Overdose Data to Action in States NOFO (CE-23-0002) Informational Call Series for Applicants

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What's New

- Five-Year Project Period
- Applicants will be required to have a prevention and a surveillance CO-Principal lead/lead
- Health equity will be a lens and focus for both surveillance and prevention components
- Data to Action Framework
- The complexity of OD2A has been simplified
  - The tier structure will be eliminated for DOSE and SUDORS
  - There will be only four (4) required prevention components
- Surveillance capacity funding will be provided to all recipients
- Competitive Surveillance funding for biosurveillance and data linkage
- **Required Strategies**: Harm Reduction, Public Health and Public Safety Interventions are required in this iteration of OD2A-states
- **Required Products**: Targeted Evaluation Products

General Project and Budget Considerations

- All states governments and DC (or bona fide agents) must apply for all required strategies in both components (surveillance and prevention)
- Letters of Intent are requested by 3/27/2023
- Applications are due 5/08/2023 by 11:59PM Eastern time at www.grants.gov
- This is a five-year cooperative agreement
- Total NOFO funding is $199M per year
  - Applicant specific budgets depend on a formula driven by burden and population. See appendix 5 and appendix 9 for details specific to your jurisdiction

Components and Strategies: At-a-Glance

Surveillance Component

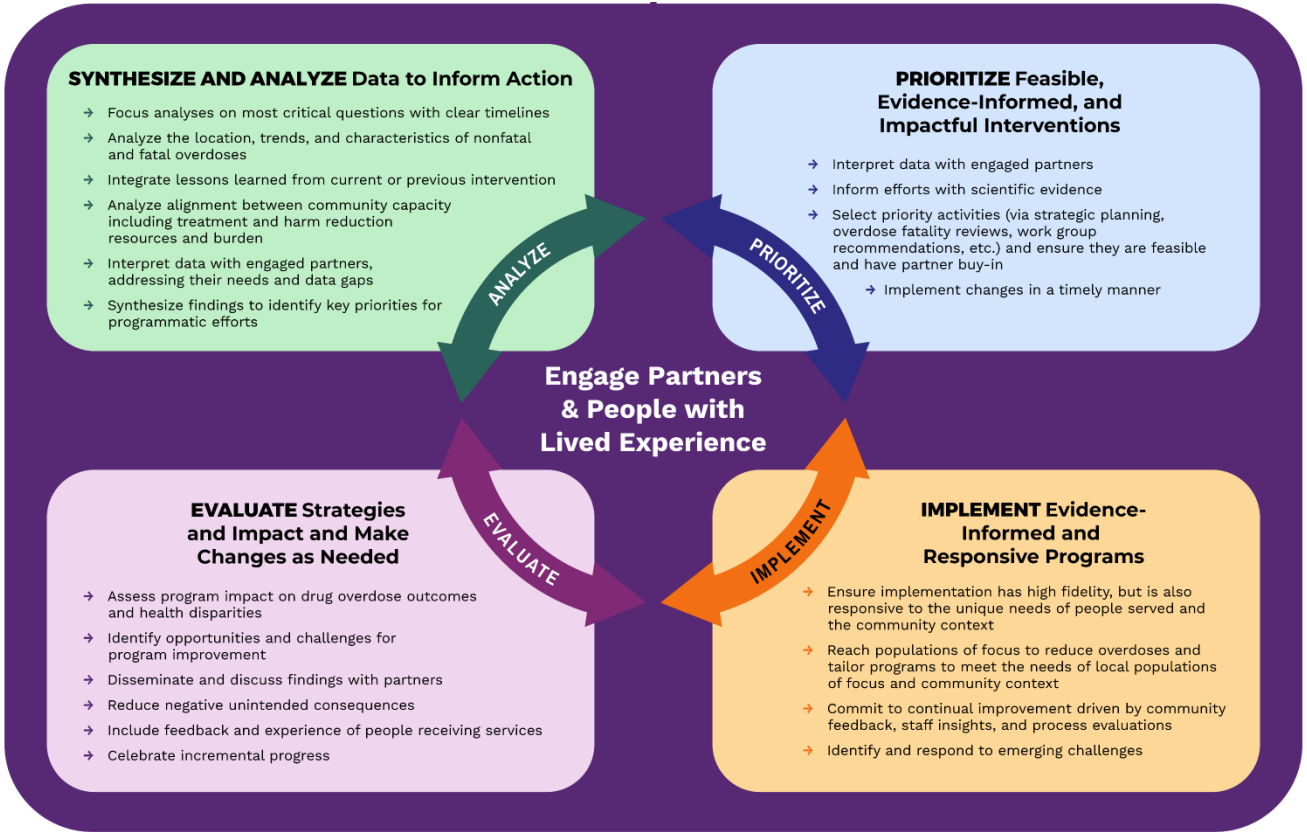
1. Surveillance Infrastructure - ***Required***
2. Morbidity Surveillance - ***Required***
3. Mortality Surveillance - ***Required***
4. *Biosurveillance (Optional and competitive)*
5. *Data Linkage (Optional and competitive)*

