CDC-RFA-TP18-1802

Cooperative Agreement for Emergency Response: Public Health Crisis Response

2018 Opioid Overdose Crisis Cooperative Agreement Supplemental Guidance

June 20, 2018

I. Summary

The United States is in the midst of an opioid overdose epidemic. On average, 115 Americans die every day from an opioid overdose, and more than 630,000 people have died from a drug overdose from 1999 to 2016. In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was five times higher than in 1999.

The FY 2018 Consolidated Appropriations Act and Accompanying Report includes an increase in funding appropriated to Centers for Disease Control and Prevention (CDC) to "advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C." CDC will activate CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response to award a portion of these funds to those affected by the opioid epidemic.

This supplemental guidance supplements guidance provided in the CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response notice of funding opportunity (NOFO). All requirements of that NOFO remain in effect unless otherwise amended herein. CDC may issue updated guidance in the future as needed.

II. Eligibility

The 50 states, Washington D.C., and eight U.S. territories and freely associated states that previously responded to the Public Health Crisis NOFO are eligible for potential funding through this specific 2018 Opioid Overdose Crisis Cooperative Agreement Supplemental Guidance. An award is subject to the availability of funding. Other eligible recipients under the Public Health Crisis NOFO will have an opportunity to apply for funding under separate NOFOs.

The Public Health Crisis NOFO established a list of recipients who are approved but unfunded (ABU); any jurisdiction on the ABU list that is eligible for funding through the 2018 Opioid Overdose Crisis Cooperative Agreement Supplemental Guidance may submit revised work plans and budget narratives in response to CDC project plans available in the Research Electronic Data Capture (REDCap) system. See Section VI. Revised Work Plan and Budget Narrative Submission for more information.

Note: CDC will review and consider all submissions. CDC will prioritize funding based on geographic need, disease burden, and populations disproportionately impacted by the opioid epidemic. Not all jurisdictions may receive funding. Those not funded but determined to meet the intent of this supplemental guidance will remain on the ABU list for future consideration.

III. Award Information

Approximate Current Fiscal Year Funding: $182,000,000
Fiscal Year Funds: FY 2018 Consolidated Appropriations Act and Accompanying Report
Anticipated Award Date: September 2018
Budget Period: 12 Months
Project Period: 12 Months

IV. Use of Funds

Financial Management Requirements and Exceptions

1. This is one-time funding, and funds must be spent/expended within the performance and budget period. There is no provision for the payment of unliquidated obligations following the last day of the budget/performance period.
2. Recipients are required to coordinate activities funded under this guidance with all other CDC-funded and federally funded opioid prevention activities to ensure alignment and reduce duplication. Specifically, recipients are encouraged to coordinate plans as applicable with the single state agencies for substance use disorder services in their jurisdictions.
3. Public Health Crisis NOFO activities are structured within the six domains listed below. Recipients are expected to align budgets and work plans with respective domains outlined below. The Department of Health and Human Services and CDC will provide ongoing oversight and monitoring of this cooperative agreement funding during the performance period.

Direct Assistance

Direct assistance (DA) is not available through this cooperative agreement.
Overlap in projects, budget items, or commitment of effort:

- Funds cannot be used for items covered by other federal sources.
- Funds cannot be used to match funding on other federal awards.

Unallowable Costs

- Research
- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying)
    - Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships. See Section VI. Revised Work Plan and Budget Narrative Submission for more information.

V. Key Timeframes

- Jurisdictions will have until **11:59 p.m. EDT on Tuesday, July 31, 2018**, to submit revised work plans and budget narratives through REDCap.
- CDC anticipates a two-week review period for revised work plans and budgets.
- Funding for approved activities will be available to recipients until August 31, 2019. Therefore, the period of performance and the budget period are approximately one year.
- All eligible expenditures to be charged to this award must be made by August 31, 2019.
- CDC will issue Notices of Award (NOAs) after approving final work plans and budgets.
- Reporting:
    - Recipients must report fiscal and programmatic progress to determine if programs are meeting the timelines, goals, and objectives in their approved work plans.
    - Fiscal reports as defined in REDCap will be required on a monthly basis. CDC may adjust the frequency of these reports as necessary. For instance, jurisdictions functioning at the performance levels projected in approved work plans may move to quarterly reporting.
    - Performance reports are required on a quarterly basis.

VI. Revised Work Plan and Budget Narrative Submission

CDC requires jurisdictions to submit their revised work plans and budget narratives through REDCap no later than **11:59 p.m. EDT on Tuesday, July 31, 2018**.

Jurisdictions must designate representatives from their health departments who will be responsible for entering work plans and budgets into REDCap. Names and email addresses of these representatives should be sent to DSLRCrisisCoAg@cdc.gov to be granted access to the system. Jurisdictions that encounter any difficulties submitting work plans and budget narratives through REDCap should contact CDC at DSLRCrisisCoAg@cdc.gov prior to the submission deadline.

This cooperative agreement is an umbrella mechanism; it is designed to support multiple CDC programs. Each program office will establish its own criteria to determine funding allocations within the scope of their activities.

VII. Content of Revised Work Plan and Budget Narrative Submission

This announcement requires submission of a work plan and a budget narrative as described in the following information.

1. Work Plan

CDC has established allowable activities related to the domains described in the Public Health Crisis NOFO and developed templates recipients can use to prepare their revised work plans (See Tables 1-5). The templates will be located in the REDCap system starting Monday June 25, 2018. Recipients can access their jurisdiction-specific

folders in REDCap to view CDC project plans and templates.

