Limiting Overdose through Collaborative Actions in Localities
OD2A: LOCAL
Optional and Competitive Surveillance Projects

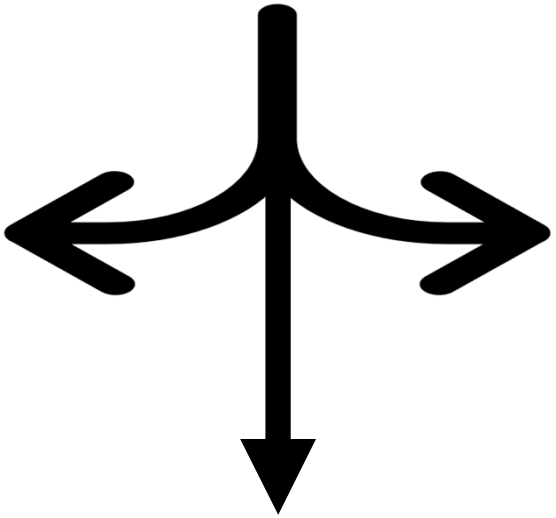
CDC-RFA-CE-23-0003

Two optional and competitive surveillance projects for OD2A:LOCAL

- This webinar is for applicants **considering** or **planning** to apply to one or both **optional** and **competitive** surveillance projects in OD2A: LOCAL

Drug product and paraphernalia testing (**Component B**)

- Fund ≤20 recipients



Linkage to and retention in care surveillance (**Component C**)

- Fund ≤20 recipients

DO NOT need to attend this webinar if you are only applying for OD2A: LOCAL Component A

Eligibility for OD2A: LOCAL Component B and C

- Same eligibility requirements as OD2A: LOCAL Component A
  - City or county health department (or their bona fide agents)
  - Special health district governments (or their bona fide agents)
  - Territories (or their bona fide agents)

- Additional eligibility requirement
  - Applicants **must apply for OD2A: LOCAL Component A**

Other considerations

- We will answer questions at the end of the webinar
  - Please submit during the presentations using the Q&A box

- We will not answer questions related to Component A in this webinar
  - Send Component A questions to OD2A_LOCAL@cdc.gov

- Please send questions after the webinar to OD2A_LOCAL@cdc.gov

- A copy of the PowerPoint and webinar will be posted on the web at www.cdc.gov/drugoverdose/od2a/funding-announcements/local.html

Overview of the presentation

- Overview of drug product and drug paraphernalia testing (Component B)
- Overview of linkage to and retention in care surveillance (Component C)
- Selection of recipients for Component B and Component C
- Anticipated timeline

Component B: Drug product / paraphernalia testing

Overview of Component B

Collaborations to collect, test, and understand samples from your community

Comprehensive laboratory testing of 500 products every 12 months

Use data to support harm reduction efforts funded through OD2A: LOCAL

Quarterly submissions of data to CDC starting no later than April 2025

Description of Component B funding

- CDC will fund ≤ 20 recipients to conduct drug product or drug paraphernalia testing

- Available funding for recipients
  - Population of ≥800,000 will be eligible for up to $325,000
  - Population of <800,000 will be eligible for up to $250,000

- Funding period is 5 years

Need: Track current and emerging illicit drugs

Enhanced identification and response to illicit drug market changes affecting overdoses

Fentanyl

- Increasing exposure
  - Dominate illicit opioid markets
  - Counterfeit pills
  - Presence in stimulant products
  - Increased smoking
- Commonly co-detected opioids (heroin, fentanyl analogs, nitazene analogs, and tramadol)
- Common non-opioids co-detected (xylazine and benzodiazepines)
- Purity of fentanyl

Stimulants

- Increasing exposure, especially methamphetamine
- Commonly co-detected drugs
- Cathinones (eutylone, N,N-dimethylpentylone)
- Purity

Other threats

- Highly potent opioids such as carfentanil and some nitazene analogs
- Illicit benzodiazepines
- Novel psychoactive substances

Key Component B requirements

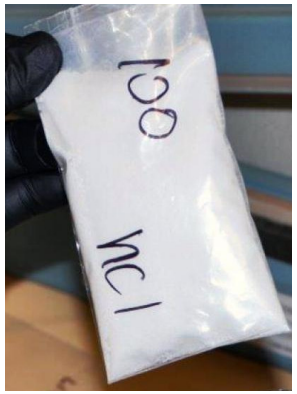
- Test ≥500 drug product / paraphernalia samples every 12 months
  - See **Appendix 8** for draft list of substances to include in testing
- Start testing by September 2024
  - One year to plan (September 2023 – September 2024)
  - Encouraged to start testing as fast as possible
- Start submitting quarterly test findings to CDC by April 2025
  - CDC will report data publicly
- Two required collaborations with supporting evidence in the application
  - Organizations submitting drug products / paraphernalia for testing
  - Laboratory conducting testing

Requirements for samples

- Used or obtained in the applicant's jurisdiction
- Focus on drug products / paraphernalia that are:
  - Suspected to contain opioids or stimulants
  - Involved in overdoses in your community
- Different types of drug products and paraphernalia can be tested
  - Selection should be informed by local drug overdose context

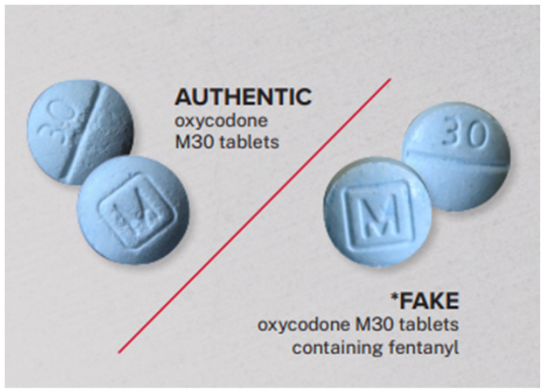
Examples of drug product/paraphernalia samples