Prevention Component

6. Clinical/Health System Engagement and Health IT/PDMP Enhancement - ***Required***
7. Public Safety Partnerships/Interventions - ***Required***
8. Harm Reduction - ***Required***
9. Community-Based Linkage to Care - ***Required***

OD2A Data to Action Framework

Reducing Overdoses and Health Disparities



Surveillance Component

Required Surveillance Strategies

Surveillance Infrastructure (NEW): Increase general surveillance capacity within a jurisdiction

Morbidity – Drug Overdose Surveillance and Epidemiology (DOSE): Increase timeliness and comprehensiveness of nonfatal drug overdose reporting

Mortality – State Unintentional Drug Overdose Reporting System (SUDORS): Increase timeliness and comprehensiveness of fatal drug overdose reporting

Optional and Competitive Surveillance Strategies

***Biosurveillance* (NEW):** Collect standardized set of laboratory data from biological specimens from suspected overdoses in the emergency department (ED)

***Data Linkages* (NEW):** Link key data sources at the person level

- Nonfatal → fatal overdose data
- Nonfatal or fatal overdose data → criminal justice, PDMP, or social determinants of health data

Required Surveillance
Strategy 1: Surveillance Infrastructure

Surveillance Infrastructure: Overview

- **Purpose:** Build and sustain the overdose surveillance infrastructure within a jurisdiction
- **How:** Provide resources for jurisdictions to better capture, analyze and disseminate overdose surveillance data
- **Budget reminders**:
  - Funding must not duplicate or overlap with resources provided under other federal funding sources or CDC mechanisms
  - Strategy 1 budget must not exceed **$250,000**

Surveillance Infrastructure Funds Can ONLY Be Used For:

1. Enhancing emergency medical service (EMS) data and systems, **NOT** including activities related to ODMAP
2. Hiring of surveillance staff for overdose surveillance
3. State-led DMI initiatives that are specific to nonfatal and fatal drug overdose surveillance data
4. Enhancing/modernizing public health laboratories, such as with:
   - Increased staffing
   - Lab equipment/supplies for nonfatal drug overdose testing

Surveillance Infrastructure Funds Can ONLY Be Used For:

5. Enhancing analysis and dissemination of drug overdose surveillance data by:
   - Purchasing scientific computers or analysis software
   - Creating data warehouses, data lakes, and/or data cubes
   - Building application programming interfaces (APIs) to facilitate transfer of overdose data
   - Securing cloud storage and/or risk and protective factor data
   - Purchasing data not currently owned by health department (may be allowed with CDC approval)

Required Surveillance
Strategy 2: Drug Overdose Morbidity

Morbidity Surveillance Requirements

1. Report emergency department (ED) visits associated with nonfatal overdoses
2. Meet Drug Overdose Surveillance and Epidemiology (DOSE) data sharing standards
3. Include required data elements
4. Disseminate data to key local partners or the public
5. Provide letters of support

REQUIREMENT 1

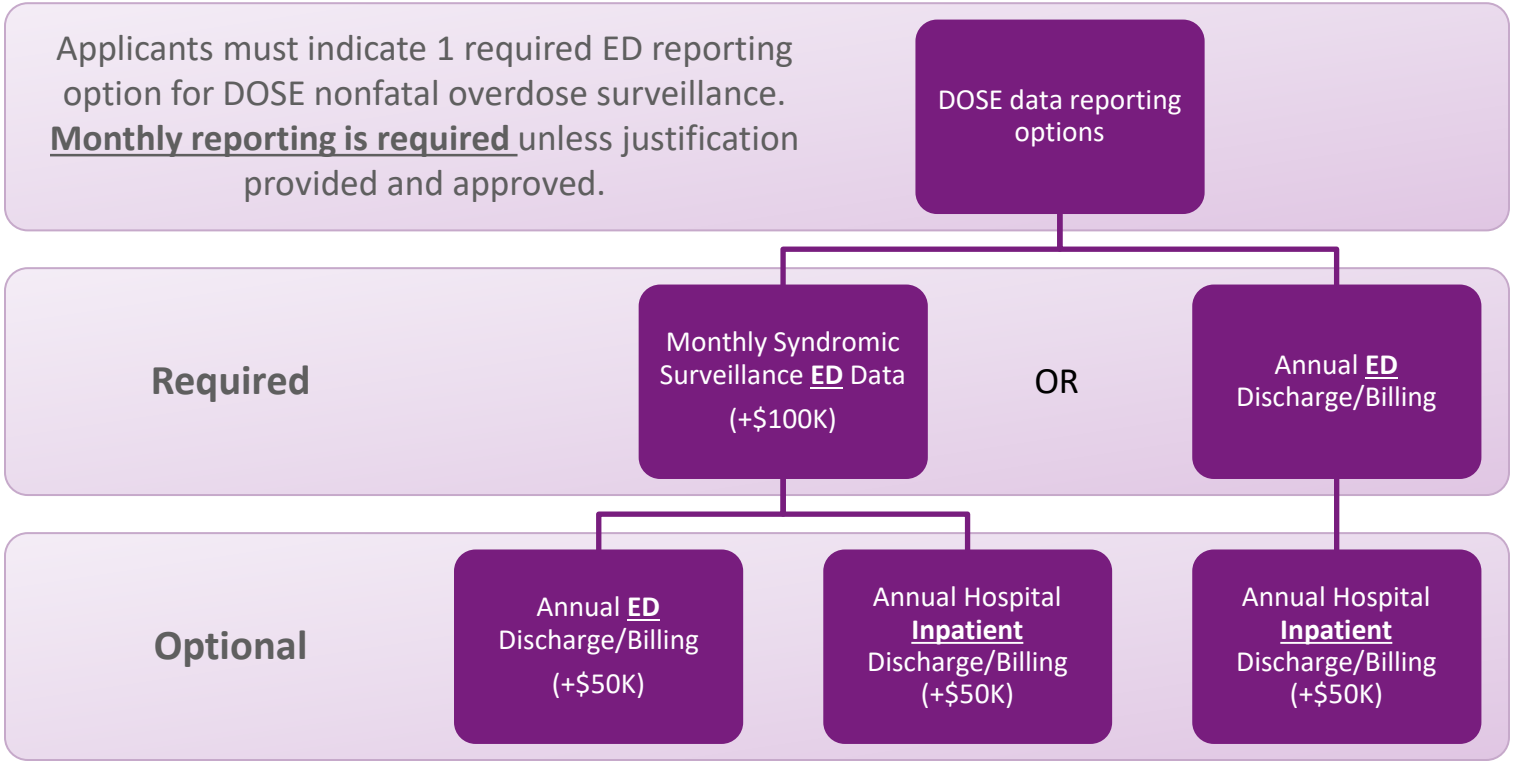
Report ED Visits Associated with Nonfatal Overdoses