The Public Health Crisis NOFO domains include:

- Strengthen Incident Management for Early Crisis Response
- Strengthen Jurisdictional Recovery
- Strengthen Biosurveillance
- Strengthen Information Management
- Strengthen Countermeasures and Mitigation
- Strengthen Surge Management

Potential work plan activities linked to these domains include, but are not limited to, the activities in Tables 1-5. Not all expenses related to these activities are eligible. The only expenses eligible under this award are those that are for prevention, surveillance, and other expenses directly related to the opioid overdose epidemic. Details pertaining to activities will be in the REDCap system on Monday June 25, 2018. However, Tables 1-5 provide the details of the supported activities for each of the domains.

Within each domain, recipients must identify other federal awards they have received that address opioid overdose prevention and how they will coordinate work plans to maximize efforts across their jurisdiction.

2. Budget Narrative

Recipients must submit an itemized budget narrative, modified from the budget submitted in response to the original Public Health Crisis NOFO. When revising the budget narrative, recipients must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project plans in their folders. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment with quotes
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs
- Total indirect costs

Funding will be made available in a designated subaccount for opioid activities. Instructions for access and drawdowns will be included in the Notice of Award.

For additional budget narrative guidance, please refer to CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response.

VIII. Performance Measures

Jurisdictions will be responsible for developing appropriate performance measures based on their specific response activities. CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures. Progress reports will be required on a quarterly basis.

As the 2018 Opioid Overdose Crisis Cooperative Agreement is a mechanism that allows multiple CDC programs to use it, all assistance for developing performance measures will be coordinated between the recipient and the CDC program office sponsoring the specified activity. The REDCap system will be used for performance monitoring and reporting. CDC will provide additional assistance and information, as appropriate, on performance measure reporting within the first 90 days after the award.

CDC requires recipients to develop a final report. CDC will provide assistance upon request and optional templates for the final report.

IX. Roles and Responsibilities

As the managers of the 2018 Opioid Overdose Crisis Cooperative Agreement, CDC's Division of State and Local Readiness (DSLR) in the Office of Public Health Preparedness and Response (OPHPR) will perform the role of the project officer; Office of Grants Services will serve as the grants management specialist; and CDC's National Center for Injury Prevention and Control's Division of Unintentional Injury Prevention will serve as the primary technical assistance provider and technical monitor to provide programmatic surveillance and evaluation support. Individual program offices (i.e., National Center for Injury Prevention and Control; Center for Surveillance, Epidemiology, and Laboratory Services; and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention) across CDC will serve as the technical monitor responsible for providing subject matter expertise and technical assistance regarding their specific approved and funded activities.

TABLES

CDC has established allowable activities related to the domains described in the Public Health Crisis NOFO and developed templates recipients can use to prepare their revised work plans (See Tables 1-5). The tables are split into five groups of jurisdictions based on whether or not and what type of funding the jurisdictions currently receive from CDC for opioid overdose prevention activities.

Individual work plans will be negotiated with CDC. Applicants should prioritize activities that will most substantively and rapidly reduce fatal and nonfatal opioid overdoses.

Table 1. Overview of Work Plan Activities in Each Domain for IA, MS, ND, TX, and WY

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
Incident Management For Early Crisis Response	Optional	NCIPC (National Center for Injury Prevention and Control)	• Standing up an emergency operations center (EOC). • Establishing call centers. • Conducting a needs assessment. • Preparing staffing contracts. • Updating response plans.
Jurisdictional Recovery	Required	NCIPC	• HOSPITAL & EMERGENCY DEPARTMENTS - - Assess capacity to attend to a surge, learn more about what institutions need, and provide training on emergency department (ED) protocols used elsewhere such as those used in Rhode Island.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• OTHER PUBLIC HEALTH STAFFING SHORTAGES - - Identify and address other public health staffing shortages such as the need for certified peer recovery coaches, community outreach workers, and faith-based organizations. • CLINICIANS - - Train physicians on safe prescribing for acute and chronic pain, making referrals to specialized care and treatment; consider co-sponsoring training with Substance Abuse and Mental Health Services Administration (SAMHSA) to help targeted physicians get their Drug Addiction Treatment Act (DATA) waiver to prescribe buprenorphine at the same time. • SUBSTANCE ABUSE TREATMENT PROVIDERS - - Identify gaps in treatment services for medication-assisted treatment (MAT) across the state or locality (including jails and prisons) and highlighting the need to work with SAMHSA grantees to access services. • HARM REDUCTION - - In coordination with other partners, identify gaps in access to naloxone, ability to make referrals to treatment, and the provision of comprehensive services. • LAW ENFORCEMENT AND FIRST RESPONDERS -- Identify training needs to increase their self-efficacy to respond effectively, to cope with stress/compassion fatigue, keeping themselves safe in the field, and learning more about local resources such as naloxone distribution, substance use disorder (SUD) treatment providers and other programs (e.g., pre-arrest diversion).
		NCHHSTP (National Center for HIV/AIDS, Viral Hepatitis,	• Develop and disseminate jurisdiction-level vulnerability assessments that identify subregional (e.g., county, census tract) areas at high risk for i) opioid overdoses and ii) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with nonsterile drug injection. Activities include: ○ Identify a staff member to coordinate the development of the vulnerability assessments (assessment coordinator).