- Drugs
  - Powder
  - Pills/tables
  - Crystal



https://www.dea.gov/galleries/drug-images/fentanyl

https://www.dea.gov/factsheets/methamphetamine



DEA-OPCK_FactSheet_December 2021.pdf

- Drug paraphernalia
  - Plastic bags
  - Cookers
  - Syringes
  - Pipes
  - Vials
  - Wipes of drug paraphernalia

Multiple sources for samples are allowed and encouraged

Flexibility to respond to variation in partnerships, laws, and drug overdose problems in local jurisdictions

Harm reduction	Medical examiner/coroner	"Noncriminal" law enforcement	Other
• Drug checking • Used syringes or other drug paraphernalia • Wipes of drug paraphernalia	Drug paraphernalia from drug overdose scenes	Samples obtained by law enforcement that are not tested or involved in investigation/prosecution	Approved by CDC

Required laboratory capacity

- Conduct **comprehensive qualitative tests** for commonly occurring illicit drugs as well as emerging substances of public health concern
- Test the type of samples (drug, syringe, or drug paraphernalia) that will be submitted
- Test ≥ 500 samples in 12 months
- Provide test findings ≤ 3 months of receipt of the sample

Substances that must be included in laboratory tests

- **Appendix 8** provides a draft list of required substances
  - List will be revised in consultation with recipients during first year of funding
  - Coordinated with CDC guidance for comprehensive testing of drug overdose deaths
- Illicit drugs commonly involved in overdoses (e.g., fentanyl, heroin, methamphetamine, and cocaine)
- Drugs commonly mixed with illicit opioids and stimulants (e.g., xylazine and benzodiazepines)
- Novel psychoactive substances of public health concern (e.g., fentanyl analogs and nitazene analogs)

Required evidence of collaboration to collect and analyze samples in the application

- At least one LOS or MOU/MOA with an organization that will be providing the drug or drug paraphernalia samples
  - More than one LOS or MOU/MOA is encouraged
  - Name document: *"<Applicant_name> Component B: Organizational support to provide drug product/paraphernalia samples for testing – Letter 1"*

- Evidence of collaboration with at least one laboratory that will be conducting the testing
  - LOS or MOU/MOA
  - For private laboratories, evidence of a contract, communication, or bid
  - Name document: *" <Applicant_name> Component B: Laboratory support for drug product/paraphernalia testing – Letter 1"*

Key characteristics of required collaborations

Collaboration with organization providing drug products/paraphernalia

- Describe the types of samples that will be shared
  - Drugs, syringes, used bags, or cookers
- Explain whether samples will be coming from a single site or multiple sites
  - One syringe service program versus four
- Estimate how many samples can be shared over 12 months
- Describe how the organization providing the samples plans to use the results

Collaboration with laboratory

Describe capacity to:

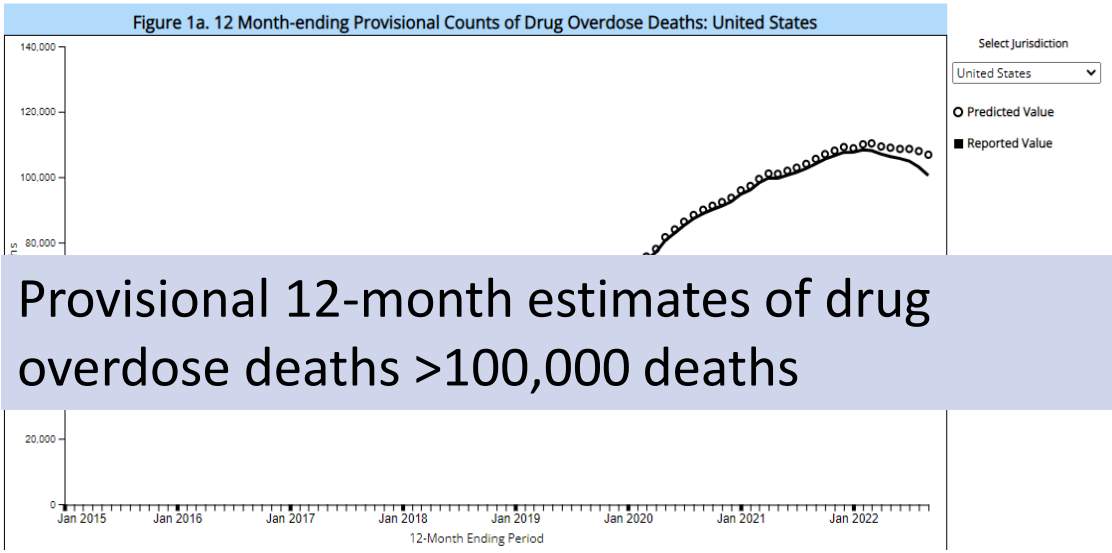
- Test the type of samples (e.g., drug, syringe, wipe, plastic bag, or cookers) submitted
- Test ≥ 500 samples over 12 months
- Run comprehensive qualitative tests for substances required by CDC
- Complete testing ≤ 3 months of receipt of sample

Use of data to reduce overdoses involving illicit drug use

- Must use data to support prevention work funded through OD2A: LOCAL in Component A
- Share results with key partners including harm reduction and health care partners
- Needs of prevention activities should inform type of testing done

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: February 5, 2023



Provisional 12-month estimates of drug overdose deaths >100,000 deaths

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Required data dissemination

- Required to disseminate data products by the end of Year 2
  - ≥ 1 data product by end of Year 2
  - ≥ 1 data product by end of Year 3
  - ≥ 2 data product by end of Year 4
  - ≥ 2 data product by end of Year 5

- Data products are public or widely disseminated to stakeholders
  - Alerts on emerging trends or threats
  - Dashboards
  - Quarterly or bi-yearly reports to stakeholders
  - Publications
  - Reports
  - Integration of data into other annual, quarterly, or monthly reports