- **Required: monthly syndromic surveillance** reporting on ED visits associated with nonfatal overdoses, with a **1-month lag**
  - For recipients previously funded through OD2A, the first report will be due November 6, 2023 and must include data from September 1, 2023 through September 30, 2023
  - Reporting must start no later than the beginning of Year 2 (September 2024) for recipients not previously funded through OD2A
- **If this is not possible** for your jurisdiction:
  - Justification as to why this is not possible must be provided to and approved by CDC, and
  - **Annual line-level hospital discharge/billing data on ED visits** (with a 6-month lag) must be submitted by July 2024

Optional Funding For Additional Reporting

- Applicants **may elect** to apply for additional funding for optional annual discharge/billing data reporting
  - If applicant will share monthly syndromic surveillance data→ can apply to submit data on ED and/or inpatient admissions data
  - If applicant will share annual ED discharge/billing data → can apply to submit data on inpatient admissions

DOSE Surveillance Funding Structure



Strategy 2

REQUIREMENT 2

Meet DOSE Data Sharing Standards

- For **syndromic**: must use standard CDC syndrome definitions for eight required drug overdose indicators
  - All drugs, all opioid, heroin, fentanyl, benzodiazepine, all stimulant, methamphetamine, and cocaine
- For both monthly syndromic and annual hospital discharge/billing data submission:
  - Must be receiving data from **80% of ED facilities** within jurisdiction
  - Must share data using CDC-developed template
  - Must share all historic data starting from **January 1, 2018**, or the earliest data available
- Data, upon submission, will be considered **final and approved for CDC use**

REQUIREMENT 3

Include Required Data Elements

- If submitting **monthly syndromic surveillance** data:
  - Total counts of ED visits for any reason, stratified by county, sex, age group, race, and ethnicity
  - Total counts of ED visits for suspected overdoses involving all drugs, all opioid, heroin, fentanyl, benzodiazepine, all stimulant, methamphetamine, and cocaine, stratified by county, sex, age group, race, and ethnicity

REQUIREMENT 3

Include Required Data Elements (continued)

- If submitting **annual hospital discharge/billing data** as part of required ED data submission OR optional ED and/or hospital admission data:
  - **Total counts** of visits for any reason stratified by county, sex, age group, race, and ethnicity
  - **Line-level data** for any case with a code indicating drug poisoning (ICD-10-CM codes T36-T50)

REQUIREMENT 4

Disseminate Data to Key Local Partners or Public

- **Beginning in year 2, recipients previously funded through OD2A** must disseminate two or more DOSE data products per year to key local partners and/or the public, such as:
    - Data dashboards
    - Web pages
    - Reports
    - Presentations
    - Peer-reviewed manuscripts
  - Submit an annual listing of DOSE data products to the CDC
  - **Recipients NOT previously funded by OD2A** will be required meet these requirements in **year 3**

REQUIREMENT 5

Provide Letters of Support

- Letters of support must be obtained from:
  - Any agency or agencies responsible for collecting, overseeing or maintaining access to the data sources the jurisdiction will use to report (e.g., syndromic surveillance or hospital/billing data)
  - Should include statements agreeing to data access, analysis and dissemination

Required Surveillance
Strategy 3: Drug Overdose Mortality

Mortality Surveillance Requirements

1. Collect data on all unintentional and undetermined intent drug overdose (UUDO) deaths
2. Share case level deidentified data using SUDORS
3. Commit to data reporting schedules
4. Collaborate with CDC to improve data quality
5. Disseminate SUDORS data
6. Conduct enhanced toxicological testing
7. Dedicate resources to staffing
8. Provide letters of support