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
		STD, and TB Prevention)	○ Assessment coordinator organizes a new or engages an existing stakeholder group to provide input on the vulnerability assessments' design, support development of data use agreements, and inform the use of the assessments' findings to target services that will maximally reduce risk of overdoses and risk of bloodborne infection spread through nonsterile drug injection ○ Obtain relevant data for the assessments. Local data will be needed for both assessments and may include drug overdose death data, syndromic ED data, drug-related arrest data, prescription drug monitoring program data, and other data used in the national assessment. Data sharing agreements may need to be developed. ○ Develop the vulnerability assessments. Jurisdiction maps (e.g., county, census tract) identifying high-risk areas should be produced for both assessments. Technical assistance will be available and methods from the national assessment may be applied. Outcomes should be clearly defined and wide array of risk and protective factors should be considered. Innovation is encouraged. ○ Use the findings from the assessments to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders in formats that support action. Potential modes include presenting at public health and healthcare provider meetings, county "report cards" and journal publication.
Biosurveillance	Required	NCIPC	• Improve the scope and data quality of ED data: ○ Consider using syndromic surveillance techniques supported by CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program. • Improve the timeliness and quality of opioid mortality data. Consider using CDC's web-based platform, State Unintentional Drug Overdose Reporting System (SUDORS), to accelerate high quality reporting. This may include uploading data from death certificates, medical examiners or coroners, and toxicology reports. • Enhance activities to improve the timeliness and the quality, such as representativeness and completeness of emergency medical services (EMS) data.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Link prescription drug monitoring program (PDMP) data with mortality data to better understand risk factors that placed the decedent at risk for a fatal overdose. • Leverage information from existing or new data reports to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. • Provide surge support and resources to improve death scene investigations. • Improve data linkages (e.g., link key data sets to expedite the discovery of risk factors). • Strengthen laboratory response networks through infrastructure and staffing resources. • Rapidly implement innovative surveillance projects that help address immediate state-specific response needs. For example, work with the Department of Corrections to link jail/prison release data with mortality data. • Support medical examiners/coroners to develop rapid reports on suspected overdoses • Use novel technologies or strategies to more quickly characterize the illicit drug supply in a defined area. • Conduct rapid testing of biological specimens in ED settings. • Conduct qualitative/ethnographic/field assessment surveillance to better understand drug use behavior, potential for risk reduction, drug market characteristics. • Support medical examiners/coroners with funds for comprehensive toxicology testing (e.g., fentanyl and fentanyl analogs).
		CSELS (Center for Surveillance, Epidemiology, and	• Increase capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and nonfatal opioid overdoses. • Identify or designate an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with ESOOS.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
		Laboratory Services) State Capacity to Enhance Syndromic Surveillance for Opioid Conditions	• Increase number of facilities submitting data to the BioSense platform, especially those in high intensity drug trafficking areas (HIDTA). • Enhance local data quality assurance for timeliness, completeness, and validity. • Enhance local capacity to use advanced analytics and visualization methods to study drug overdose data.
Information Management	Required	NCIPC	• Use ODMAP or other near real-time surveillance to activate a comprehensive communication response protocol. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials, law enforcement officers and EMS providers, community members, health care providers, harm reduction partners, and others when an overdose spike occurs. • Create or enhance public-facing state and local data dashboards that capture and convey recent data on prescribing, overdose morbidity and mortality, treatment resources and availability, and other opioid-related harms as deemed appropriate by each applicant. • Create a campaign(s) to raise public awareness about the dangers of opioids. This may include leveraging and tailoring the CDC Rx Campaign or developing new campaigns with appropriate partners that address other important topics such as reducing stigma for those with an opioid use disorder, educating about effective substance use treatment modalities, harm reduction messages about the dangers of fentanyl and fentanyl analogs, or other areas. Applicants should rigorously develop and test these messages and deliver them via the most appropriate and/or novel communication channels. • Develop processes for health systems or clinicians to rapidly share information about opioid overdoses or other opioid-related harms with one another and facilitate exchange of this information with public health case-reporting systems, syndromic surveillance, or other registries.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Stand up a local call center or another platform for community members and others to gain access to information about the public health crisis. • Monitor news and social media to assess accuracy of messaging to the public.
Countermeasures and Mitigation	Required	NCIPC	**Support providers and health systems to respond to a surge and prevent new cases** • Implement the CDC Guideline for Prescribing Opioids for Chronic Pain to advance guideline-concordant care within health systems. This can include adoption of the specific recommendation statements included in the guideline as practice-level policies, integrating the guideline into clinical workflow through electronic health record (EHR)-based clinical decision support tools, implementing and tracking quality improvement (QI) measures that map onto the guideline, or creating data dashboards to show progress to providers. • Implement up-to-date, evidence-based guidelines for opioid prescribing for acute pain to advance guideline-concordant care within health systems. Guidelines could be those developed by states, localities, or professional societies for use in primary care, in emergency departments, or after surgical procedures. Similar to the CDC Guideline for Prescribing Opioids for Chronic Pain, this can include adoption of the specific recommendation statements included in the acute pain guidelines as practice-level policies, integrating the guidelines into clinical workflow through EHR-based clinical decision support tools, implementing and tracking QI measures that map onto the guidelines, or creating data dashboards to show progress to providers. • Enable state-wide integration of a state-authorized Prescription Drug Monitoring Program (PDMP) with all state/regional Health Information Exchanges (HIEs) and pharmacy dispensing systems. Build capacity to link with other state PDMPs is encouraged. Applicants may not expend more than $2 million on this integration activity. The proposed integration activities should improve clinical workflow for providers and provide timely data for improved clinical decisions.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Conduct academic detailing, as defined by the National Resource Center for Academic Detailing (NaRCAD) and in accordance with their scientifically derived implementation guidance, in the areas of greatest need. • Identify and encourage the spread of opioid-related emergency health system innovations—this could be around provider engagement, patient care, practice-level changes, or system-level transformation. • Enhance linkage to care for those with an opioid use disorder (OUD) or at risk of an overdose. This includes connecting patients or their peer/family/community with a wide range of treatment and wrap-around services. Funds can be used to connect to care (not provide the care itself). • Identify and implement promising emergency department interventions to create post-overdose protocols, policies, and procedures to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to patient navigators at this critical time of care. • Coordinate a "rapid medical response team" that is the appropriate combination of clinicians, case managers, peer navigators, and community health workers that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. • Facilitate clinicians obtaining their DATA waiver in coordination with substance abuse prevention partners.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Promote readiness and deployment of promising strategies, such as induction of buprenorphine in EDs. • Ensure pharmacists and others are prepared to educate around naloxone. • Deploy community health workers as part of a post-overdose hospital care team; conduct outreach to survivors, friends, family, and affected communities. • Collaborate with clinical specialty collaboratives (e.g., surgical collaboratives) in developing dashboards, reports, and other methods for providing feedback to providers on opioid prescribing, offering clinical decision support tools to improve prescribing behavior, and evaluating efforts. **Partnerships with public safety and first responders: data sharing and programmatic partnerships to advance evidence-based strategies** Examples of data sharing activities include but are not limited to: • Implement RxStat – a unique partnership between public health and public safety – originally developed in New York City in 2012. • Implement ODMAP. • Use arrest, 9-1-1, and seizure data to identify the possibility of a spike and to inform response and communication protocols within specific communities. • Leverage pre-arrest or pre-trial diversion, which uses interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment. • Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions. • In coordination with relevant partners, ensure that first responders have adequate naloxone training and awareness, distribution, tracking, and evaluation.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			Establishing linkages to care • Staff EDs with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services. • Establish protocols and policies in EDs to guide referrals and linkages to care for persons who have experienced overdose. • Create or enhance case management systems to help individuals navigate the processes by which care may be procured. • Use technology to facilitate connections to care (for example, a "reservations" system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care). • Deploy outreach teams to follow up with individuals at risk of overdose. Such teams may include first responders (though typically NOT law enforcement), medical staff, community health workers, and clergy. The appropriate composition of these teams will vary highly by community. • Conduct outreach and corollary services that are attached with syringe services programs. • Conduct outreach and corollary services in schools, faith-based institutions, and other community setting for students, families and loved ones. • Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care. • Implement insurer mechanisms that make entry into care services accessible and feasible for individuals seeking treatment. • Implement promising overdose reduction strategies in EDs, such as buprenorphine induction. • Provide a continuum of services and systems in correctional settings intended to initiate or continue care for people receiving any mode of OUD treatment. • Coordinate a "rapid medical response team" that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients.