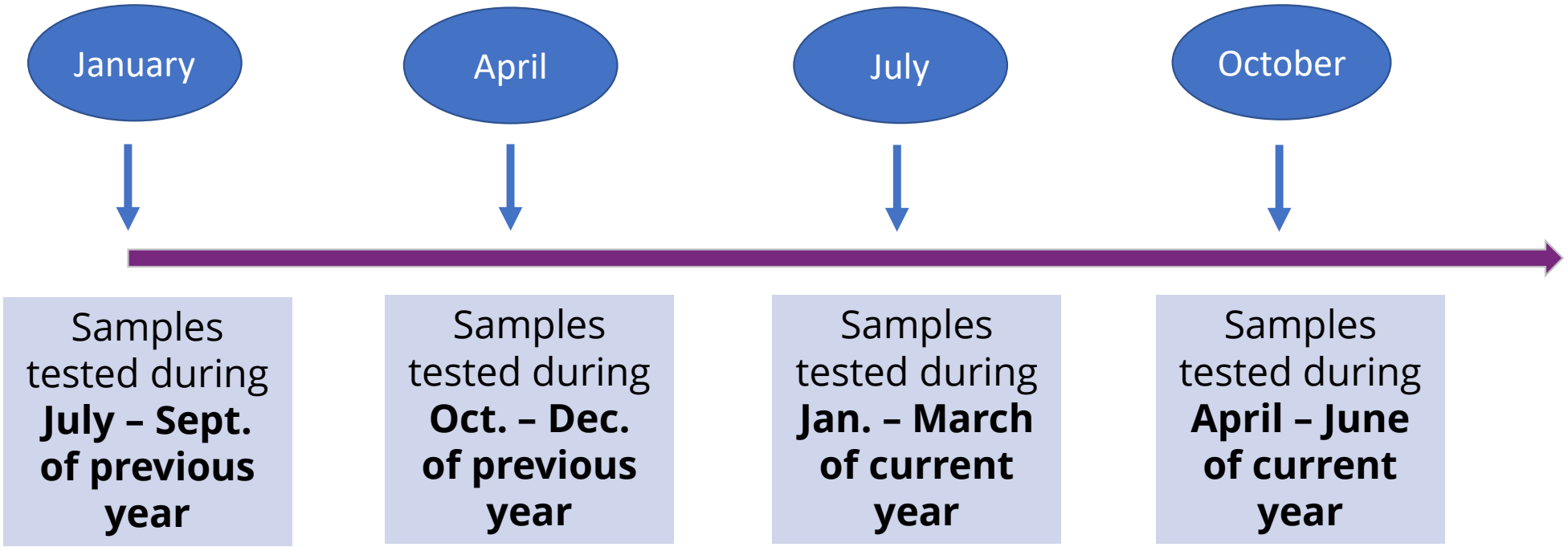
Required data submissions to CDC

- Important source of timely sentinel surveillance
  - CDC will work with recipients to address data quality issues and limitations such as convenience sampling

- Must start submitting quarterly data to CDC by April 2025
  - Samples obtained during September – December 2024
  - Strongly encouraged to start testing and reporting as soon as possible

- Quarterly data submissions from April 2025 – July 2028

Draft quarterly CDC data submission schedule



Required data elements submitted to CDC

- Draft required data elements
  - Sample id
  - Name of health department submitting sample
  - Description of specimen tested (e.g., drug, syringe, cooker, or drug residual)
  - A list of drugs and metabolites detected
  - Date sample was submitted for testing
- Data elements will be finalized during first year of funding in consultation with recipients
- All data submitted to CDC should be de-identified

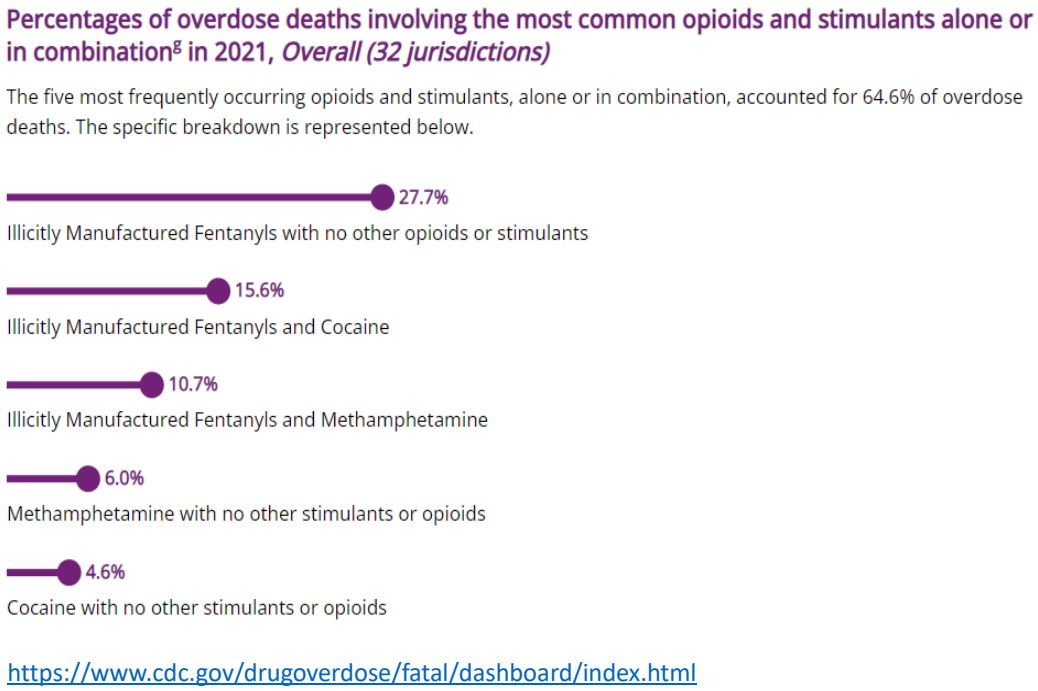
Required metadata

- A list of the drugs that are included in routine laboratory testing
- A description of the testing method used (e.g., Gas Chromatography–Mass Spectrometry [GC/MS])
- Any major data challenges or disruptions in the previous quarter

Dissemination of data by CDC

- By accepting the funding, the recipient agrees to CDC sharing validated results with the public

- CDC may distribute data through:
  - Alerts
  - Reports
  - Updates
  - Dashboards



https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

Preferred, but optional activities

- CDC prefers, but does not require, **five enhanced Component B program elements**
  - Obtain samples from multiple locations/sources
  - Report testing results to CDC by June 2024 instead of April 2025
  - Match testing results to the drugs the person intended to use
  - Complete testing ≤1 month of sample receipt
  - Test ≥750 samples during a 12-month period

- Applicants describing **a feasible plan** to implement preferred elements may receive additional points during Phase II evaluation

- CDC will monitor compliance with proposals to implement preferred elements

Activities not allowed under OD2A: LOCAL Component B

- Drug checking with portable machines in the field or fentanyl test strips will not meet Component B requirements
  - **Drug checking can be funded under Component A of OD2A: LOCAL**
  - Examples of portable machines include Fourier-Transform Infrared Spectrometer (FTIR) or portable high pressure mass spectrometers (HPMS)

- Enhancing testing or conducting testing of samples obtained by law enforcement that are part of investigations or prosecutions

Phase II evaluation of Component B: Overview

- Approach (30 points)
- Evaluation (25 points)
- Organizational capacity (45 points)
  - Experience and staffing (21 points)
  - Population and drug overdose burden (24 points)

Phase II evaluation of Component B: Approach (30 Points)

The extent the applicant describes a feasible plan to:

- Implement five preferred optional program elements — *8 points*
- Collect and test ≥ 500 samples over a 12-month period — *6 points*
- Gain support of governmental and community partners to conduct testing — *6 points*
- Collaborate with a laboratory to meet all Component B testing requirements — *5 points*
- Disseminate toxicology findings to support OD2A: LOCAL interventions and inform people misusing drugs or organizations directly serving them — *5 points*

Phase II evaluation of Component B: Evaluation (25 Points)

The extent the applicant describes an evaluation plan that will:

- Support ongoing improvements by identifying program challenges — *7 points*
- Evaluate if and how key partners use data findings to support efforts to reduce fatal overdoses — *7 points*
- Monitor and improve the quality and timeliness of data — *6 points*
- Document the dissemination of data and share updated data product lists with CDC annually — *5 points*

Phase II evaluation of Component B: Organizational Capacity (45 Points)

The extent to which an applicant describes substantial experience *(16 points)*:

- Collaborating with groups providing samples and people who misuse drugs — *6 points*
- Conducting surveillance of drug products and/or paraphernalia. To receive three or more points, applicants must have tested ≥100 samples and disseminated findings — *6 points*
- Conducting nonfatal and fatal overdose surveillance — *4 points*

Phase II evaluation of Component B: Organizational Capacity (45 Points)

The extent to which the staffing plan *(5 points):*

- Clearly defines staff roles and responsibilities
- Demonstrates sufficient staff experience to implement drug product and/or drug paraphernalia surveillance that meets Component B requirements.

Phase II evaluation of Component B: Organizational Capacity (45 Points)

Applicants must report their total population size and unintentional or undetermined intent drug overdose (UUDO) death count using instructions in **Appendix 1.** *(24 Points)*

Population Size (2021)	Points
<400,000	0
400,000 – 599,999	3
600,000 – 799,999	6
800,000 – 999,999	9
≥1,000,000	12

UUDO Deaths (2021)	Points
<100	0
100 – 299	3
300 – 499	6
500 – 749	9
≥750	12

Optional funding to support medical examiner / coroner (ME/C) drug overdose investigations

- Applicants may choose to apply for $100,000 - $200,000 to support improvements in drug overdose death investigations by ME/Cs as part of their Component B application

- Applicant must be selected for Component B funding to receive this funding

- Two types of improvements
  - Enhance ME/C investigations of drug overdose deaths (e.g., more comprehensive toxicology testing or other improvements to suspected overdose death investigation)
  - Increase collaboration and sharing between the applicant and their ME/C office

Key requirements for ME/C drug overdose investigation funding

- Indicate intention to apply for optional ME/C funding in the Component B section of your application
- Provide LOS from the ME/C agency that will be funded
- Provide a brief description of how the funding will enhance ME/C investigations of suspected drug overdoses and/or increase collaboration with the applicant
- ME/C office must participate in the State Unintentional Drug Overdose Reporting System (SUDORS) funded by OD2A-S.

Funding for ME/C drug overdose investigations

- Funding is based on availability
  - Being funded for Component B does not guarantee additional funding for this optional activity
- Not evaluated
- Funding order based on Component B Phase II evaluation score
- Funding should not duplicate activities funded through other sources
  - CDC funding to state health departments to improve drug overdose death investigations

Optional checklist for Component B core requirements

Phase II Evaluation Criteria

Activity description

Describe a feasible plan to:

- Collect and test ≥500 samples during a 12–month period ☐
- Collaborate with a laboratory to meet all requirements ☐
- Use findings to support OD2A: LOCAL interventions and inform people misusing drugs or organizations directly serving them ☐
- Gain support of governmental and community partners to conduct testing ☐
- Implement five preferred **optional** program elements ☐

Organizational Capacity

- Experience conducting nonfatal and fatal overdose surveillance ☐
- Experience conducting drug product and/or drug paraphernalia surveillance ☐
- Experience collaborating with groups providing samples and people who misuse drugs ☐
- Staffing to successfully implement the program ☐

Evaluation plan

- Use evaluation data to improve timeliness, quality and use of toxicology results ☐

Clearly indicate whether applying for extra ME/C drug overdose investigation funding ☐

Documents to submit and page limits

Evidence of Collaborations

- LOS/MOU from at least one organization providing drug product/paraphernalia samples ☐
- LOS/MOU or communication with toxicologic laboratory to conduct testing ☐

Application formatted correctly and within page limits

- Indicate competing for Component B: Drug product / paraphernalia in OD2A: LOCAL project abstract ☐
- Separate Component B project narrative section clearly labelled in the application *(10-page limit)* ☐
- Separate Component B work plan section *(Part of narrative 10-page limit)* ☐
- Separate Component B budget narrative clearly labelled in the application *(3-page limit)* ☐
- Up to one-page evaluation plan for Component B ☐
- Component B appendices clearly marked using formatting and name conventions in NOFO ☐

Report population and drug overdose burden using Appendix 1: Submit attachment that includes: 1) list of counties/cities served by the applicant, 2) number of resident UUDO drug overdose deaths during 2021, and 3) population of your service area in 2021. ☐

Submit resumes for staff working on Component B ☐

Component C:
Linkage to and Retention in Care Surveillance

Background

- Limited availability of standardized surveillance data to understand linkage to and retention in care for substance use disorder
- Expanding surveillance of linkage to and retention in care will complement prevention-focused activities and support public health agencies' efforts to evaluate linkage to and retention in care programs
- ***Goal:*** Provide recipients with resources and guidance to:
  - Improve and standardize surveillance of linkage to and retention in care
  - Provide data to inform linkage to care prevention activities

Description of Component C Funding

- CDC will fund up to 20 recipients to establish a surveillance system to measure linkage to and retention in care for substance use disorder (SUD)
- Applicants are not required to apply for this component
- Clearly indicate intent to apply for Component C in project abstract
  - *Applying for Component C funding*, OR
  - *Not applying for Component C funding*
- If applying for Component C, clearly indicate all text and attachments associated with Component C

Key Requirements for Component C

1. By September 2024, begin collecting data to measure standardized linkage to and retention in care surveillance indicators

2. Beginning in December 2024, submit aggregate data to CDC every 6 months

3. Analyze and disseminate linkage to and retention in care surveillance data to inform prevention efforts

4. Designate at least one representative to participate in CDC workgroup meetings

Requirement #1: Collect standardized indicators

- 12-month planning period (Sept 2023 – Aug 2024)
- Required to focus data collection on populations at highest risk of experiencing an overdose, identified via at least 2 priority entry points:
  - Treated for a nonfatal overdose (REQUIRED)
  - Diagnosed with or treated for a substance-use related condition in a clinical setting
  - Criminal-justice involved
  - Harm reduction programs
  - Other community-based programs
  - Self-referrals
- Entry points refer to the settings in which individuals at risk of an overdose can be identified and linked to care

Requirement #1: Collect standardized indicators

- Standardized indicators will assess stages across a cascade of care for SUD, which include:
  1. Persons identified as at-risk via priority entry points
  2. Persons engaged with linkage to care program staff
  3. Persons referred to evidence-based treatment (e.g., MOUD, behavioral health treatment) and other support services (e.g., harm reduction services)
  4. Persons linked to care/initiated treatment
  5. Treatment status 6 months after initiation
- Indicators may be disaggregated by key characteristics, such as primary substance used, age, gender, race, ethnicity, and county of residence
- Encouraged to collect individual-level data that can be linked across indicators

Required Collaborations

- Submit letters of support (LOS), memorandums of understanding/agreement (MOU/MOA), and/or data sharing agreements from at least one of the agencies responsible for collecting and maintaining access to data sources contributing to surveillance
  - May include treatment providers, healthcare systems, corrections agencies, community-based organizations, or state health department
- Letters should:
  - Demonstrate partner's awareness of data requested and data submission frequency
  - Provide applicant permission to access, analyze, and disseminate data
  - Provide information on previous collaborations
- If applicant is responsible for any of the data sources, include this in the application
- Name the document: *<Applicant_Name> Component C: Organizational support for linkage to care surveillance data – Letter 1*

Optional Collaborations

- May submit LOS/MOU/MOA with other partners to demonstrate relevant collaborations
  - Encouraged but not required
- Name the document: *<Applicant_Name> Component C: Other support for linkage to and retention in care surveillance – Letter 1*

Requirement #2: Submit aggregate data to CDC

- First required data submission will be in December 2024
- Required to submit aggregate data to CDC every 6 months
- CDC will provide detailed data submission guidance and templates that must be used to submit data
- A data submission schedule will be shared with recipients when awarded
- Recipients who apply for Component C agree to allow CDC to publicly share aggregated results
- CDC will work closely with recipients to ensure any publicly reported data meets minimum data quality standards

Requirement #3: Disseminate data to partners

- Required to disseminate data products using linkage to and retention in care surveillance data to key local partners and/or the public
  - At least one data product per year
  - Beginning in Year 2
- This may include web pages, reports, presentations, or peer-reviewed manuscripts
- Submit an annual bibliography of relevant data products to CDC

Requirement #4: Participate in workgroup

- Designate at least one representative to participate in required CDC workgroup meetings
- Workgroup meetings will be held on at least a quarterly basis
- Discuss issues related to data collection and data dissemination
- Identify additional indicators for reporting in later years
- Collaborate on updating guidance and data submission requirements

Funding for Component C

- Funding is based on population size, with recipients serving larger jurisdictions being funded at higher levels
- Intended to account for the additional burden associated with data collection in larger jurisdictions
- See Appendix 1 for instructions on calculating population size

Population Size	Award Range
<800,000	Up to $250,000
≥800,000	Up to $325,000

Phase II Evaluation of Component C: Overview

- Approach (30 points)
- Evaluation (25 points)
- Organizational Capacity (45 points)

Approach (30 Points)

- The extent to which the applicant describes a feasible plan to: **(25 Points)**
  - Collect required linkage to and retention in care (LTC) surveillance indicators
  - Collect individual-level data and/or conduct individual-level data linkages across multiple data sources to measure the indicators
  - Collect data on nonfatal overdoses, a required LTC surveillance entry point
  - Identify at least one other entry point on which LTC data will be collected
  - Submit aggregate data to CDC every 6 months