REQUIREMENT 1

Collect Data On All UUDO Deaths

- **Option 1:** Recipients collect and submit data on **all unintentional or undetermined intent drug overdose (UUDO) deaths** in their jurisdiction using **all required data sources (death certificate, ME/C reports, and postmortem toxicology results)**

- **Option 2:** Recipients collect and submit data on **all UUDO deaths** that occurred in their jurisdiction **using death certificate data** and
  - **ME/C reports and postmortem toxicology results for all UUDO deaths within a subset of counties whose residents accounted for a minimum of 75% of UUDO deaths** in the jurisdiction
  - Applicants that select this option should adjust their budget accordingly

REQUIREMENT 2

Share Case-Level De-identified Data Using SUDORS

- **Cases identified based on the following**:
  - ICD-10 codes X40-44 (unintentional) or Y10-14 (undetermined intent) drug poisonings
  - Medical examiner/coroner reports indicating UUDO
- **Elements entered from the following required data sources**:
  - Death Certificates
  - Medical Examiner or Coroner (ME/C) reports
  - Postmortem toxicology results
- **Data will be reported to CDC via SUDORS**:
  - Web-based data entry system accessed through CDC's Secure Access Management Services (SAMS)

REQUIREMENT 3

Commit to Data Reporting Schedules

- **Year 1** (7–13-month lag)
  - **Jan – June deaths** must be abstracted by **Jan of the following calendar year**
  - **July – Dec deaths** must be abstracted by **July of the following calendar year**

- **Years 2-5** (6–12-month lag)
  - **Jan – June deaths** must be abstracted by **Dec of the same calendar year**
  - **July – Dec deaths** must be abstracted by **June of the following calendar year**

- A planning year will be provided to recipients who have not previously participated in SUDORS

REQUIREMENT 4

Collaborate with CDC to Improve Data Quality

- Ensure SUDORS abstractors engage in required CDC training activities
- Review and address errors identified by CDC in quality control reports
- Respond to and rectify issues identified by CDC in routine data checks and during SUDORS closeout
- Incorporate internal data quality procedures to ensure high quality data are entered consistently across abstractors and comply with CDC guidance

REQUIREMENT 5

Disseminate SUDORS Data

- **Starting in Year 2, recipients previously funded through OD2A** must disseminate ≥2 SUDORS data products each year and submit an annual list of SUDORS data products to CDC. Data products can include:
  - Data dashboards
  - Web pages
  - Reports
  - Presentations
  - Peer-reviewed manuscripts

- **Recipients NOT previously funded by OD2A** will be required to meet these requirements starting in **Year 3**

REQUIREMENT 6

Conduct Enhanced Toxicological Testing

- Budget must clearly indicate the amount of funding allocated to support enhanced toxicological testing of opioid and stimulant overdose deaths
- Funding may be provided directly to:
  - Forensic toxicology labs supporting ME/Cs
  - ME/C offices
- With CDC approval, funding may also be used for:
  - Improving forensic investigation of drug overdose deaths
  - Reimbursing ME/Cs for SUDORS-related work
  - Supporting general ME/C staffing needs (i.e., administrative or laboratory staff, medicolegal death investigators, medical examiners, coroners)
  - Other projects approved by CDC project and science officer

REQUIREMENT 7

Dedicate Resources to Staffing

- Recipients must have a designated project manager or SUDORS lead to
  - Participate in regular CDC calls that deal with SUDORS
  - Attend monthly virtual SUDORS workgroup meetings
  - Serve as POC for technical assistance

- A minimum number of SUDORS abstractors will be recommended based on abstraction burden, which is influenced by the number of UUDO and the jurisdiction's ME/C system
  - Money may be moved to and from surveillance infrastructure activities to address increases or decreases in deaths

REQUIREMENT 8

Provide Letters of Support

- Letters of support must be obtained from the following entities:
  - NVDRS Principal Investigators
  - Vital Records staff
  - State medical examiner or state coroner association
    - If an association does not exist, letters must be obtained from ME/Cs that serve at least 75% of the population in the jurisdiction

Optional and Competitive Surveillance Strategy 4: *Biosurveillance*

Biosurveillance

- **Goal:** Gather a standard set of laboratory data from leftover biological specimens from suspected overdoses in the emergency department (ED).
- **How data will be used:** To enhance existing DOSE data by providing more contextual information for ED visits that can be used to identify trends in drugs contributing to overdoses.
- **What additional data will be collected:**
  - Race and ethnicity
  - Age
  - Sex
  - Geographic location of the patients who provided the sample

Biosurveillance Requirements

1. By Year 2, must have the following:

   - Established systematic sampling of available leftover biological specimens from patients presenting to emergency departments with suspected nonfatal overdose

   AND

   - Definitive testing for a standardized panel of drugs by a capable laboratory testing partner