The below activities are available for the following jurisdictions (unless otherwise noted): IA, MS, ND, TX, WY.			
Domain	Domain Optional or Required	Activity Category	Allowable Activities
			Empowering individuals to make informed choices and reduce additional exposure to harm Examples include: • Inform and educate policy makers on the science and strategy of harm reduction strategies by providing scientific evidence of impact and providing best practice components for Good Samaritan, naloxone, and MAT initiatives. • Partner with syringe service programs to offer comprehensive services that facilitate both reduction of opioid-related harms and linkages to care for opioid use disorder. • Engage harm reduction partners to deploy a variety of strategies (outreach, communication, connection to services, infectious disease reduction). • Developing user guides, practice-informed messaging, and implementation guidance. • Support public awareness/campaign efforts to help individuals reduce risk-taking.
Surge Management	Optional	NCIPC	**Include activities that strengthen a state's ability to manage the various surge needs created by the opioid crisis in their state.** Activities may include but are not limited to: • Rapidly support and scale up of key interventions for hospitals, EDs, and other clinical care settings (e.g., education on new protocols, academic detailing on linkages to care, etc.). • Develop rapid community outreach teams, including finding and training volunteers or staff focusing on high-impact areas, for post-overdose visits to victims, friends, or family members. • Surge support to hire and manage outreach, peer navigator, and community health workers.
End of Table 1			

Table 2. Overview of Work Plan Activities in Each Domain for Territories

The below activities are available for the following Jurisdictions (unless otherwise noted).

- **American Samoa**
- **Commonwealth of Northern Mariana Islands**
- **Federated States of Micronesia**
- **Guam**
- **Puerto Rico**
- **Republic of Palau**
- **Republic of the Marshall Islands**
- **U.S. Virgin Islands**