- The extent to which the applicant: **(5 Points)**
  - Submits letters of support, data sharing agreements, and/or memorandums of understanding from key data owners and partners
  - Plans to conduct LTC prevention activities in Component A that focus on the 2 entry points identified for LTC surveillance
  - Describes a plan for disseminating data to key partners

Evaluation (25 points)

The extent to which the applicant describes an evaluation plan that will:

- Monitor and improve the quality and timeliness of data
- Document the dissemination of data
- Evaluate if and how key partners use findings to support efforts to reduce drug overdoses

Organizational Capacity (45 points)

The extent to which the applicant describes substantial experience: **(16 points)**

- Conducting surveillance of nonfatal drug overdoses
- Conducting surveillance of linkage to care for substance use disorder (SUD)
- Conducting individual-level data linkages using any surveillance data
- Analyzing and linking SUD treatment data (e.g., MOUD, behavioral treatment)
- Disseminating surveillance data to key partners
- Ability to submit required LTC surveillance indicators to CDC by December 2024 or earlier

The extent to which the staffing plan defines staff roles and responsibilities and demonstrates experience to meet Component C requirements **(5 points)**

Organizational Capacity (45 points), cont.

Applicants must report their total population size and unintentional or undetermined intent drug overdose (UUDO) death count using instructions in Appendix 1. **(24 Points)**

Population Size (2021)	Points
<400,000	0
400,000 – 599,999	3
600,000 – 799,999	6
800,000 – 999,999	9
≥1,000,000	12

UUDO Deaths (2021)	Points
<100	0
100 – 299	3
300 – 499	6
500 – 749	9
≥750	12

Optional Checklist for Component C Core Requirements

Phase II Evaluation Criteria

Activity Description: Describe a feasible plan to:

- ❑ Collect required linkage to and retention in care (LTC) surveillance indicators
- ❑ Collect individual-level data and/or conduct individual-level data linkages to measure the indicators
- ❑ Collect data on nonfatal overdoses, a required LTC surveillance entry point
- ❑ Identify at least one other entry point for which LTC data will be collected
- ❑ Submit aggregate data to CDC every 6 months
- ❑ Disseminate data to key partners

Organizational Capacity

- ❑ Experience conducting nonfatal overdose surveillance
- ❑ Experience conducting individual-level data linkages
- ❑ Experience conducting LTC surveillance
- ❑ Experience analyzing and linking SUD treatment data
- ❑ Experience disseminating surveillance data
- ❑ Ability to submit required LTC surveillance indicators to CDC by December 2024 or earlier
- ❑ Staffing to successfully implement the program

Evaluation Plan: Describe a plan that will:

- ❑ Improve quality and timeliness of LTC data
- ❑ Document how data are disseminated
- ❑ Evaluate how partners use findings to reduce overdoses

Formatting and Attachments

Application Formatted Correctly

- ❑ Indicate if applying for Component C in OD2A: LOCAL project abstract
- ❑ Separate Component C project narrative section clearly labelled in the application *(10-page max)*
- ❑ Separate Component C work plan section *(Part of narrative 10-page max)*
- ❑ Separate Component C budget narrative clearly labelled in the application *(3-page max)*
- ❑ Evaluation plan for Component C *(1-page max)*
- ❑ Component C attachments clearly marked using formatting and name conventions in NOFO

Evidence of Collaborations

- ❑ LOS/MOU from at least one agency/organization providing data contributing to LTC surveillance
- ❑ LOS/MOU from other key partners (optional)

Staffing

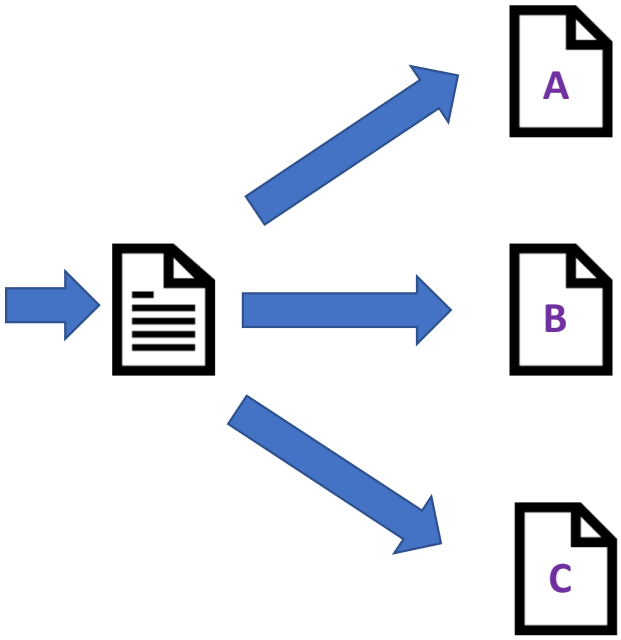
- ❑ Submit resumes for staff working on Component C

Report Population and Drug Overdose Deaths using Appendix 1

- ❑ Submit attachment that includes: 1) list of counties/cities/territories served by the applicant, 2) number of resident UUDO deaths during 2021, and 3) population of your service area in 2021.

Selection of recipients for Component B and Component C

Step 1: Independently evaluate Component A, B, and C



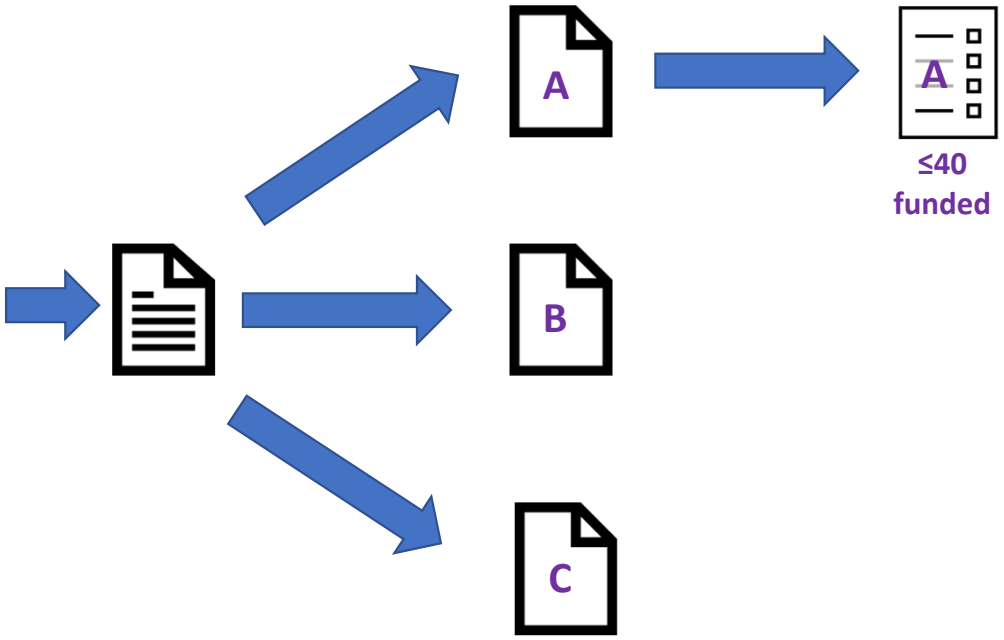
OD2A: LOCAL applications submitted to CDC

Independently evaluate and assign Phase II evaluation scores for Components A, B, C

Three OD2A: LOCAL components will be scored independently

- Component A evaluation score **will not affect** your Component B or Component C Phase II evaluation score
- Component B evaluation score **will not affect** your Component A or Component C Phase II evaluation score
- Component C evaluation score **will not affect** your Component A or Component B Phase II evaluation score
- **Ensure Component B and Component C application materials and attachments can be easily identified by reviewers**

Step 2: Select applicants to award Component A funding

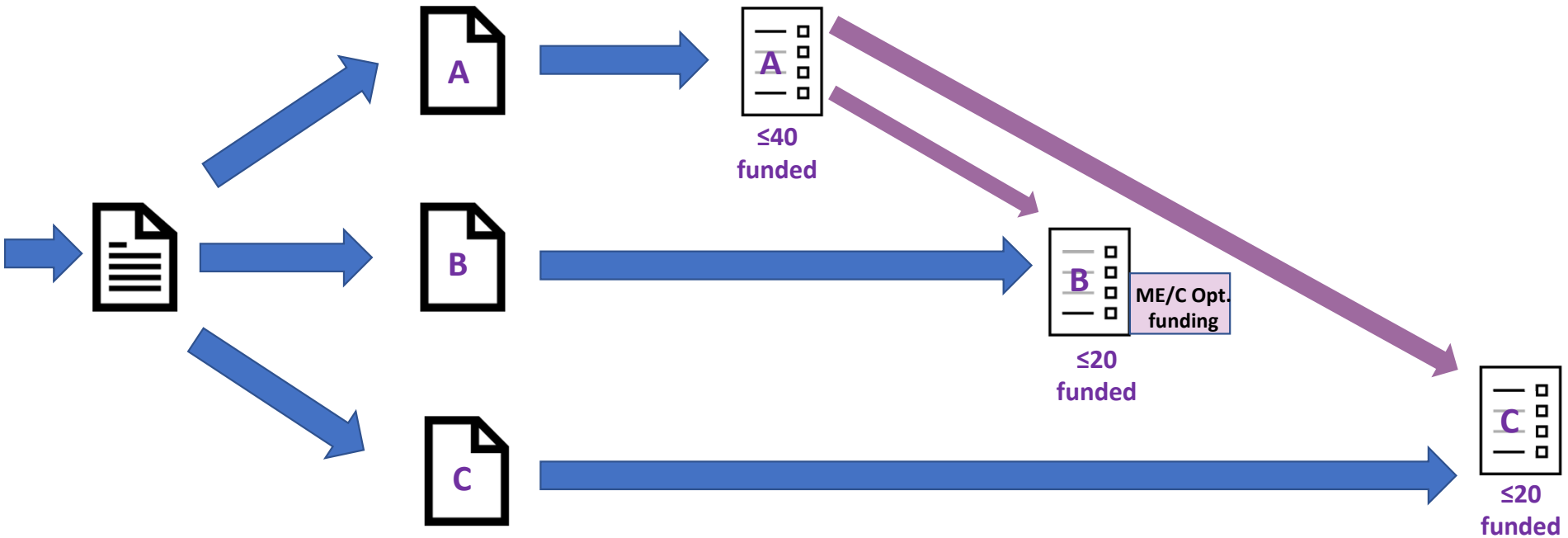


OD2A: LOCAL applications submitted to CDC

Independently evaluate and assign Phase II evaluation scores for Components A, B, C

Select up to 40 applicants to fund for Component A

Step 3: Select applicants to award Component B and Component C funding



OD2A: LOCAL applications submitted to CDC

Independently evaluate and assign Phase II evaluation scores for Components A, B, C

Select up to 40 applicants to fund for Component A

Select a SUBSET of up to 20 applicants to fund for Component B among Component A recipients

Select a SUBSET of up to 20 applicants to fund for Component C among Component A recipients

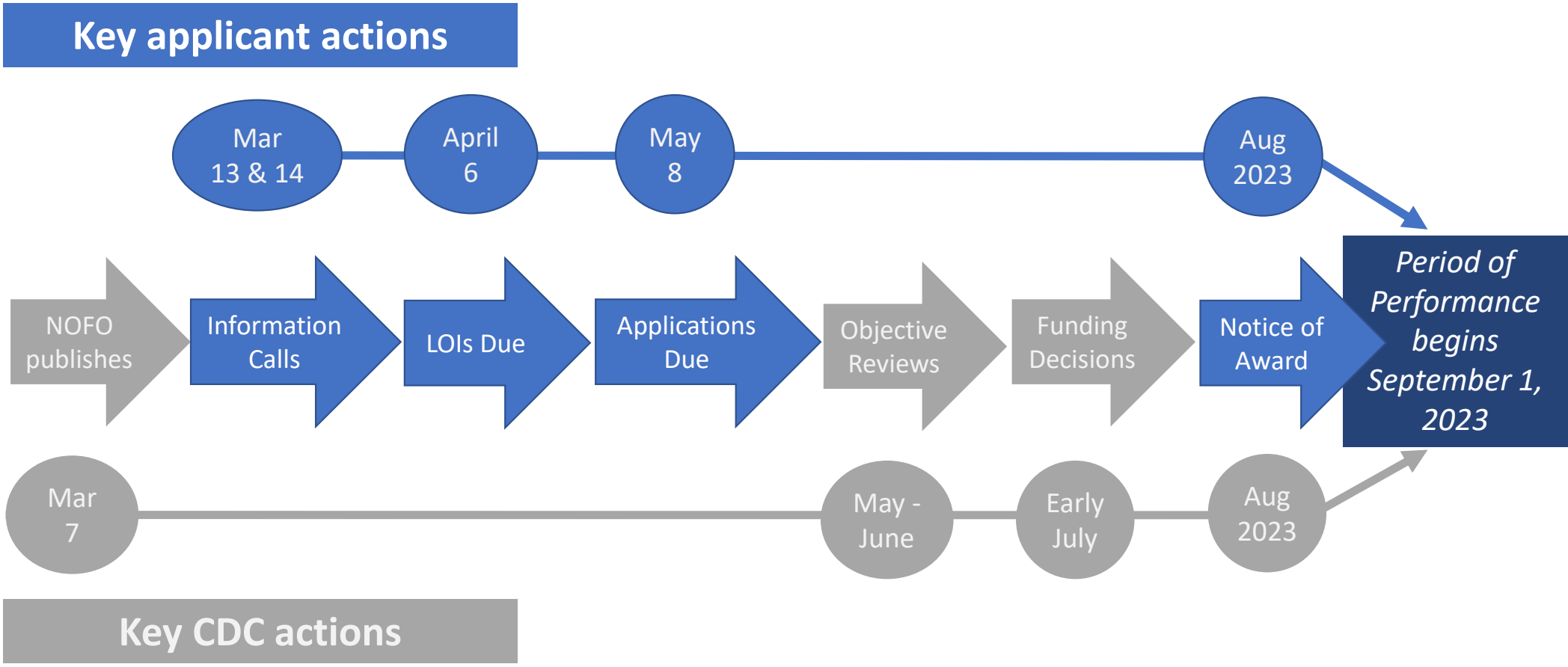
Why are Component B and Component C recipients a subset of Component A recipients?

- To be funded for Component B and/or Component C, **applicants must be selected to be funded for Component A**

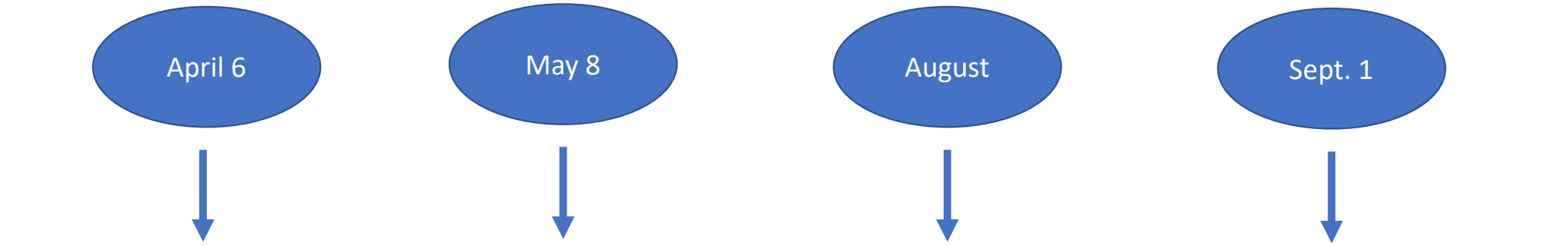
- Component B and Component C surveillance data must support ongoing harm reduction and linkage to and retention in care prevention activities

- Enhance the impact of prevention activities funded through OD2A: LOCAL

Anticipated Timeline of OD2A: LOCAL during 2023



Anticipated timeline for 2023: Key Component B and C actions



Letters of Intent (LOI) Due

Include whether you are applying to Component B and/or Component C in the LOI

Application Due

- Clearly indicate the sections in your application related to Component B and Component C
- Use CDC naming conventions for attachments

Notice of Award

Notified if funded for Component A, Component B, and/or Component C

Period of Performance

- More technical guidance will be provided for Component B and C when funding begins
- Recipients provide feedback and CDC will finalize guidance during planning year

Component B and/or C application materials

- Submit one combined application for all components
  - Clearly mark the materials related to each component

Project Abstract	Project Narrative	Work Plan	Budget Narrative	Evaluation Plan	Attachments
					
Clearly indicate if you are applying for Component B and/or C	Include a separate project narrative for B and/or C *(10-page max. for both project narrative and work plan for B)* *(10-page max. for both project narrative and work plan for C)*	Include a separate work plan for B and/or C	Include a separate budget narrative for B and/or C *(3-page max. for each component)*	Include a separate evaluation plan for B and/or C *(1-page max.)*	Required attachments: • LOS/MOU/MOA • Staff resumes • Population & Overdose burden

Optional Letter of Intent (LOI)

- Encourage you to submit a letter of intent because LOIs help CDC plan

Letter of Intent (LOI)

- Clearly indicate whether you plan to apply for Component B and/or Component C
- Can change your mind and decide to apply or not apply for Component B or Component C after submitting LOI

Questions

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

Thank you!

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.