Strategy 4: *Biosurveillance* Requirements

1. By Year 2, must do the following (continued):
   - Report line-level data at least quarterly for all new tests performed by the data submission due date.
   - Meet data preparation and submission requirements, including but not limited to the following: Specimen ID, patient ID, collection data, receipt date, test data, test performed, results and limited patient data (age, sex, race and ethnicity, patient residence location, clinical presentation information)
   - Submit metadata about lab testing practices and submitting facilities to facilitate proper interpretation and aggregation of data
   - Test a minimum of 20 specimens per week
   - Letters of support from laboratory partner must be submitted with application and indicate they will perform these required activities by Year 2
   - Demonstrate proficiency from laboratory partner

Strategy 4: *Biosurveillance* Requirements

2. Must provide a narrative description of experience in conducting overdose biosurveillance with definitive biosurveillance testing

3. A letter of support/agreement from a partner hospital must be provided to demonstrate that partner hospitals have been identified who will share a subset of patient specimens for definitive testing

4. Starting no later than Year 3, must produce or contribute to a least 2 data products per year using biosurveillance data

5. Recipients must describe how they will work with local jurisdictions on this project

6. Recipients must participate in CDC-hosted workgroup for this strategy.

Additional Optional *Biosurveillance* Activities

- Only allowed if previously mentioned requirements are met
- Examples include the following, as appropriate for each jurisdiction:
  - Testing for outbreak response
  - Pooling specimens to analyze for emerging drug threats
  - Analyzing point of care testing data

Optional and Competitive Surveillance Strategy 5: *Data Linkage*

Data Linkage

- **Purpose:** To support development of recipient capacity to link key data sources **at the person-level**

- **Goals:**
  - To allow state health departments and other partners to better understand and respond to key events that occur before, during, or after a drug overdose
  - To better understand how trends in nonfatal and fatal overdose vary across groups at disproportionate overdose risk and inform interventions as the overdose crisis rapidly evolves

Data Linkage Requirements

1. Link fatal drug overdose data (i.e., SUDORS, vital records) to at least one data source that captures nonfatal drug overdoses treated by first responders or hospitals (e.g., EMS or ED/inpatient records)

2. Link fatal or nonfatal drug overdose data with at least one of the data types listed below:
   - Criminal justice data
   - PDMP prescription history data
   - Social determinants of health data (can link at person-level or county-level)

Data Linkage Requirements

3. Meet the following data year requirements:
   - For all data linkages with fatal overdoses, include deaths that occurred on or after 1/1/2022
     - For requirement 1 (fatal to nonfatal linkages), nonfatal overdoses that occurred during the year prior to the fatal overdose must be included

   - For requirement 2 (linkages with additional datasets), if linking nonfatal overdose data, nonfatal overdoses that occurred on or after 1/1/2023 must be included

Data Linkage Requirements

4. Include data from as large a geographic area as possible within your jurisdiction. Data linkages that involve an entire state or the District of Columbia are preferred

5. Starting in Year 2, recipients must disseminate at least two data products each year

6. Recipients must share additional information on datasets, linkage procedures, analysis results, and indicators with the CDC on an annual basis

Data Linkage Requirements

7. Include the following in your application:
    - A description of the geographic scope of the proposed data linkage project(s) (i.e., state or a subset of the state)
    - Evidence the applicant can access the data sources and perform the data linkage within the first year of funding:
        - Letters of support from agencies that will be sharing data
        - Evidence of performing proposed data linkages in the past year is preferred but is not required
        - Data sharing agreements with agencies sharing the data or confirmed access to data warehouse, cubes or similar data infrastructure with the needed databases is preferred but is not required.

Data Linkage Application Requirements (continued)

- Evidence the applicant can link the databases with the required time lag of approximately 1 year from the date of fatal or nonfatal overdose, with preference given to those who can link within 6 months

Surveillance Strategies: Appendices

Surveillance Strategies: Appendices

Appendix 1: Data Dissemination and Data Sharing Requirements for Recipients

Appendix 2: Checklist for Surveillance Component

Appendix 3: Overdose Reporting Timelines for Strategy 2 (Morbidity Surveillance) and Strategy 3 (Mortality Surveillance)

Appendix 4: Updated Guidance Document for Implementation of Comprehensive Toxicological Testing of Drug Overdose Deaths Suspected to Involve Opioids and/or Stimulants

Surveillance Strategies: Appendices (continued)

Appendix 5: State Unintentional Drug Overdose Reporting System (SUDORS) Budget Guidance

Appendix 6: State Unintentional Drug Overdose Reporting System (SUDORS) Abstractor Staffing Guidance

Appendix 7: Required Metadata and Indicators for Data Linkage Competitive Surveillance (Strategy 5)

Prevention Component

Four Key Prevention Strategies

Clinician/Health System Engagement and Health IT/PDMP Enhancement

Public Safety Partnership/Intervention

Harm Reduction

Community-Based Linkage to Care

* Recipients are required to implement interventions in all four prevention strategies.