Domain	Domain Optional or Required	Activity Category	Allowable Activities
Incident Management For Early Crisis Response	Optional	NCIPC (National Center for Injury Prevention and Control)	• Standing up an emergency operations center (EOC). • Establishing call centers. • Conducting a needs assessment. • Preparing staffing contracts. • Updating response plans.
Jurisdictional Recovery	Required	NCIPC	• HOSPITAL & EMERGENCY DEPARTMENTS - - Assess capacity to attend to a surge, learn more about what institutions need, and provide training on emergency department (ED) protocols used elsewhere such as those used in Rhode Island. • OTHER PUBLIC HEALTH STAFFING SHORTAGES - - Identify and address other public health staffing shortages such as the need for certified peer recovery coaches, community outreach workers, and faith-based organizations. • CLINICIANS - - Train physicians on safe prescribing for acute and chronic pain, making referrals to specialized care and treatment; consider co-sponsoring training with Substance Abuse and Mental Health Services Administration (SAMHSA) to help targeted physicians get their Drug Addiction Treatment Act (DATA) waiver (https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver) to prescribe buprenorphine at the same time.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• SUBSTANCE ABUSE TREATMENT PROVIDERS - - Identify gaps in treatment services for medication-assisted treatment (MAT) across the state or locality (including jails and prisons) and highlighting the need to work with SAMHSA grantees to access services. • HARM REDUCTION - - In coordination with other partners, identify gaps in access to naloxone, ability to make referrals to treatment, and the provision of comprehensive services. • LAW ENFORCEMENT AND FIRST RESPONDERS -- Identify training needs to increase their self-efficacy to respond effectively, to cope with stress/compassion fatigue, keeping themselves safe in the field, and learning more about local resources such as naloxone distribution, substance use disorder (SUD) treatment providers, and other programs (e.g., pre-arrest diversion).
		NCHHSTP (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention) Funding available for Puerto Rico only	• Develop and disseminate jurisdiction-level vulnerability assessments that identify subregional (e.g., county, census tract) areas at high risk for i) opioid overdoses and ii) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with nonsterile drug injection. Activities include: ○ Identify a staff member to coordinate the development of the vulnerability assessments (assessment coordinator). ○ Assessment coordinator organizes a new or engages an existing stakeholder group to provide input on the vulnerability assessments' design, support development of data use agreements, and inform the use of the assessments' findings to target services that will maximally reduce risk of overdoses and risk of bloodborne infection spread through nonsterile drug injection. ○ Obtain relevant data for the assessments. Local data will be needed for both assessments and may include drug overdose death data, syndromic ED data, drug-related arrest data, prescription drug monitoring program data, and other data used in the national assessment. Data sharing agreements may need to be developed. ○ Develop the vulnerability assessments. Jurisdiction maps (e.g., county, census tract) identifying high-risk areas should be produced for both assessments. Technical assistance will be available and methods from the national assessment

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			may be applied. Outcomes should be clearly defined and wide array of risk and protective factors should be considered. Innovation is encouraged. ○ Use the findings from the assessments to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders in formats that support action. Potential modes include presenting at public health and healthcare provider meetings, county "report cards" and journal publication.
Biosurveillance	Required	NCIPC	• Improve the scope and data quality of ED data: ○ Capture additional hospitals in a state's ED data. ○ Improve quality and completeness of data, including increasing the number of facilities submitting ICD-10-CM codes or free text fields such as triage notes and clinical impression. ○ Explore case-level data sharing through the Secure Access Management services (SAMS) upload/download function or via CDC's NSSP BioSense/ESSENCE platform for those states not currently sharing case-level ED data with CDC. ○ Improve timeliness to share ED data on suspected drug, opioid, and heroin overdoses within 14 days after the end of the month. • Improve the timeliness and the quality, such as representativeness and completeness of emergency medical services (EMS) data. For example, those states that are not currently sharing case-level EMS data with CDC could explore ways to do so, specifically using automatic data uploads through available data platforms. • Using the existing mortality data surveillance system, applicants may accelerate reporting high quality data. Examples may include: ○ Report data every six months. ○ Complete abstraction of death certificate (DC) and medical examiner and coroner (ME/C) data on >90% of unintentional undetermined drug overdose (UUDO) deaths occurring in January - June by December of the same year in their target area. ○ Complete abstraction of DC and ME/C data on >90% of UUDO deaths occurring July - December by June of the following year in their target area.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Link prescription drug monitoring program (PDMP) data with mortality data to better understand risk factors that placed the decedent at risk for a fatal overdose. • Leverage information from existing or new data reports to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. • Provide surge support and resources to improve death scene investigations. • Improve data linkages (e.g., link key data sets to expedite the discovery of risk factors). • Strengthen laboratory response networks through infrastructure and staffing resources. • Rapidly implement innovative surveillance projects that help address immediate state-specific response needs. For example, work with the Department of Corrections to link jail/prison release data with mortality data. • Support medical examiners/coroners to develop rapid reports on suspected overdoses. • Use novel technologies or strategies to more quickly characterize the illicit drug supply in a defined area. • Conduct rapid testing of biological specimens in emergency department settings. • Conduct qualitative/ethnographic/field assessment surveillance to better understand drug use behavior, potential for risk reduction, drug market characteristics. • Support medical examiners/coroners with funds for comprehensive toxicology testing (e.g., fentanyl and fentanyl analogs).
		CSELS (Center for Surveillance, Epidemiology,	• Increase capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and nonfatal opioid overdoses.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		and Laboratory Services) State Capacity to Enhance Syndromic Surveillance for Opioid Conditions	• Identify or designate an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with Enhanced State Opioid Overdose Surveillance (ESOOS). • Increase number of facilities submitting data to the BioSense platform, especially those in high intensity drug trafficking areas (HIDTA). • Enhance local data quality assurance for timeliness, completeness, and validity. • Enhance local capacity to use advanced analytics and visualization methods to study drug overdose data.
Information Management	Required	NCIPC	• Use ODMAP or other near real-time surveillance to activate a comprehensive communication response protocol. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials, law enforcement officers and EMS providers, community members, health care providers, harm reduction partners and others when an overdose spike occurs. • Create or enhance public-facing state and local data dashboards that capture and convey recent data on prescribing, overdose morbidity and mortality, treatment resources and availability, and other opioid-related harms as deemed appropriate by each applicant. • Create a campaign(s) to raise public awareness about the dangers of opioids. This may include leveraging and tailoring the CDC Rx Campaign or developing new campaigns with appropriate partners that address other important topics such as reducing stigma for those with an opioid use disorder, educating about effective substance use treatment modalities, harm reduction messages about the dangers of fentanyl and fentanyl analogs, or other areas. Applicants should rigorously develop and test these messages and deliver them via the most appropriate and/or novel communication channels. • Develop processes for health systems or clinicians to rapidly share information about opioid overdoses or other opioid-related harms with one another and facilitate exchange of this information with public health case-reporting systems, syndromic surveillance, or other registries.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Stand up a local call center or another platform for community members and others to gain access to information about the public health crisis. • Monitor news and social media to assess accuracy of messaging to the public.
Countermeasures and Mitigation	Required	NCIPC	**Support providers and health systems to respond to a surge and prevent new cases** • Implement the CDC Guideline for Prescribing Opioids for Chronic Pain to advance guideline-concordant care within health systems. This can include adoption of the specific recommendation statements included in the guideline as practice-level policies, integrating the guideline into clinical workflow through electronic health record (EHR)-based clinical decision support tools, implementing and tracking quality improvement (QI) measures that map onto the guideline, or creating data dashboards to show progress to providers. • Implement up-to-date, evidence-based guidelines for opioid prescribing for acute pain to advance guideline-concordant care within health systems. Guidelines could be those developed by states, localities, or professional societies for use in primary care, in emergency departments, or after surgical procedures. Similar to the CDC Guideline for Prescribing Opioids for Chronic Pain, this can include adoption of the specific recommendation statements included in the acute pain guidelines as practice-level policies, integrating the guidelines into clinical workflow through EHR-based clinical decision support tools, implementing and tracking QI measures that map onto the guidelines, or creating data dashboards to show progress to providers. • Enable statewide integration of a state-authorized Prescription Drug Monitoring Program (PDMP) with all state/regional Health Information Exchanges (HIEs) and pharmacy dispensing systems. Build capacity to link with other state PDMPs is encouraged. Applicants may not expend more than $2 million on this integration activity. The proposed integration activities should improve clinical workflow for providers and provide timely data for improved clinical decisions. • Conduct academic detailing, as defined by the National Resource Center for Academic Detailing (NaRCAD) and in accordance with their scientifically derived implementation

