- Please describe your evaluation intermediate-term outcome indicators and progress toward achieving intermediate-term outcomes.

### Intervention Level Questions:

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

- **Progress Narrative:** 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. *(Dropdown list of types of resources)*
  - Provide a title and brief description (including link if available) for all the outputs listed.

### Step Level Questions:

*(These are the steps necessary to complete the intervention selected above. Recipients will be able to add several steps per intervention and will need to answer these questions for each step).*

- **Completion status**  
*(Checkboxes: Already Completed, On Schedule, Delayed, Discontinued)*
  - **Why was this step not completed?** *(Question only appears if applicable)*
- 
- **What are your plans for completion?** *(Question only appears if applicable)*
- 
- **What is the anticipated completion date for this step?** *(Question only appears if applicable)*
- 
- **What are your plans to redirect OD2A-S funds budgeted for this step to another step or a different intervention?** *(Question only appears if applicable)*
-

## Strategy 9 (Prevention): Community-Based Linkage to Care

9.1 Please answer these data to action questions based on the data sources used to inform this strategy:

- 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).

- o What were the impacts or results from the implementation change?

- o What additional data gaps, if any, did you identify?

- o 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. (*Question appears based on workplan selection*)

9.2 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.

- Percentage of OD2A-S funds spent on navigators across all strategies.

9.3 Please answer the following questions with consideration of all the interventions being evaluated in this strategy:

- How have individuals from priority populations and people with lived experience been engaged in the evaluation of the interventions (e.g., needs assessment, planning for evaluation, interpreting evaluation findings, implications for program improvement)?

- Share an example for how you've successfully shared your evaluation findings with partners.

- Share one or more example of how you have used your evaluation findings to inform program improvements.

Please answer the following questions for each intervention being evaluated:

- Please describe your evaluation short-term outcome indicators and progress toward achieving short-term outcomes.

- Please describe your evaluation intermediate-term outcome indicators and progress toward achieving intermediate-term outcomes.

#### Intervention Level Questions:

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

- **Progress Narrative:** 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. *(Dropdown list of types of resources)*
  - o Provide a title and brief description (including link if available) for all the outputs listed.

**Step Level Questions:**

*(These are the steps necessary to complete the intervention selected above. Recipients will be able to add several steps per intervention and will need to answer these questions for each step).*

- **Completion status**  
*(Checkboxes: Already Completed, On Schedule, Delayed, Discontinued)*
  
- **Why was this step not completed? *(Question only appears if applicable)***
  
- **What are your plans for completion? *(Question only appears if applicable)***
  
- **What is the anticipated completion date for this step? *(Question only appears if applicable)***
  
- **What are your plans to redirect OD2A-S funds budgeted for this step to another step or a different intervention? *(Question only appears if applicable)***