Key Focus: Navigators

- At minimum, one linkage to care intervention using navigators in each of the following strategies is required:
  - Clinician/health system engagement
  - Harm reduction
  - Community-based linkage to care
- **Navigators** can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link People Who Use Drugs (PWUD) to care and harm reduction resources.
- CDC defines **linkage using navigators** as:
  1. Linkage to evidence-based treatment for substance use disorder- to include medications for opioid disorder (MOUD) and other treatment (e.g., cognitive behavioral therapy [CBT], contingency management)
  2. Linkage to harm reduction services

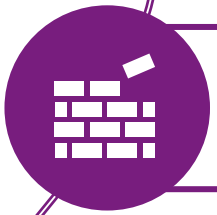
Strategy 6: Clinician/Health System Engagement and Health IT/PDMP Enhancement

REQUIRED

Clinician/Health System Engagement

Educating clinicians on best practices for acute, subacute, and chronic pain including opioid prescribing. **[Required]**

Training clinicians on screening, diagnosis, and linkage to care and retention in care for opioid use disorder (OUD) and stimulant use disorder (StUD). **[Required]**



Building and implementing health system-wide clinical capacity to screen, diagnose, and support (or connect to) trauma-informed longitudinal care for OUD and StUD. **[Required]**

REQUIRED

Health IT/PDMP Enhancement

- Expanding PDMP data sharing across state lines/interstate interoperability. **[Required]**
- Implementing universal PDMP use among clinicians and their delegates within a state.
- Possessing more timely or real-time data contained within a PDMP.
- Actively managing the PDMP in part by sending proactive (or unsolicited) reports to clinicians to inform prescribing and patient care.

Strategy 7: Public Safety Partnership/Intervention

REQUIRED

Public Safety Partnerships

Developing and maintaining public health and public safety (PH/PS) partnerships at the state level.

Improving data sharing, availability, and use at the intersection of PH/PS.

Implementing evidence-based overdose prevention strategies at the intersection of PH/PS (including linkage to care).

Improving knowledge, attitudes, and capacity among PH/PS to prevent and respond to overdose.

Strategy 7

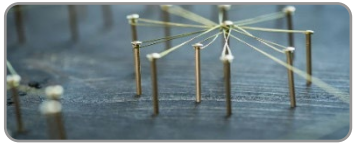
Public Safety Recommended Interventions

- Standardizing processes and procedures for overdose fatality review (OFR) teams at the state or regional levels.
- Implementing systems that utilize arrest and/or seizure data to identify the possibility of a spike in overdose and to inform response protocols, excluding the linkage of specific overdose cases across datasets.
- Developing, disseminating, and evaluating efforts to reduce barriers to overdose prevention and response among PH/PS partners.
- Implementing strategies that may take place in criminal justice settings (e.g., courts, jail, parole), upon reentry, and in the community.
- Developing and adapting culturally tailored training and program implementation materials (e.g., training curriculum addressing stigma or trauma-informed care).

Strategy 8: Harm Reduction

REQUIRED

Harm Reduction



Utilizing peer navigators and people with lived experience to promote harm reduction and to decrease stigma. **[Required]**

Ensuring people who use drugs (PWUD) have access to overdose prevention tools, treatment options, and drug checking equipment. **[Required]**

Developing and sustaining partnerships with syringe services programs (SSPs) and harm reduction organizations to improve access to and delivery of harm reduction services and to reduce overdose.

Creating and disseminating education and communication materials to increase awareness of and access to harm reduction resources and to combat stigma and change social norms around harm reduction.

Strategy 8

Harm Reduction

Recommended Interventions

- 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
- 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.
- Producing and distributing risk reduction and overdose prevention educational resources and materials for PWUD.
- SSP and harm reduction services utilization and reduce overdose

Strategy 9: Community-Based Linkage to Care

REQUIRED

Community-Based Linkage to Care

- Initiating linkage to care activities
- Support retention in care
- Maintaining recovery

Community-Based Linkage to Care

Required Interventions – *must select one of the required interventions*

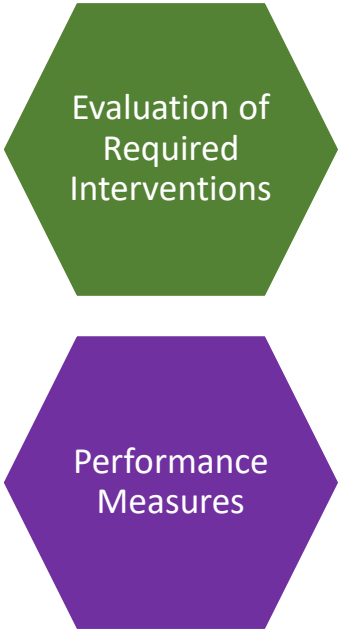
- Initiating Linkage to Care Activities
  - Using navigators to facilitate linking people to care and other services. **[Required]**
- Supporting Retention in Care
  - Using navigators to facilitate implementing monitoring programs following discharge from acute care to prevent treatment interruption. **[Required]**
- Maintaining Recovery
  - No required interventions
  - See NOFO for full list of recommended interventions

Overview of Evaluation Requirements

Evaluation Requirements: Prevention Interventions

Answer a set of evaluation questions in APR for all required interventions within each prevention strategy