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			guidance, in the areas of greatest need. • Identify and encourage the spread of opioid-related emergency health system innovations — this could be around provider engagement, patient care, practice-level changes, or system-level transformation. • Enhance linkage to care for those with an opioid use disorder (OUD) or at risk of an overdose. This including connecting patients or their peer/family/community with a wide range of treatment and wrap around services. Funds can be used to connect to care (not provide the care itself). • Identify and implement promising emergency department interventions to create post-overdose protocols, policies, and procedures to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to patient navigators at this critical time of care. • Coordinate a "rapid medical response team" that is the appropriate combination of clinicians, case managers, peer navigators, and community health workers that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. • Facilitate clinicians obtaining their DATA waiver in coordination with substance abuse prevention partners. • Promote readiness and deployment of promising strategies, such as induction of buprenorphine in emergency departments. • Ensure pharmacists and others are prepared to educate around naloxone.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Deploy community health workers as part of a post-overdose hospital care team; conduct outreach to survivors, friends, family, and affected communities. • Collaborate with clinical specialty collaboratives (e.g., surgical collaboratives) in developing dashboards, reports, and other methods for providing feedback to providers on opioid prescribing, offering clinical decision support tools to improve prescribing behavior, and evaluating efforts. **Partnerships with public safety and first responders: data sharing and programmatic partnerships to advance evidence-based strategies** Examples of data sharing activities include but are not limited to: • Implement RxStat – a unique partnership between public health and public safety – originally developed in New York City in 2012. • Implement ODMAP. • Use of arrest, 9-1-1, and or seizure data to identify the possibility of a spike and to inform response and communication protocols within specific communities. • Leverage pre-arrest or pre-trial diversion, which uses interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment. • Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions. • In coordination with relevant partners, ensure that first responders have adequate naloxone training and awareness, distribution, tracking, and evaluation. **Establishing linkages to care**

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Staff EDs with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services. • Establish protocols and policies in emergency departments to guide referrals and linkages to care for persons who have experienced overdose. • Create or enhance case management systems to help individuals navigate the processes by which care may be procured. • Use technology to facilitate connections to care (for example, a "reservations" system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care). • Deploy outreach teams to follow up with individuals at risk of overdose. Such teams may include first responders (though typically NOT law enforcement), medical staff, community health workers, and clergy. The appropriate composition of these teams will vary highly by community. • Conduct outreach and corollary services that are attached with syringe services programs. • Conduct outreach and corollary services in schools, faith-based institutions, and other community setting for students, families and loved ones. • Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care. • Implement insurer mechanisms that make entry into care services accessible and feasible for individuals seeking treatment. • Implement promising overdose reduction strategies in Emergency Departments, such as buprenorphine induction.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Provide a continuum of services and systems in correctional settings intended to initiate or continue care for people receiving any mode of OUD treatment. • Coordinate a "rapid medical response team" that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. **Empowering individuals to make informed choices and reduce additional exposure to harm** Examples include: • Inform and educate policy makers on the science and strategy of harm reduction strategies by providing scientific evidence of impact and providing best practice components for Good Samaritan, naloxone, and medication-assisted treatment (MAT) initiatives. • Partner with syringe service programs to offer comprehensive services that facilitate both reduction of opioid-related harms and linkages to care for opioid use disorder. • Engage harm reduction partners to deploy a variety of strategies (outreach, communication, connection to services, infectious disease reduction). • Developing user guides, practice informed messaging, and implementation guidance. • Support public awareness/campaign efforts to help individuals reduce risk-taking.
Surge Management	Optional	NCIPC	**Include activities that strengthen a state's ability to manage the various surge needs created by the opioid crisis in their state** Activities may include but are not limited to: • Rapidly support and scale up of key interventions for hospitals, EDs, and other clinical care settings (e.g. education on new protocols, academic detailing on linkages to care, etc.).

