U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Print Date: *11/15/24*

Title:	Expanding Capacity and Partnerships to Address the Overdose Epidemic NOFO
Project Id:	0900f3eb82472207
Accession #:	NCIPC-PPEB-9/15/24-4010a
Project Contact:	JESSICA G WOLFF
Organization:	NCIPC/DOP/PPEB
Status:	**Pending Regulatory Clearance**
Intended Use:	**Project Determination**
Estimated Start Date:	09/30/2024
Estimated Completion Date:	09/30/2028
CDC/ATSDR HRPO/IRB Protocol #:	
OMB Control #:	

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: **Does NOT Require HRPO Review**	Not Research / Other *45 CFR 46.102(l)* Quality Assurance / Improvement	10/21/24	Halstead_Mary (ygg9) CIO HSC
PRA: **PRA Applies**		10/21/24	Halstead_Mary (ygg9) OMB / PRA

Description & Funding

Description

Priority: Standard

Date Needed: 10/31/2024

Priority Justification:

CDC Priority Area for this Project: Not selected

Determination Start Date: 10/21/24

Description: The purpose of the Expanding Capacity and Partnerships to Address the Overdose Epidemic NOFO is to leverage the services of a public health organization to provide staffing support to state, local, and territorial health departments to strengthen their implementation of evidence-based overdose prevention and response activities and enhance their partnerships with public safety. Strategies and activities will include hiring, retaining, and training field staff within the state, local, and territorial health departments, capacity building for field staff and jurisdictions, evaluating efforts to continually improve staffing and capacity building, documenting the impact of the programs, and building partnerships with local, state, and federal partners. The NOFO will support two distinct components in these areas: Component A: Capacity Building for the Overdose Response Strategy (ORS); and Component B: Capacity Building for OD2A-S and OD2A: LOCAL. The expected period of performance outcome is to expand the capacity within state, local, and territorial health departments through the hiring, retaining, and training of field staff that will conduct overdose prevention and surveillance work and partner with public safety.

IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission: No

IMS Activation Name: Not selected

Submitted through IMS Clearance Matrix: Not selected

Primary Scientific Priority: Not selected

Secondary Scientific Priority (s): Not selected

Task Force Responsible: Not selected

CIO Emergency Response Name:	Not selected
Epi-Aid Name:	Not selected
Lab-Aid Name:	Not selected
Assessment of Chemical Exposure Name:	Not selected
Goals/Purpose	Drug overdoses remain the leading cause of injury-related death in the United States. CDC estimates that nearly 108,000 Americans have died from a drug overdose in the 12-month period ending December 2023 [2]. Recently, overdose deaths have been linked to the rapid increase in synthetic opioids [3], including illicitly manufactured fentanyl (IMF), and a resurgence of stimulants [4], particularly methamphetamine, into the illicit drug supply. This cooperative agreement is intended to enhance the capacity of health departments to conduct overdose prevention work by leveraging a public health organization to provide staffing and training of supported staff, build the expertise of staff in health departments, and strengthen collaboration and coordination within and across health departments to advance overdose prevention and response work that is associated with OD2A-S, OD2A: LOCAL, and the ORS.
Objective:	The objectives under the two required components are: Component A: To expand capacity of the ORS by 1) hiring, retaining, and training Public Health Analysts (PHAs) that will strengthen partnerships and collaborations between public health and public safety partners; 2) providing continual process improvement for the ORS; and 3) providing resources, training, and technical assistance to meet the needs of PHAs; and Component B: To expand capacity of OD2A-S and OD2A: LOCAL by 1) hiring, retaining, training, and building enhanced capacity of field staff supporting critical overdose surveillance and prevention activities; 2) creating training opportunities and resources for field staff; and 3) enhancing partnership engagements with non-federal and federal entities.
Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?:	No
Does your project investigate underlying contributors to health inequities among populations /groups experiencing social, economic, geographic, and/or environmental disadvantages?:	No
Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?:	No
Activities or Tasks:	New Collection of Information, Data, or Biospecimens ; Programmatic Work
Target Populations to be Included/Represented:	General US Population
Tags/Keywords:	Drug Overdose
CDC's Role:	Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided ; Activity originated and designed by non-CDC staff (awardee or external collaborator) ; CDC employees will participate as co-authors in presentation(s) or publication(s) ; CDC employees will provide substantial technical assistance or oversight ; CDC is providing funding
Method Categories:	Survey; Technical Assistance; Other - Programmatic Reporting
	Data collection directed by CDC will be administered through two instruments: the ORS Annual Evaluation Survey and the ORS Quarterly Reporting Template. An ICR is being developed for these data collections. The ORS Annual Evaluation Survey will be