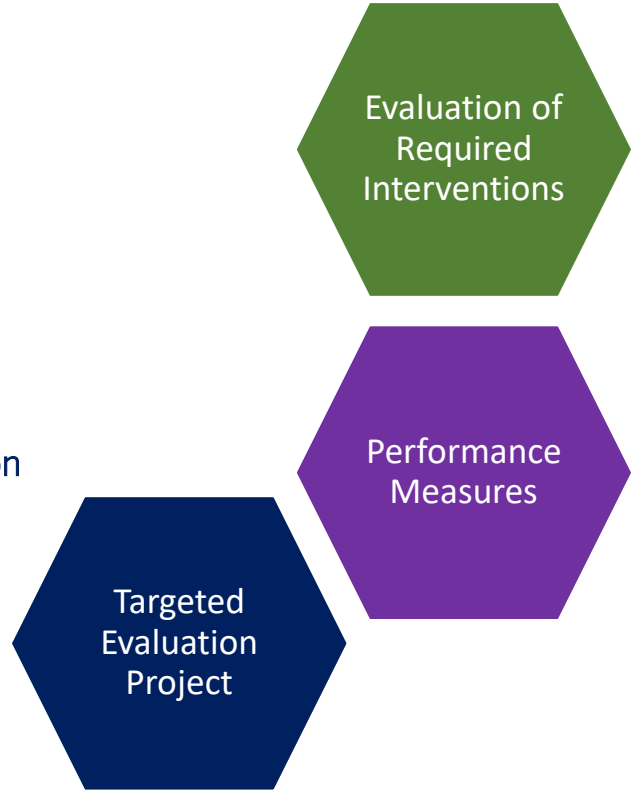
Evaluation Requirements: Performance Measures



Report on a CDC-provided standard set of ~15 performance measures

Evaluation Requirements: Targeted Evaluation Projects

Complete an in-depth evaluation of navigation interventions via a targeted evaluation project