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Develop rapid community outreach teams, including finding and training volunteers or staff focusing on high-impact areas, for post-overdose visits to victims, friends, or family members. • Surge support to hire and manage outreach, peer navigator, and community health workers.

End of Table 2

Table 3. Overview of Work Plan Activities in Each Domain for FL, MO, NH

The below activities are available for the following Jurisdictions (unless otherwise noted): FL, MO, NH.

Note: FL, MO, and NH are currently funded by FOA number RFA-CE16-1608 for Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality.

Please ensure that activities are not duplicative. Funds are intended to enhance and/or surge current activities.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
Incident Management For Early Crisis Response	Optional	(National Center for Injury Prevention and Control)	• Standing up an emergency operations center (EOC). • Establishing call centers. • Conducting a needs assessment. • Preparing staffing contracts. • Updating response plans.
Jurisdictional Recovery	Required	NCIPC	• HOSPITAL & EMERGENCY DEPARTMENTS - - Assess capacity to attend to a surge, learn more about what institutions need, and provide training on emergency department (ED) protocols used elsewhere such as those used in Rhode Island.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• OTHER PUBLIC HEALTH STAFFING SHORTAGES - - Identify and address other public health staffing shortages such as the need for certified peer recovery coaches, community outreach workers, and faith-based organizations. • CLINICIANS - - Train physicians on safe prescribing for acute and chronic pain, making referrals to specialized care and treatment; consider co-sponsoring training with Substance Abuse and Mental Health Services Administration (SAMHSA) to help targeted physicians get their Drug Addiction Treatment Act (DATA) waiver to prescribe buprenorphine at the same time. • SUBSTANCE ABUSE TREATMENT PROVIDERS - - Identify gaps in treatment services for medication-assisted treatment (MAT) across the state or locality (including jails and prisons) and highlighting the need to work with SAMHSA grantees to access services. • HARM REDUCTION - - In coordination with other partners, identify gaps in access to naloxone, ability to make referrals to treatment, and the provision of comprehensive services. • LAW ENFORCEMENT AND FIRST RESPONDERS -- Identify training needs to increase their self-efficacy to respond effectively, to cope with stress/compassion fatigue, keeping themselves safe in the field, and learning more about local resources such as naloxone distribution, substance use disorder (SUD) treatment providers and other programs (e.g., pre-arrest diversion).
		NCHHSTP (National Center for HIV/AIDS, Viral Hepatitis,	• Develop and disseminate jurisdiction-level vulnerability assessments that identify subregional (e.g., county, census tract) areas at high risk for i) opioid overdoses and ii) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with nonsterile drug injection. Activities include: ○ Identify a staff member to coordinate the development of the vulnerability assessments (assessment coordinator).

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		STD, and TB Prevention)	○ Assessment coordinator organizes a new or engages an existing stakeholder group to provide input on the vulnerability assessments' design, support development of data use agreements, and inform the use of the assessments' findings to target services that will maximally reduce risk of overdoses and risk of bloodborne infection spread through nonsterile drug injection. ○ Obtain relevant data for the assessments. Local data will be needed for both assessments and may include drug overdose death data, syndromic ED data, drug-related arrest data, prescription drug monitoring program data, and other data used in the national assessment. Data sharing agreements may need to be developed. ○ Develop the vulnerability assessments. Jurisdiction maps (e.g., county, census tract) identifying high-risk areas should be produced for both assessments. Technical assistance will be available and methods from the national assessment may be applied. Outcomes should be clearly defined and wide array of risk and protective factors should be considered. Innovation is encouraged. ○ Use the findings from the assessments to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders in formats that support action. Potential modes include presenting at public health and healthcare provider meetings, county "report cards" and journal publication.
Biosurveillance	Required	NCIPC	• Improve the scope and data quality of ED data: ○ Capture additional hospitals in a state's ED data. ○ Improve quality and completeness of data, including increasing the number of facilities submitting ICD-10-CM codes or free text fields such as triage notes and clinical impression. ○ Explore case-level data sharing through the Secure Access Management services (SAMS) upload/download function or via CDC's NSSP BioSense/ESSENCE platform for those states not currently sharing case-level ED data with CDC. ○ Improve timeliness to share ED data on suspected drug, opioid, and heroin overdoses within 14 days after the end of the month. • Improve the timeliness and the quality, such as representativeness and completeness of emergency medical services (EMS) data. For example, those states that are not currently