Methods:	disseminated each year for up to 3 years to solicit feedback on how the ORS program operated in the previous year (e.g., the survey disseminated in 2026 will ask respondents to reflect on their experiences with the program in 2025). The survey will be administered through SmartSheet, an online data collection platform. The Overdose Response Strategy Team Reporting System (ORSTRS) is a web-based platform used for all reporting. ORS teams, made up of a Drug Intelligence Officer (DIO) and Public Health Analyst, will be required to provide summaries of implemented activities and challenges encountered, detailed descriptions of sub activities and their dates of completion, success stories, progress updates, and implementation plans within each sub activity on a quarterly basis for the duration of the CoAg once OMB approval is obtained. Data collection that is not directed by CDC and solely at the direction and discretion of CDCF will include post-conference surveys, post-regional meeting surveys, and post-webinar surveys. CDCF will conduct these surveys to inform their program implementation efforts and this information collection will not be directed or sponsored by CDC.
Collection of Info, Data or Biospecimen:	The ORS Annual Survey will be collected via Smartsheet, an online data collection platform. Smartsheet was selected because it provides a secure, cost-effective way to create the survey, disseminate it via email, track responses, and conduct initial data analysis and visualizations of responses. The ORS Annual Evaluation Survey will be disseminated each year for up to 3 years to solicit feedback on how the ORS program operated in the previous year (e.g., the survey disseminated in 2026 will ask respondents to reflect on their experiences with the program in 2025). The survey will be administered through SmartSheet, an online data collection platform, to each of the 5 key respondent groups: Drug Intelligence Officers (n=61), Public Health Analysts (n=61), public health partners in each ORS jurisdiction (n=70), public safety partners in each ORS jurisdiction (n=70), and the national ORS management and coordination team (n=25). Public health and public safety partners in each jurisdiction will be individuals who serve as designated site leads for ORS teams. In some cases, a jurisdiction may have multiple site leads or multiple jurisdictions may share a site lead. Each respondent group will receive a survey version tailored to their respective group, with 44 questions for PHAs and DIOs, 31 questions for partners, and 18 questions for the ORS national management and coordination team. For close-ended questions, respondents will be asked to use a Likert scale (strongly agree, agree, disagree, strongly disagree, I don#t know) to indicate the degree to which they agree with statements in each of the five sections. The survey will include an option for ORS teams and partners to provide examples of the impact of ORS partnerships following each of the five close-ended questions. All respondents will be asked five additional open-ended questions to describe challenges, suggestions and visions for the future of the program. The survey will be open for two weeks and two reminder emails will be sent. Responses will be anonymous. ORS teams will be required to provide summaries of implemented activities and challenges encountered, detailed descriptions of sub activities and their dates of completion, success stories, progress updates, and implementation plans within each sub activity on a quarterly basis. The Overdose Response Strategy Team Reporting System (ORSTRS) is a web-based platform used for all reporting. The main purpose of ORSTRS is to track and monitor ORS teams# activities across the ORS network to improve program monitoring, evaluation and reporting to partners, like ONDCP and CDC. Data collection includes adding projects, tracking projects through updates, and reviewing projects with commentary. Users add projects and project updates that national reviewers can track and review with commentary. Project updates include documents, presentations, and success stories. PHAs and DIOs are expected to report project activities on a quarterly basis. Reports will be due 15 days after the quarter ends or the following business day, if the 15th falls on the weekend or a holiday. CDC and CDCF developed the aforementioned ORSTRS web-based platform that will be used to collect the work plan and quarterly updates outlined in this data collection. The data entry interface of ORSTRS was developed through a subcontract with Mathematica, a research and data analytics consultancy.
Expected Use of Findings/Results and their impact:	Although program monitoring is an essential element of public health programs, data collected for this purpose are not generalizable and will be used to improve the implementation of ORS activities and strategies. In addition, because this is not a research cooperative agreement, funded recipients are not required to implement rigorous research designs that have strong internal validity, produce generalizable knowledge, or allow for causal attribution. Aggregate-level information collected from the Annual Survey will be disseminated to ORS teams and to the public via an annual Program Evaluation Report within 3 months of the survey closing. Information collected through the Quarterly Reporting Template in ORSTRS will be disseminated to ORS teams and to the public via the ORS Annual Report. The annual report will be disseminated via email to CDC and ONDCP leadership, and to ORS teams and their partners. The report will also be posted to the ORS website. Data from both the Annual Survey and the Quarterly Reporting Template will largely be used to develop programmatic reports, tools, and implementation guides for the purposes of

program improvement. The information collected will not be used to make generalizable statements about the population of interest. However, in collaboration with ORS teams, other dissemination tools such as webinar, abstracts, presentations, and manuscripts may be developed.

Could Individuals potentially be identified based on Information Collected? No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award	Budget Amount
CDC Cooperative Agreement	Expanding Capacity and Partnerships to Address the Overdose Epidemic		2024	4	17000000.00

HSC Review

HSC Attributes

Quality Assurance / Improvement Yes

Regulation and Policy

Do you anticipate this project will require review by a CDC IRB or HRPO? No

Estimated number of study participants

Population - Children Protocol Page #:

Population - Minors Protocol Page #:

Population - Prisoners Protocol Page #:

Population - Pregnant Women	Protocol Page #:
Population - Emancipated Minors	Protocol Page #:
Suggested level of risk to subjects	
Do you anticipate this project will be exempt research or non-exempt research	

Requested consent process waviers

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection
Alteration of authorization under HIPAA Privacy Rule	No Selection

Requested Waivers of Documentation of Informed Consent

Informed consent for adults	No Selection
Children capable of providing assent	No Selection
Parental permission	No Selection

Consent process shown in an understandable language

Reading level has been estimated	No Selection
Comprehension tool is provided	No Selection
Short form is provided	No Selection
Translation planned or performed	No Selection
Certified translation / translator	No Selection
Translation and back-translation to/from target language(s)	No Selection
Other method	No Selection

Clinical Trial

Involves human participants	No Selection
Assigned to an intervention	No Selection

Evaluate the effect of the intervention	No Selection
Evaluation of a health related biomedical or behavioral outcome	No Selection
Registerable clinical trial	No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus	No Selection
Human genetic testing is planned now or in the future	No Selection
Involves long-term storage of identfiable biological specimens	No Selection
Involves a drug, biologic, or device	No Selection
Conducted under an Investigational New Drug exemption or Investigational Device Exemption	No Selection

Institutions & Staff

Institutions

Will you be working with an outside Organization or Institution? Yes

Institution	FWA #	FWA Exp Date	Funding	Funding Restriction Amount
National Foundation for Centers for Disease Control and Prevention			Expanding Capacity and Partnerships to Address the Overdose Epidemic	

Institution	Funding Restriction Percentage	Funding Restriction Reason	Funding Restriction has been Lifted
National Foundation for Centers for Disease Control and Prevention			

Institution	Institution Role(s)	Institution Project Title	Institution Project Tracking #	Prime Institution
National Foundation for Centers for Disease Control and Prevention	Receiving Direct HHS Support (Prime Awardee); Designing or Developing Project and/or Data Collection Instrument(s); Providing Technical Assistance; Implementing the Project			

Institution	Regulatory Coverage	IRB Review Status
National Foundation for Centers for Disease Control and Prevention	Not Engaged in Conduct of Non-Exempt Human Research	Not Applicable

Institution	Registered IRB	IRB Registration Exp. Date	IRB Approval Status
National Foundation for Centers for Disease Control and Prevention			

Institution	IRB Approval Date	IRB Approval Exp. Date	Relying Institution IRB
National Foundation for Centers for Disease Control and Prevention			

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	CITI Good Laboratory Practice Exp. Date	Staff Role	Email	Phone	Organization
Cherie Rooks-Peck	11/30/2024		05/03/2025			Program Official	whq4@cdc.gov	404-639-6429	APPLIED PREVENTION SCIENCE TEAM
JESSICA WOLFF	08/15/2026		06/20/2027			Technical Monitor	nmn3@cdc.gov	404-498-5070	PREVENTION PROGRAMS AND EVALUATION BRANCH
Olga Costa	07/07/2026					Project Officer	onq8@cdc.gov	404-498-5942	DIVISION OF OVERDOSE PREVENTION

Data

DMP

Proposed Data Collection Start Date:	1/1/26
Proposed Data Collection End Date:	9/30/28
Proposed Public Access Level:	Public
Public Access Justification:	Public access to the data will be made available through reports that share the data in aggregate, such as annual reports and program evaluation reports.
How Access Will Be Provided for Data:	Public access to the data will be made available through reports that share the data in aggregate, such as annual reports and program evaluation reports. These reports will be made available and posted to program websites that are publicly available. No PII will be collected.
Plans for Archival and Long Term Preservation:	Information will be maintained by CDC Foundation and will comply with the privacy and security standards.

Spatiality

Spatiality (Geographic Locations) yet to be added .....

Dataset

Dataset Title	Dataset Description	Data Publisher /Owner	Public Access Level	Public Access Justification	External Access URL	Download URL	Type of Data Released	Collection Start Date	Collection End Date
Dataset yet to be added...									

Supporting Info

Current	CDC Staff Member and Role	Date Added	Description	Supporting Info Type	Supporting Info
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Annual Evaluation Survey- Public Health Analyst (1)	Data Collection Form	ORS Annual Evaluation Survey- Public Health Analyst (1).docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Annual Evaluation Survey- Public Health Partner	Data Collection Form	ORS Annual Evaluation Survey- Public Health Partner.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	NOFO	Notice of Funding Opportunity	Foa_Content_of_CDC-RFA-CE-24-0161.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Quarterly Reporting Template Data Dictionary	Data Collection Form	ORS Quarterly Reporting Template Data Dictionary.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	SSA_ORS Data Collection	Paperwork Reduction Act Form	SSA_ORS Data Collection.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Annual Evaluation Survey - Public Safety Partner	Data Collection Form	ORS Annual Evaluation Survey - Public Safety Partner.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Annual Evaluation Survey- Drug Intelligence Officer	Data Collection Form	ORS Annual Evaluation Survey- Drug Intelligence Officer.docx
Current	Wolff_Jessica (nmn3) Project Contact	09/30/2024	ORS Annual Evaluation Survey- ORS Management_Coordination Team (1)	Data Collection Form	ORS Annual Evaluation Survey- ORS Management_Coordination Team (1).docx