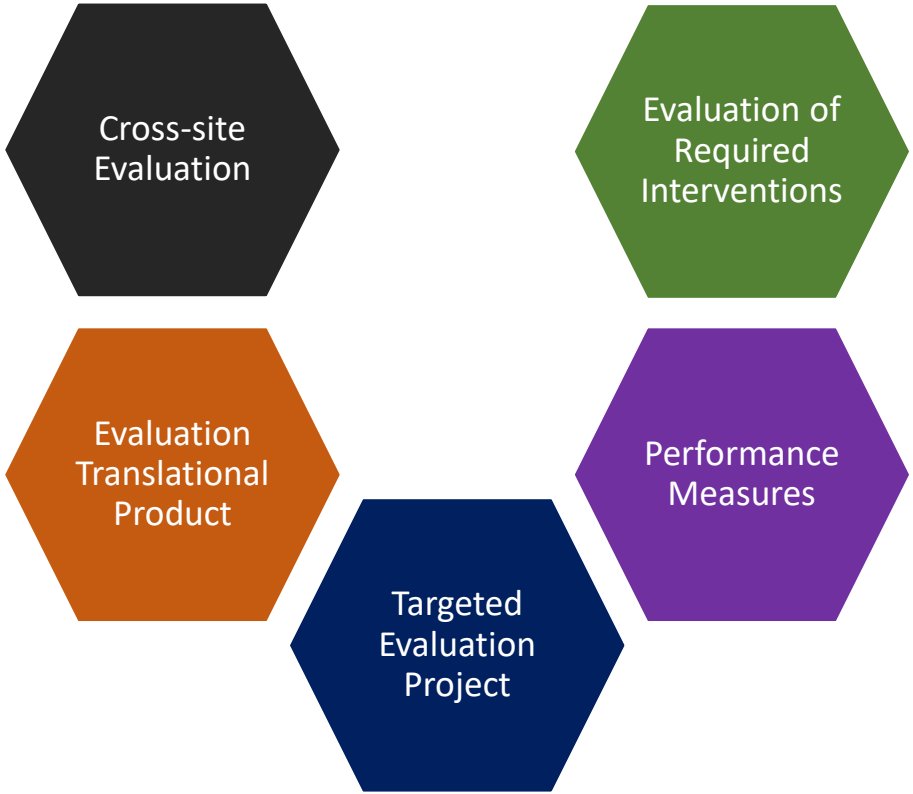


Evaluation Requirements: Translational Project

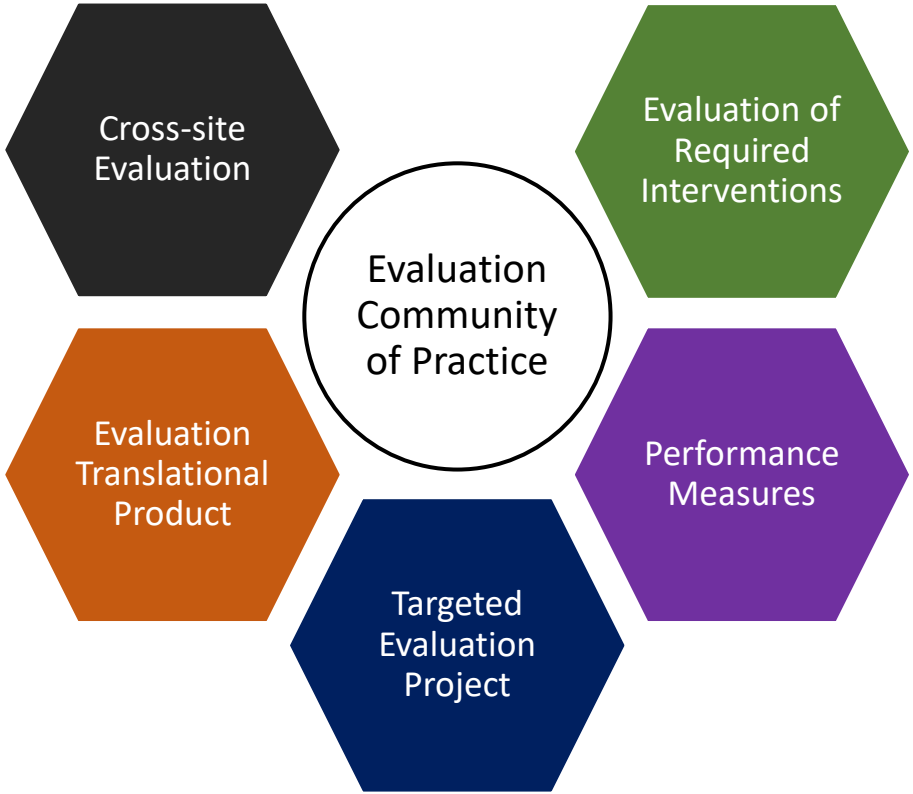
Create translational product related to evaluation of prevention interventions (e.g., training or TA resource, case study, manuscript)

Evaluation Requirements: Cross-Site Evaluation

Participate in cross-site evaluation by sharing data already collected and/or participating in new data collection activities

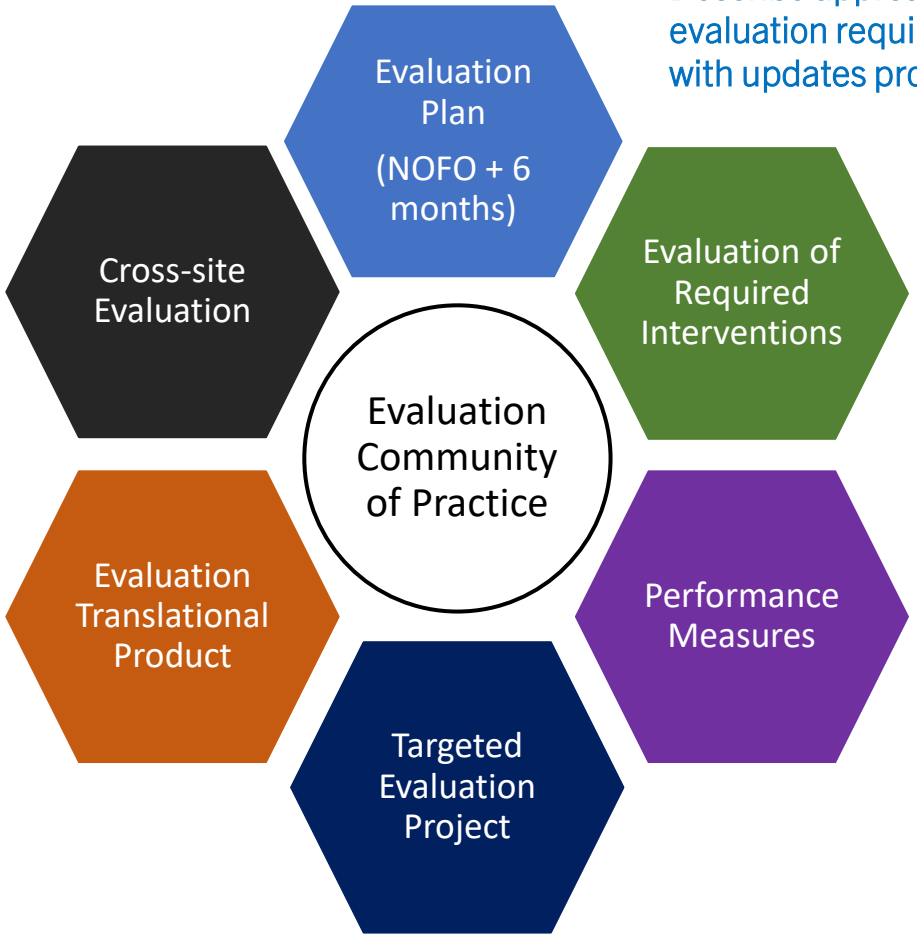


Evaluation Requirements: Community of Practice



Evaluation Requirements: Evaluation Plan

Describe approach to completing all the evaluation requirements in NOFO application with updates provided 6-months post-award



Additional Application Resources

- Use OD2A-states@cdc.gov for all inquiries
- See appendices for additional guidance on application requirements
- FAQs from this and all calls will be posted on our NOFO website Apply for Overdose Data to Action in States (OD2A-S) Funding | Drug Overdose | CDC Injury Center

FAQ

- Why did CDC create separate state and local NOFOs?
- Why did CDC reduce the overall funding level for this NOFO?
- Are there PDMP award conditions in the NOFO?
- Naloxone purchasing

Thank you! Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov