

**Limiting Overdose through
Collaborative Actions in
Localities
OD2A: LOCAL**

CDC-RFA-CE23-2003



Background

- More than 106,000 persons in the U.S. died from drug overdose in 2021.
 - Provisional data show an increase of 1.2% from the 12 months ending in September 2021 (105,562) to the 12 months ending in September 2022 (106,840).
- Increases from 2019 to 2020 were highest among certain racial/ethnic minority populations, including non-Hispanic Black (44%) and Native Hawaiian/Other Pacific Islander persons (47%).
- While most overdose deaths involve opioids, deaths involving stimulants alone or with opioids have also substantially increased.
 - Data from substance use disorder treatment programs also show an increase in persons reporting stimulants as the primary substance of use at treatment admission.

Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>ducts - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov); Kariisa, et al, *MMWR*, 2022; Matson, et al, *MMWR*, 2021; Jones, et al, *Addictive Behaviors*, 2023

The need for a local response

- Overdose is a local issue as much as a national issue.
- The evolving drug problem is complex and dynamic and local.
- Beyond the critical funding provided to state health departments, there is an increasing need to support localities.
- We need to build an infrastructure of overdose surveillance, harm reduction, recovery and care in communities most impacted by the overdose crisis.
- Locally tailored and culturally-relevant interventions are critical to solving this crisis.

Eligibility

City or county health departments

or their bona fide agents

Special health district governments

or their bona fide agents

Territories

or their bona fide agents

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CDC will prioritize funding for jurisdictions with a larger population and a higher fatal drug overdose burden.

Mission

- Use data to drive actions that reduce overdose morbidity and mortality in communities as fast as possible.
- Within the five years of this cooperative agreement, jurisdictions will:
 - Decrease nonfatal and fatal drug overdoses, overall and especially among disproportionately affected and underserved populations, with a primary focus on overdoses involving opioids and/or stimulants, including polysubstance use.
 - Reduce health inequities related to overdose by closing gaps in access to care and services.
 - Integrate harm reduction strategies and principles.
 - Improve linkage to and re-engagement and retention in services, care, treatment, and recovery, focused on opioid use disorder (OUD) and stimulant use disorder (StUD).
 - Improve guideline-concordant care and clinician and health system best practices
 - Build overdose surveillance infrastructure.
 - Track and address emerging drug threats.
 - Track linkage to and retention in care.



Foundational activities



- Data to Action

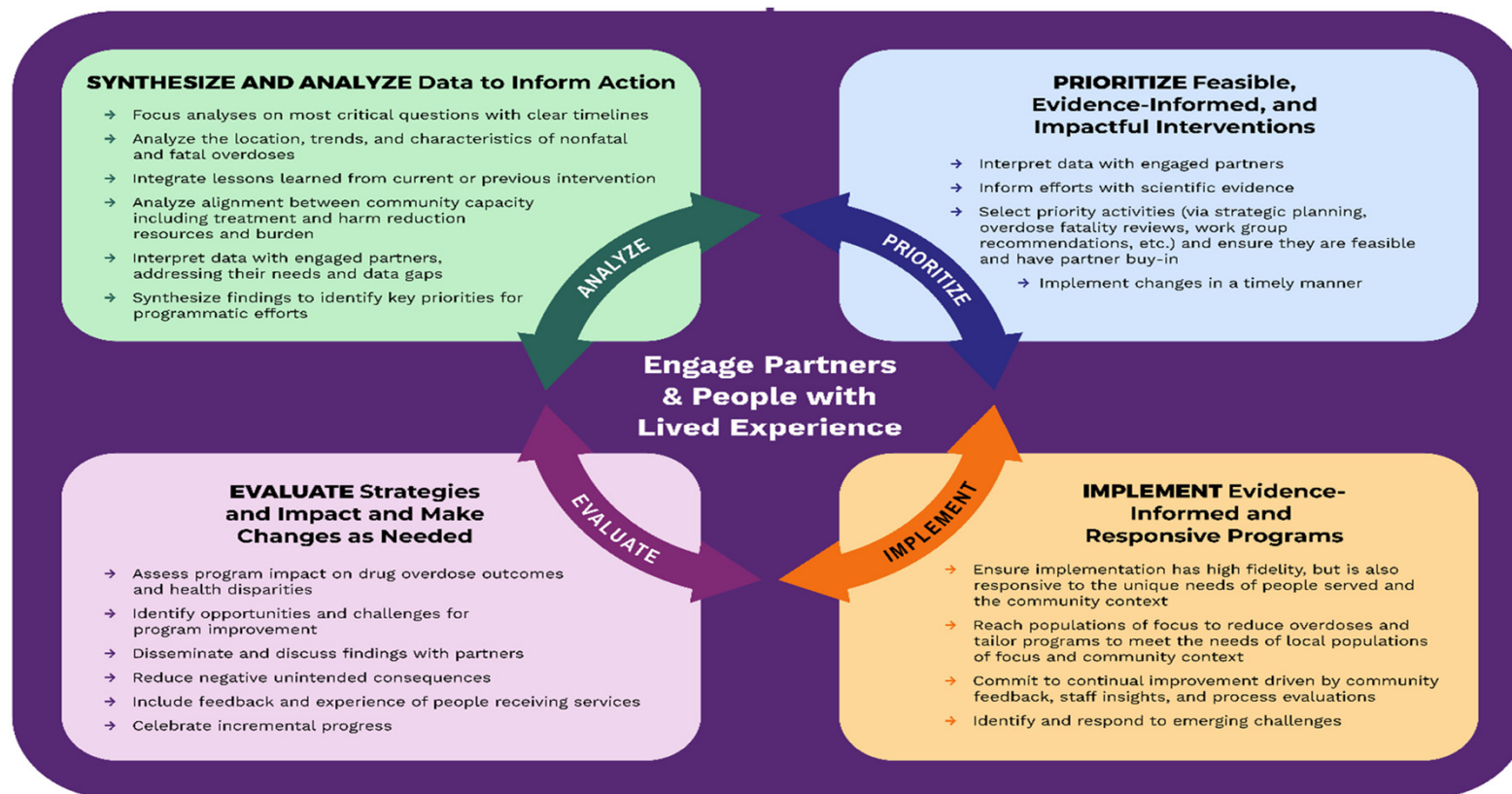


- Partnerships



- Health Equity

Data to Action



Partnerships

- Strong, multi-sectoral partnerships are essential for addressing overdose in the local setting
 - Public health and public safety
 - Harm reduction
 - Health systems
 - Involvement of persons who use drugs or have a history of OUD and/or StUD
- Leveraging partnerships results in improved and coordinated information tracking and sharing
- Examples of partnerships with positive outcomes:
 - Post-overdose outreach programs
 - Community re-entry support

Health equity

- Advancing health equity and addressing disparities in overdose and access to substance use disorder (SUD) care and harm reduction services is a priority.
- Funding should be used to reduce and eliminate health disparities and advance health equity in public health efforts to address the overdose crisis.
- Activities should promote interventions at the local level that address health disparities in overdose and improve equitable access to overdose prevention tools including MOUD and evidence-based treatment for StUD as well as harm reduction services.

OD2A: LOCAL – Required and Optional Prevention Components

Component A: Required component with up to 40 recipients funded			
List of Strategies in Component A	Strategy Required		
Prevention (Strategies 1A– 5A)	Prevention Settings		
	Community	Public Safety	Health Systems
1A. Linkage to and retention in care	Required	Required	Required
2A. Harm reduction	Required	Required	Required
3A. Stigma reduction	Optional	Optional	Optional
4A. Clinician and health system best practices			Required
5A. Health IT enhancements			Optional

OD2A: LOCAL – Required and Optional and Competitive Surveillance Components

Component A: Required component with up to 40 recipients funded	
Surveillance (Strategy 6A): Overdose surveillance infrastructure	Strategy Required
Component B: Optional and competitive component to support drug product and/or paraphernalia testing with up to 20 recipients funded	
Component C: Optional and competitive component to support linkage to and retention in care surveillance with up to 20 recipients funded	

OD2A: LOCAL – Map of Foundational Activities, Strategies and Goals



Prevention Strategies (1A-5A)

Prevention strategies + settings

Strategies:

1A. Linkage to and retention in care

2A. Harm reduction

3A. Stigma reduction

4A. Clinician and health system
best practices

5A. Health systems IT
enhancements

Settings:

Community



Public Safety



Health
systems



Linkage to care

- Ensuring people with substance use disorders are linked to evidence-based treatment is critical for overdose prevention
- Numerous studies have demonstrated inequitable access to treatment for SUDs
- ‘Navigators’ improve people with SUDs ability to access, and retain in, care and services
 - This NOFO defines linkage using navigators as: 1) linkage to evidence-based treatment for substance use disorders- to include MOUD and other treatment (e.g., cognitive behavioral therapy [CBT], contingency management) and 2) linkage to harm reduction services.
- *Linkage to care is **required** in all settings*
- ***Required activity (all settings):** Use of navigators for linkage to care*

Harm reduction

- Harm reduction reduces the negative consequences of drug use and offers low-barrier services with compassion and without judgement
- Use of harm reduction services such as syringe services programs has been shown to increase likelihood of entry into a program to treat SUDs, and improved retention at 12 months
- Harm reduction programs distribute fentanyl test strips and provide other drug testing to improve safety for people who use drugs
- Naloxone distributed through harm reduction programs is likely to get into the hands of people who use drugs, who are very likely to be present when an overdose occurs
- *Harm reduction is **required** in all settings*
- ***Required** activity (all settings): Overdose prevention education and naloxone distribution*

Stigma reduction

- Pervasive stigma exists at system, provider and individual levels
 - Impacts ability to seek and receive care
- Numerous studies have demonstrated the impact of stigma on overdose prevention and program implementation
- Jurisdictions are encouraged to infuse anti-stigma education in all trainings, communications and activities undertaken in the NOFO
- Stigma reduction is an **OPTIONAL ACTIVITY** (but highly encouraged!)

Clinician/Health System Best Practices

- Overdose epidemic no longer primarily focused on prescription opioids. However:
 - Opioid prescribing not rooted in evidence persists
 - Prescription opioids still contribute to deaths and OUD
 - Many patients with pain do not receive optimal care
- *CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022*
 - Recommendations incorporate the most current evidence on:
 - Use of prescription opioids to treat acute, subacute, and chronic pain
 - Offering naloxone to minimize overdose risk
 - Support and guidance for linkage to care for OUD
- **REQUIRED ACTIVITY: *Support the implementation of evidence-based care aligned with the CDC 2022 Clinical Practice Guideline***

Health IT Enhancements

- Enhancing health IT capabilities can provide timely, relevant information to improve clinical decision-making and enhance care
 - Electronic clinical decision support tools
 - Quality improvement measures and dashboards
- Brings CDC Clinical Practice Guideline-concordant care into clinical workflow to enhance shared decision-making
 - Best practices for opioid prescribing
 - Prescription drug monitoring program data
 - Support for SUD care linkage and provision
- **OPTIONAL ACTIVITY (but highly encouraged!)**

Settings



Community



Public
Health/
Public Safety



Healthcare
Systems

Implementation Considerations for Community-Focused Strategies

- Partnerships **with programs** will be necessary to successfully conduct work in community setting
 - Syringe services programs, mental and behavioral health programs, drug-free community coalitions, recovery communities, and programs serving people experiencing homelessness or food insecurity.
- Partnerships **with people** will be necessary to ensure that activities are effective, reaching the intended populations, and are culturally relevant.
 - Persons with lived (including current) experience of drug use, and those disproportionately impacted by overdose and/or underserved in SUDs treatment settings

Implementation Considerations for Public Safety Focused Strategies

- Public Safety Partners defined as criminal justice and first responder agencies
- A public safety setting is often the first and/or only setting people who use drugs encounter.
- Recipients are encouraged to develop or leverage existing multidisciplinary teams, such as Overdose Fatality Review Teams, Public Health and Public Safety Teams or coalitions to:
 - facilitate cross-sector, collaborative, coordinated, data-driven local responses
 - develop shared understanding, optimize capacity and shared accountability
 - engage public safety, public health, health systems, harm reduction, social services and persons who use drugs

Implementation Considerations for Public Safety Focused Strategies

- **Proposed activities should:**

- Consider the **range of public safety settings** where criminal justice and first responders engage people who use drugs.
- Be proactive **in identifying and addressing inequities** in response, linkage to care and treatment.
- **Raise awareness among public safety partners of local options** for linkage to care, treatment and harm reduction.

Implementation Considerations for Health System-Focused Strategies

- Recipients may be best supported via standing up a **local health department-led collaborative** bringing together relevant partners who can facilitate this work
 - Health system and community clinic representatives, including IT staff
 - Local clinician leaders
 - Local chapters of medical professional societies, including pharmacists and dentists
 - Persons who use drugs
 - Local harm reduction coalitions
 - Many others!
- Incorporate **data use agreements and/or memoranda of understanding** with state health departments to facilitate community-level action of state-acquired data to support health IT enhancements

Implementation Considerations for Health System-Focused Strategies

- **Proposed activities should:**

- Consider the **range of settings** where health care is delivered (e.g., inpatient hospitalizations, emergency departments, outpatient clinics, etc.)
- Be proactive in **identifying and addressing inequities** in care
- **Understand the needs of the local clinical community** in tailoring format of CDC Clinical Practice Guideline-related educational activities
- **Raise awareness among clinicians of local options** for care for SUDs (e.g., opioid treatment programs, behavioral health networks, addiction medicine/psychiatry specialists, etc.)
- Ensure that clinician education leads to actual **change in clinical practice**

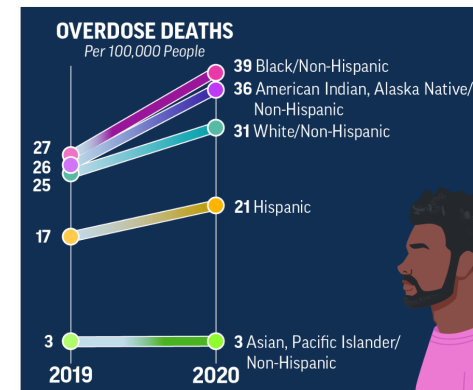
Surveillance Strategy (6A)

Surveillance Strategy (6A)

Optional and competitive surveillance strategies will be covered in March 14th informational call (12—1:30pm EST)

6A. Overdose Surveillance Infrastructure

- **Goal:** Provide recipients flexible resources to:
 - Improve surveillance of nonfatal and/or fatal drug overdoses
 - Provide needed data to inform and enhance OD2A: LOCAL prevention activities
- **Requirements:** Support improvements in either or both **drug overdose morbidity and/or mortality surveillance.**
 - Address a critical recipient need that supports proposed interventions in component A
 - Limited CDC technical assistance
- **Budget:** Maximum funding \$150,000 - \$200,000
- *Overdose surveillance infrastructure activities are **required** in all funded jurisdictions*



[Drug Overdose Deaths Rise, Disparities Widen](#)

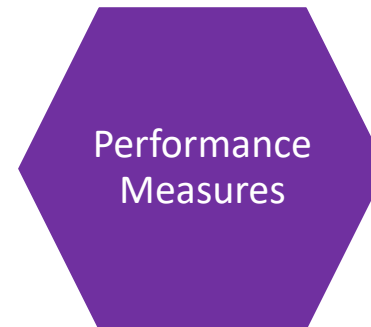
Overview of Evaluation requirements in OD2A: LOCAL

Evaluation Requirements: Prevention Interventions



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

Evaluation Requirements: Performance Measures



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

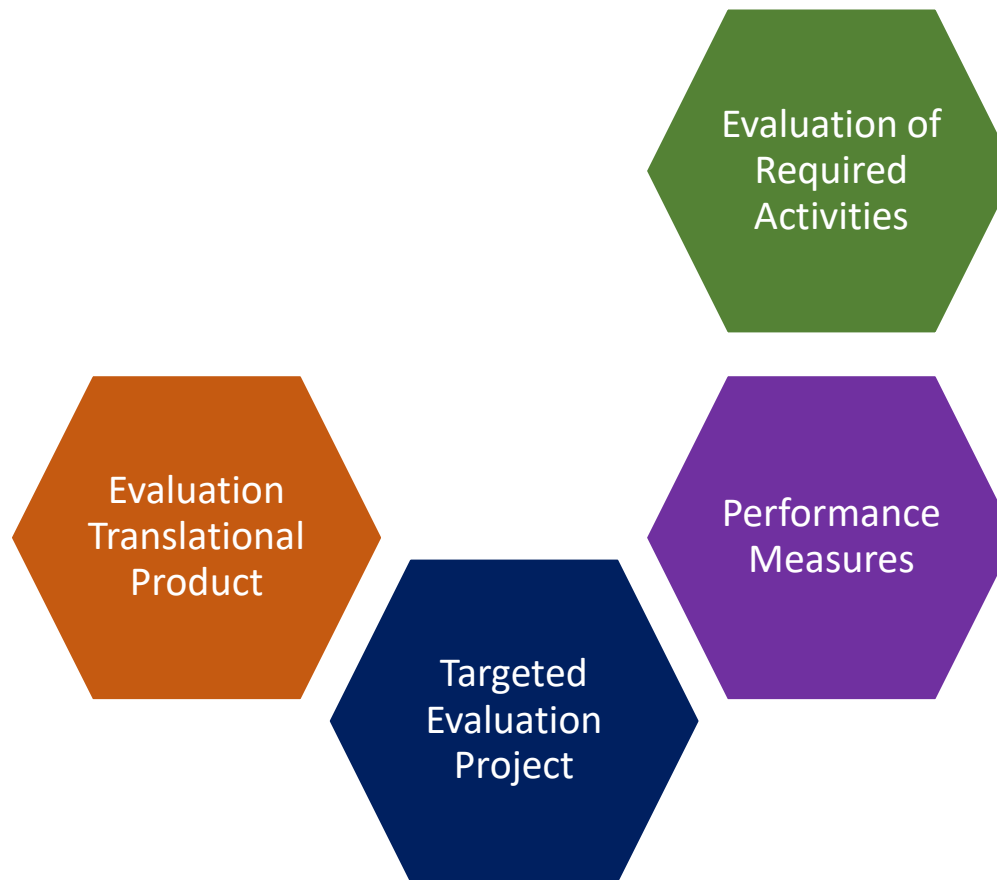
Evaluation Requirements: Targeted Evaluation Project

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



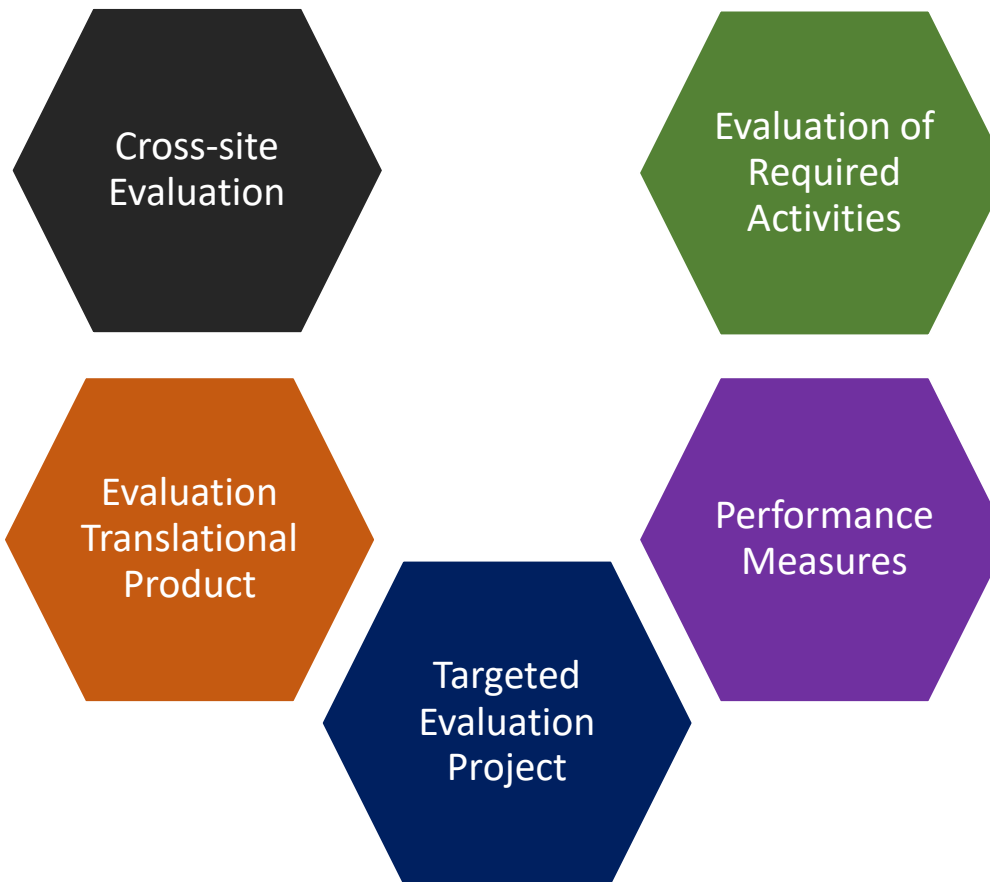
Evaluation Requirements: Translational Project

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

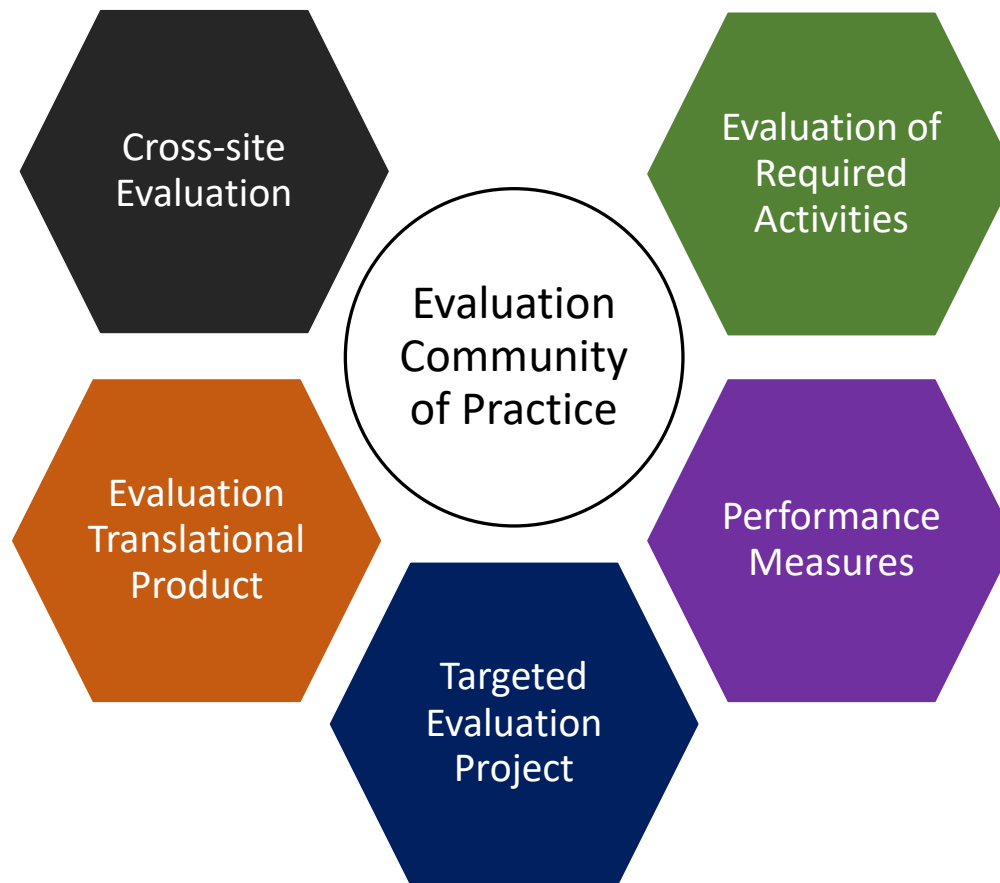


Evaluation Requirements: Cross-site Evaluation

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



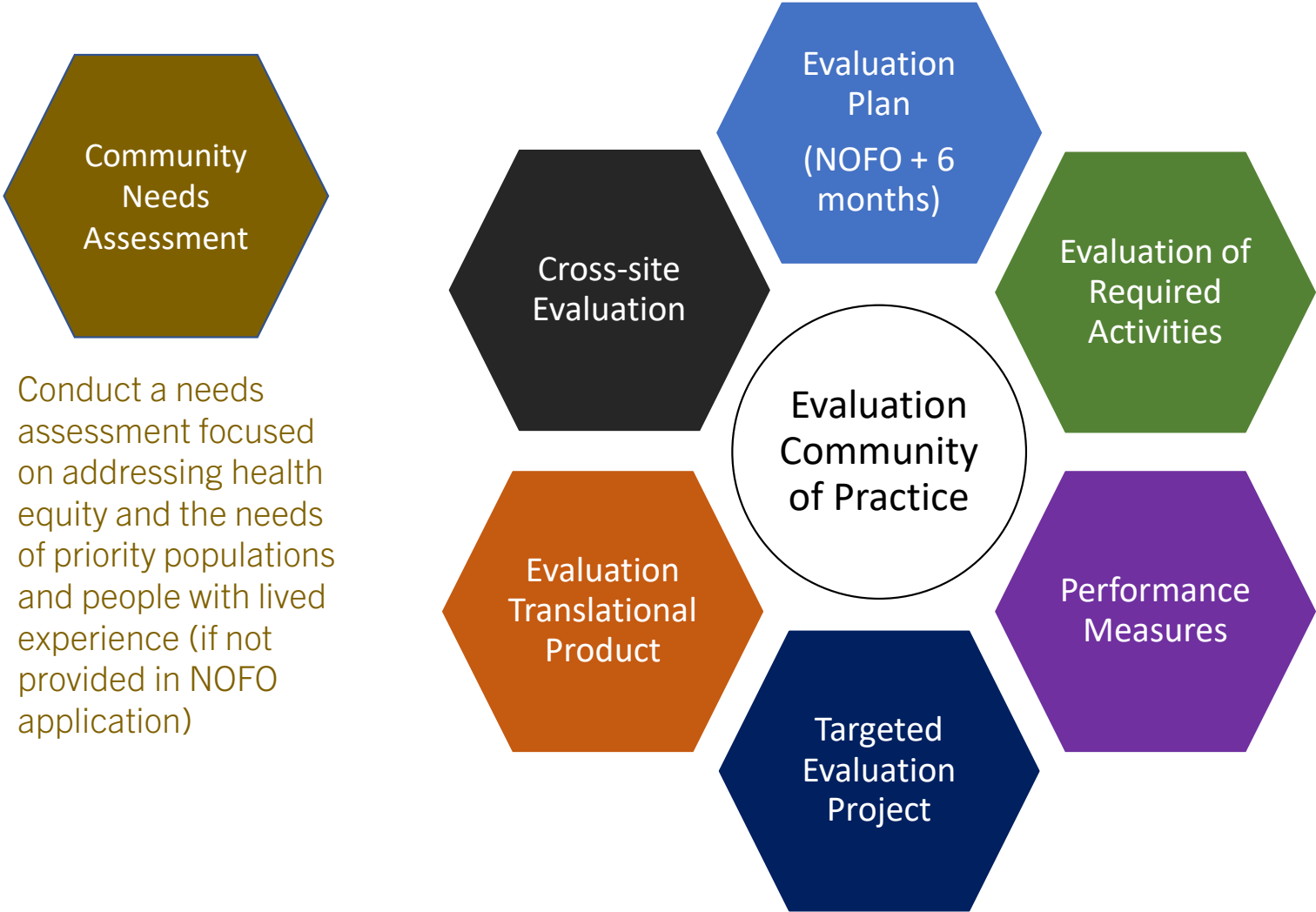
Evaluation Requirements: Community of Practice



Evaluation Requirements: Evaluation Plan



Evaluation Requirements: Community Needs Assessment



Conduct a needs assessment focused on addressing health equity and the needs of priority populations and people with lived experience (if not provided in NOFO application)

Evaluation criteria

(How applications will be assessed)

Approach

- Well-organized application that addresses all required strategies
- Clearly address health disparities and focuses on populations at highest risk of overdose, and those historically underserved by prevention and treatment programs
- Clear description of how data will be used to inform action
- Supportive partnerships including letters of support
- Inclusion of those with lived (and living) experience in program development and implementation

Evaluation

- Well-written evaluation plan that addresses short-, medium, and long-term goals identified in logic model
- Detailed plan for reporting process measures
- Description of past (within the past 2 years) community needs assessment, or describes a plan to complete a needs assessment during the first 6 months of the cooperative agreement
 - Focused on health equity and the needs of priority populations and people with lived experience
- Describes a targeted evaluation project focused on navigation activities
- Has a plan to disseminate evaluation data

Organizational capacity

- Evidence of community, public safety and health systems support, including letters of support and/or MOUs
- Adequate staffing and partnerships
- Experience analyzing fatal and non-fatal overdose, including specific examples
- **Jurisdiction population size and overdose burden**

Organizational capacity

- Evidence of community, public safety and health systems support, including letters of support and/or MOUs
- Adequate staffing and partnerships
- Experience analyzing fatal and non-fatal overdose, including specific examples
- **Jurisdiction population size and overdose burden**

CDC will prioritize funding for jurisdictions with a larger population and a higher fatal drug overdose burden.

Calculating Population Size and Drug Overdose Deaths

Service Catchment Area, Population Size, and Overdose Deaths

- Population size and drug overdose deaths will be used to determine OD2A: LOCAL funding and assign points during Phase II evaluation
- All applicants must provide the following information in their application:
 1. Clearly list the counties, cities, and/or territories that your health department serves (“service catchment area”)
 2. Total number of residents living in your service catchment area as of 2021
 3. Total number of unintentional and undetermined intent drug overdose (UUDO) deaths among residents in your service catchment area during 2021
- **Appendix 1** includes information on the methods and data sources that must be used to calculate and report this information

Service Catchment Area, Population Size, and Overdose Deaths (cont.)

- An **OPTIONAL** sample form is provided in Appendix 2b with detailed instructions in Appendix 2a for completing this form
 - Applicants are not required to use this form
- If a different format is used it must contain three required pieces of information:
 1. Counties, cities, or territories in service catchment area
 2. Total population size
 3. Total UUDO deaths
- Applicants must provide this information in an attachment named *<Applicant_Name>_OD2A_LOCAL_Overdose_Burden_and_Funding_Form*
 - If an Excel file is used, it should be uploaded in its original format

1. Identifying and describing service catchment area

- Applicant service catchment area refers to the counties, cities, and/or territories that the applicant currently serves
 - Most applicants will likely serve a single county or city
- Applicants must describe their service catchment area in terms of counties, cities, and/or territories as defined by US census
- OD2A: LOCAL will not fund two or more applicants who serve the same county or city
 - Applicants who serve the same county or city are encouraged to collaborate and submit a single application

2. Calculating resident population

- Appendix 1 describes Census data files that must be used
 - Counties: *Annual Estimates of Resident Population for Counties: April 1, 2020 to July 1, 2021*
Link: <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html>
 - Cities: *Subcounty Resident Population Estimates: April 1, 2020 to July 1, 2021*
Link: <https://www2.census.gov/programs-surveys/popest/datasets/2020-2021/cities/totals/>
 - Puerto Rico: *Annual Estimates of the Resident Population for the United States, Regions, States, District of Columbia and Puerto Rico: April 1, 2020 to July 1, 2021*
Link: <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>
 - Other territories: *Population and Housing Unit Counts*
Link: <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/release/2020-island-areas-data-products.html#pophousingcounts>

3. Calculating resident UUDO deaths

- Appendix 1 describes the definitions and data sources that must be used
 - Counties: CDC WONDER Multiple Cause of Death Query System
Link: <https://wonder.cdc.gov/mcd.html>
 - Cities and territories: Work with state, territorial, or local vital records agency to identify the number of unintentional or undetermined drug overdose (UUDO) deaths that occurred among residents during 2021
- UUDO deaths should be identified using the following ICD-10 codes assigned to the underlying cause of death:
 - X40–X44: Accidental poisonings by drugs
 - Y10–Y14: Undetermined intent poisoning by drugs
- Only include UUDO deaths among residents between 1/1/2021–12/31/2021

OD2A: LOCAL – Overdose Burden and Funding Form

- CDC has provided an optional form to help applicants calculate and report service catchment area, population size, overdose deaths, and maximum funding (Appendix 2b) with detailed instructions (Appendix 2a)
- The *OD2A: LOCAL – Overdose Burden and Funding Form* includes two tables:
 - Table 1: Description of Applicant's Service Catchment Area
 - Table 2: Maximum Funding Worksheet

Table 1: Description of Applicant's Service Catchment Area

Table 1: Description of Applicant's Service Catchment Area

[Go to Table 1](#) [Go to Table 2](#)

Note: Please see Appendix 2A for instructions on filling out Table 1 and Table 2. Applicants are not required to use this form and can create their own form to complete calculations. Upload a document with this information to grants.gov and name the document <Applicant_Name>_OD2A_LOCAL_Overdose_Burden_and_Funding_Form.

Name of Applicant:

Scenario:

Name of county, city, or territory in catchment area*	State and <u>County</u> Federal Information Processing Standards (FIPS) Code (e.g. 13005)†	OR: State and <u>City</u> Federal Information Processing Standards (FIPS) Code (e.g. 1390144)†	Serve all residents in the county/city/territory (Yes/No)	Describe any overlap with other jurisdictions in the catchment area (e.g., city within a county, N/A)	Included in total count of UUDO deaths and population?‡ (Yes/No)	Number of resident UUDO deaths: Jan. 1, 2021 – Dec. 31, 2021^	Resident population as of July 1, 2021**	Additional Notes
APPLICANT'S TOTAL NUMBER OF RESIDENT UNINTENTIONAL OR UNDETERMINED INTENT DRUG OVERDOSE (UUDO) DEATHS AND TOTAL RESIDENT POPULATION:								

Table 2: Maximum Funding Worksheet

Table 2: Maximum Funding Worksheet			
OD2A: LOCAL Components and Optional Activities		Maximum funding amount	Enter your jurisdiction's maximum funding for Component A only
Select the appropriate checkboxes highlighted below to populate the remainder of maximum funding			
Component A: Core prevention and surveillance strategies (Required)			
<input checked="" type="checkbox"/>	Use Table 4.1 in Appendix 2A to calculate your Component A funding. When calculating your funding, applicants must use the total unintentional and undetermined drug overdose (UUDO) death count and resident population listed on their OD2A: LOCAL – Overdose Burden and Funding Form (last row of Table 1).	Use Table 4.1 in Appendix 2A to calculate (\$1,000,000 - \$3,250,000)	\$
Component B: Drug product and/or drug paraphernalia testing (Optional and Competitive)			
<input type="checkbox"/>	YES , will compete for funding to conduct drug product and/or paraphernalia testing AND the population is greater than or equal to 800,000 people.	\$325,000	\$0
<input type="checkbox"/>	YES , will compete for funding to conduct drug product and/or paraphernalia testing AND the population is less than 800,000 people.	\$250,000	\$0
<input type="checkbox"/>	NO , will not apply for Component B funding	\$0	
OPTIONAL activity for applicants applying to Component B: Improve medical examiner and coroner investigation of drug overdose deaths			
<input type="checkbox"/>	YES , will apply to the optional Component B activity of improving ME/C investigation of drug overdose deaths AND the population is greater than or equal to 800,000 people.	\$200,000	\$0
<input type="checkbox"/>	YES , will apply to the optional Component B activity of improving ME/C investigation of drug overdose deaths AND the population is less than 800,000 people.	\$100,000	\$0
<input type="checkbox"/>	NO , will not apply for the optional Component B Activity	\$0	
Component C: Linkage to and retention in care surveillance (Optional and Competitive)			
<input type="checkbox"/>	YES , will compete for funding to conduct linkage to and retention in care surveillance AND the population is greater than or equal to 800,000 people.	\$325,000	\$0
<input type="checkbox"/>	YES , will compete for funding to conduct linkage to and retention in care surveillance AND the population is less than 800,000 people.	\$250,000	\$0
<input type="checkbox"/>	NO , will not apply for Component C funding	\$0	
Maximum OD2A: LOCAL funding (Sum all rows in the last column; range must be \$1,000,000 - \$4,100,000)		--	\$0

Calculating Maximum Funding

- Calculate the maximum funding for Component A using Table 4.1 in combination with the total resident population and UUDO death count

Table 4.1 Maximum funding for OD2A: LOCAL Component A

Population size of service catchment area	Unintentional or undetermined intent drug overdose (UUDO) deaths		
	<300 deaths	300–749 deaths	≥750 deaths
Less than 600,000	\$1,000,000	\$1,500,000	\$2,000,000
600,000 – 799,999	\$1,000,000	\$1,750,000	\$2,500,000
800,000 or more	\$1,000,000	\$2,500,000	\$3,250,000

Calculating Maximum Funding (cont.)

- Indicate whether you are applying for each of the following:
 - Component B funding
 - Optional activity for Component B (only applicable if you are applying for Component B)
 - Component C funding
- If you are applying for Component B and/or C, select the correct option based on total population size of your service catchment area
 - $\geq 800,000$ people
 - $< 800,000$ people
- Based on your selections, the maximum funding for each component and the total maximum funding will be automatically calculated in *Table 2: Maximum Funding Worksheet*

Table 2: Maximum Funding Worksheet

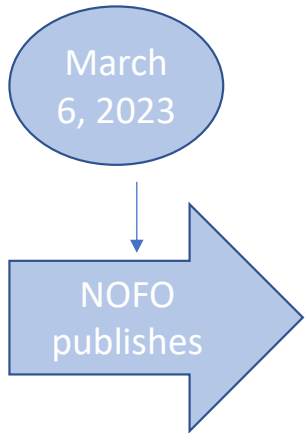
Example funding worksheet for an applicant who:

- Has a population of 750,000 and 350 UUDO deaths in 2021
- Is applying for Component B and the optional Component B activity
- Is applying for Component C

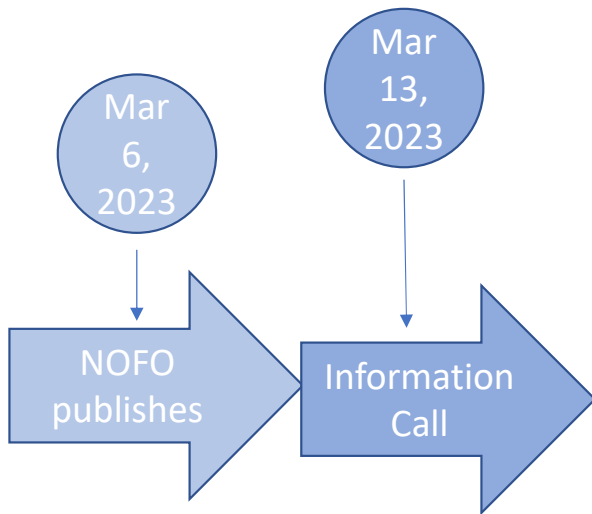
Table 2: Maximum Funding Worksheet			
OD2A: LOCAL Components and Optional Activities		Maximum funding amount	Enter your jurisdiction's maximum funding for Component A only
Select the appropriate checkboxes highlighted below to populate the remainder of maximum funding			
Component A: Core prevention and surveillance strategies (Required)			
<input checked="" type="checkbox"/>	Use Table 4.1 in Appendix 2A to calculate your Component A funding. When calculating your funding, applicants must use the total unintentional and undetermined drug overdose (UUDO) death count and resident population listed on their OD2A: LOCAL – Overdose Burden and Funding Form (last row of Table 1).	Use Table 4.1 in Appendix 2A to calculate (\$1,000,000 - \$3,250,000)	\$1,750,000
Component B: Drug product and/or drug paraphernalia testing (Optional and Competitive)			
<input type="checkbox"/>	YES, will compete for funding to conduct drug product and/or paraphernalia testing AND the population is greater than or equal to 800,000 people.	\$325,000	\$0
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<input type="checkbox"/>	YES, will apply to the optional Component B activity of improving ME/C investigation of drug overdose deaths AND the population is greater than or equal to 800,000 people.	\$200,000	\$0
<input checked="" type="checkbox"/>	YES, will apply to the optional Component B activity of improving ME/C investigation of drug overdose deaths AND the population is less than 800,000 people.	\$100,000	\$100,000
<input type="checkbox"/>	NO, will not apply for the optional Component B Activity	\$0	
Component C: Linkage to and retention in care surveillance (Optional and Competitive)			
<input type="checkbox"/>	YES, will compete for funding to conduct linkage to and retention in care surveillance AND the population is greater than or equal to 800,000 people.	\$325,000	\$0
<input checked="" type="checkbox"/>	YES, will compete for funding to conduct linkage to and retention in care surveillance AND the population is less than 800,000 people.	\$250,000	\$250,000
<input type="checkbox"/>	NO, will not apply for Component C funding	\$0	
Maximum OD2A: LOCAL funding (Sum all rows in the last column; range must be \$1,000,000 - \$4,100,000)		--	\$2,350,000

Timeline for Major Events

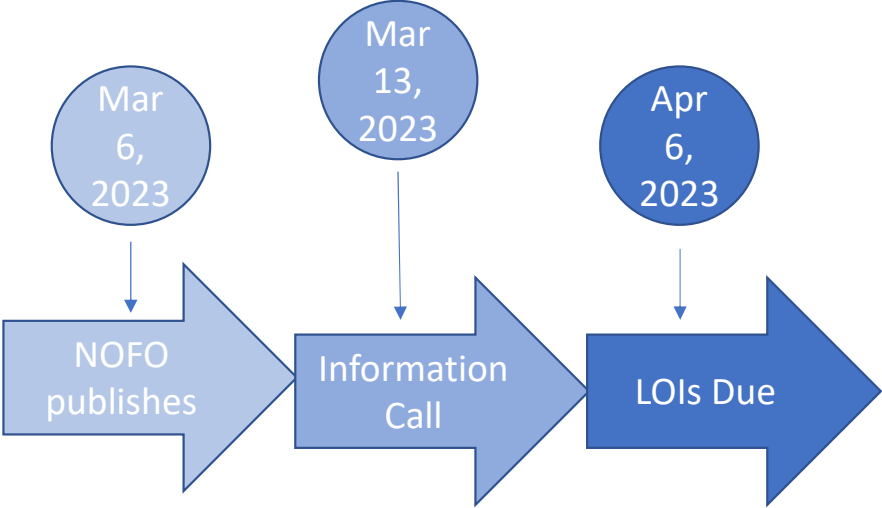
Timeline of Major Events



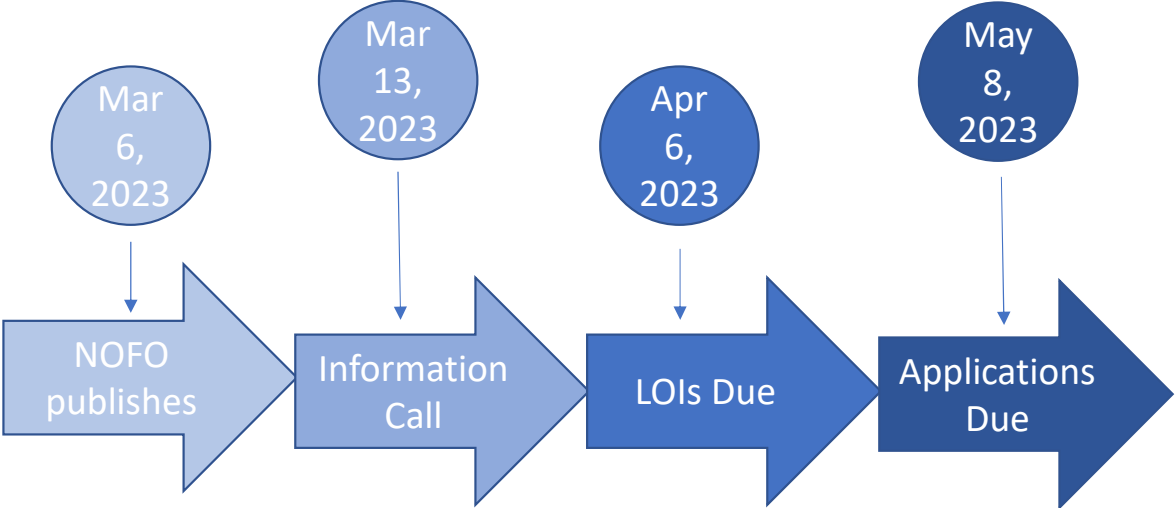
Timeline of Major Events



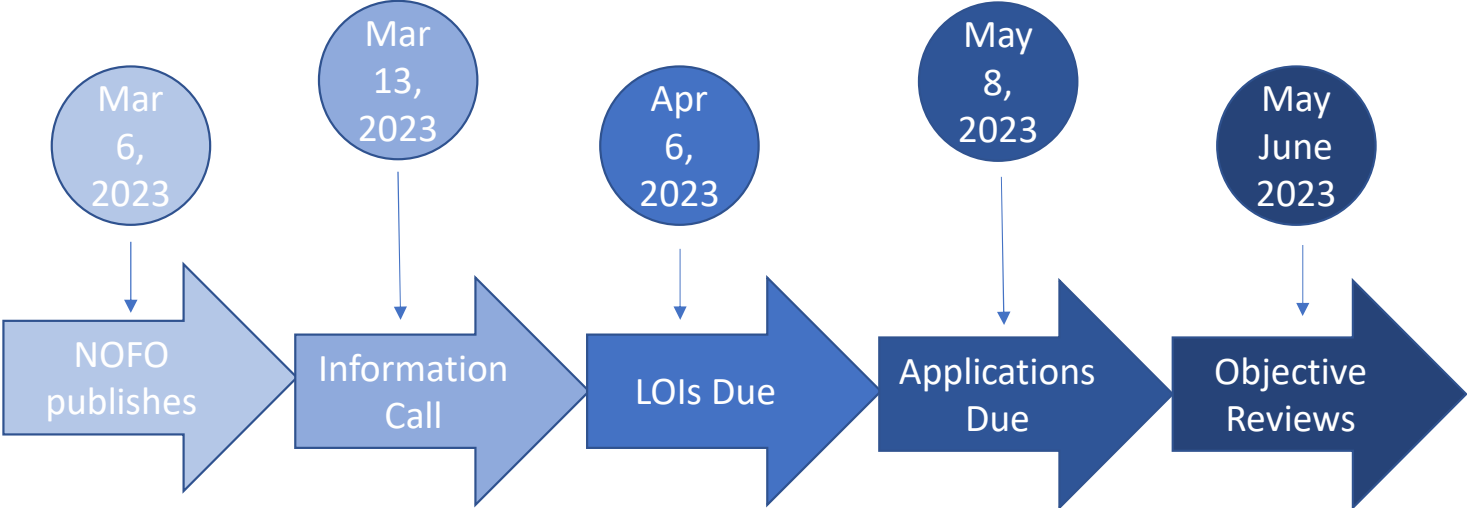
Anticipated Timeline of Major Events



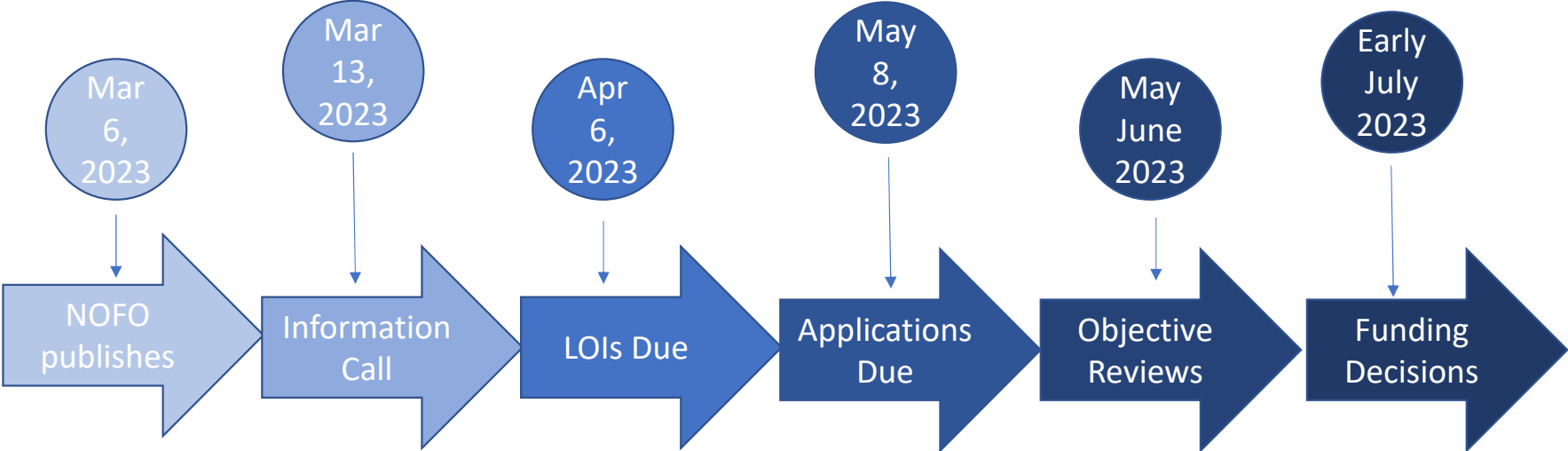
Anticipated Timeline of Major Events



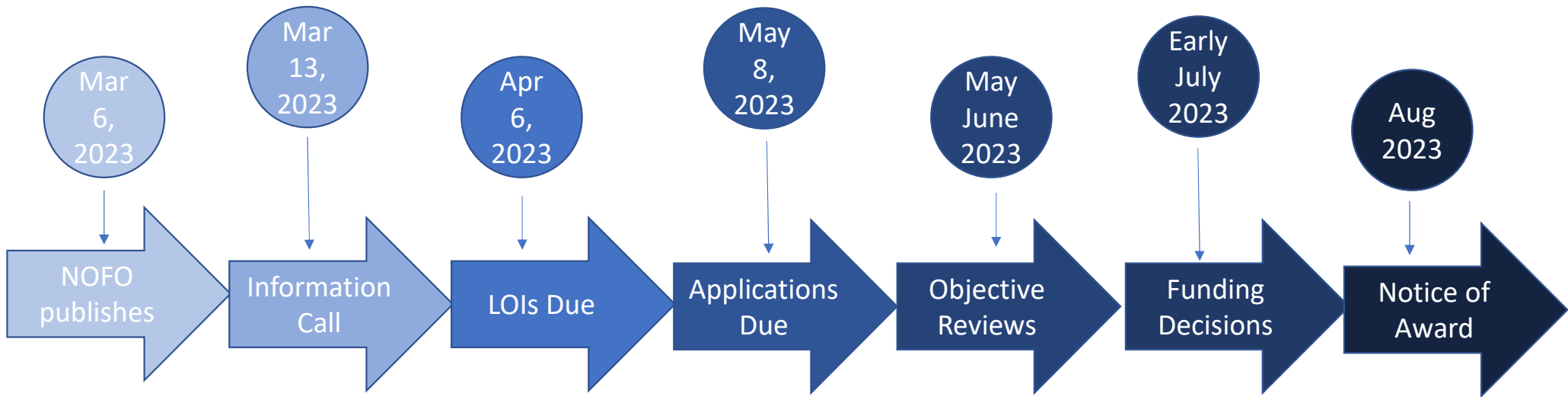
Anticipated Timeline of Major Events



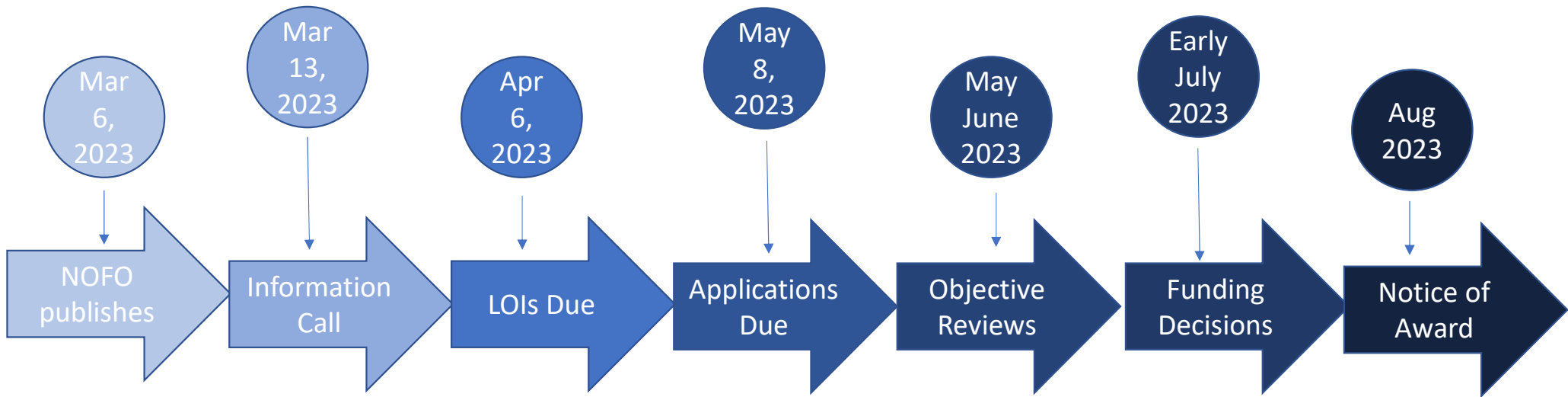
Anticipated Timeline of Major Events



Anticipated Timeline of Major Events



Anticipated Timeline of Major Events



Period of Performance begins September 1, 2023

Questions



- After webinar, send questions to OD2A_LOCAL@cdc.gov
- FAQs will be posted at www.cdc.gov/drugoverdose/od2a/funding-announcements/local.html
- Materials from this webinar will be posted on the web

Thank you!!

Contact us:
OD2A_LOCAL@cdc.gov

Disclaimer: The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.