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			sharing case-level EMS data with CDC could explore ways to do so, specifically using automatic data uploads through available data platforms. • Link prescription drug monitoring program (PDMP) data with mortality data to better understand risk factors that placed the decedent at risk for a fatal overdose. • Leverage information from existing or new data reports to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. • Provide surge support and resources to improve death scene investigations. • Improve data linkages (e.g., link key data sets to expedite the discovery of risk factors). • Strengthen laboratory response networks through infrastructure and staffing resources. • Rapidly implement innovative surveillance projects that help address immediate state-specific response needs. For example, work with the Department of Corrections to link jail/prison release data with mortality data. • Support medical examiners/coroners to develop rapid reports on suspected overdoses. • Use novel technologies or strategies to more quickly characterize the illicit drug supply in a defined area. • Conduct rapid testing of biological specimens in emergency department settings. • Conduct qualitative/ethnographic/field assessment surveillance to better understand drug use behavior, potential for risk reduction, drug market characteristics. • Support medical examiners/coroners with funds for comprehensive toxicology testing (e.g., fentanyl and fentanyl analogs). • Expand State Unintentional Drug Overdose Reporting System (SUDORS) mortality data to include earlier data (i.e., January 1, 2016-June 30, 2017).
		CSELS (Center for Surveillance,	• Increase capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and non-fatal opioid overdoses.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		Epidemiology, and Laboratory Services) State Capacity to Enhance Syndromic Surveillance for Opioid Conditions	• Identify or designate an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with Enhanced State Opioid Overdose Surveillance (ESOOS). • Increase number of facilities submitting data to the BioSense platform, especially those in high intensity drug trafficking areas (HIDTA). • Enhance local data quality assurance for timeliness, completeness, and validity. • Enhance local capacity to use advanced analytics and visualization methods to study drug overdose data.
Information Management	Required	NCIPC	• Use ODMAP or other near real-time surveillance to activate a comprehensive communication response protocol. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials, law enforcement officers and EMS providers, community members, health care providers, harm reduction partners and others when an overdose spike occurs. • Create or enhance public-facing state and local data dashboards that capture and convey recent data on prescribing, overdose morbidity and mortality, treatment resources and availability, and other opioid-related harms as deemed appropriate by each applicant. • Create a campaign(s) to raise public awareness about the dangers of opioids. This may include leveraging and tailoring the CDC Rx Campaign or developing new campaigns with appropriate partners that address other important topics such as reducing stigma for those with an opioid use disorder, educating about effective substance use treatment modalities, harm reduction messages about the dangers of fentanyl and fentanyl analogs, or other areas. Applicants should rigorously develop and test these messages and deliver them via the most appropriate and/or novel communication channels. • Develop processes for health systems or clinicians to rapidly share information about opioid overdoses or other opioid-related harms with one another and facilitate exchange of this information with public health case-reporting systems, syndromic surveillance, or other registries.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Stand up a local call center or another platform for community members and others to gain access to information about the public health crisis. • Monitor news and social media to assess accuracy of messaging to the public.
Countermeasures and Mitigation	Required	NCIPC	**Support providers and health systems to respond to a surge and prevent new cases** • Implement the CDC Guideline for Prescribing Opioids for Chronic Pain to advance guideline-concordant care within health systems. This can include adoption of the specific recommendation statements included in the guideline as practice-level policies, integrating the guideline into clinical workflow through electronic health record (EHR)-based clinical decision support tools, implementing and tracking quality improvement (QI) measures that map onto the guideline, or creating data dashboards to show progress to providers. • Implement up-to-date, evidence-based guidelines for opioid prescribing for acute pain to advance guideline-concordant care within health systems. Guidelines could be those developed by states, localities, or professional societies for use in primary care, in EDs, or after surgical procedures. Similar to the CDC Guideline for Prescribing Opioids for Chronic Pain, this can include adoption of the specific recommendation statements included in the acute pain guidelines as practice-level policies, integrating the guidelines into clinical workflow through EHR-based clinical decision support tools, implementing and tracking QI measures that map onto the guidelines, or creating data dashboards to show progress to providers. • Enable state-wide integration of a state-authorized Prescription Drug Monitoring Program (PDMP) with all state/regional Health Information Exchanges (HIEs) and pharmacy dispensing systems. Build capacity to link with other state PDMPs is encouraged. Applicants may not expend more than $2 million on this integration activity. The proposed integration activities should improve clinical workflow for providers and provide timely data for improved clinical decisions. • Conduct academic detailing, as defined by the National Resource Center for Academic Detailing (NaRCAD) and in accordance with their scientifically derived implementation

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			guidance, in the areas of greatest need. • Identify and encourage the spread of opioid-related emergency health system innovations — this could be around provider engagement, patient care, practice-level changes or system-level transformation. • Enhance linkage to care for those with an opioid use disorder (OUD) or at risk of an overdose. This including connecting patients or their peer/family/community with a wide range of treatment and wrap around services. Funds can be used to connect to care (not provide the care itself). • Identify and implement promising emergency department interventions to create post-overdose protocols, policies, and procedures to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to patient navigators at this critical time of care. • Coordinate a "rapid medical response team" that is the appropriate combination of clinicians, case managers, peer navigators, and community health workers that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. • Facilitate clinicians obtaining their DATA waiver in coordination with substance abuse prevention partners. • Promote readiness and deployment of promising strategies, such as induction of buprenorphine in emergency departments. • Ensure pharmacists and others are prepared to educate around naloxone.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Deploy community health workers as part of a post-overdose hospital care team; conduct outreach to survivors, friends, family, and affected communities. • Collaborate with clinical specialty collaboratives (e.g., surgical collaboratives) in developing dashboards, reports, and other methods for providing feedback to providers on opioid prescribing, offering clinical decision support tools to improve prescribing behavior, and evaluating efforts. **Partnerships with public safety and first responders: data sharing and programmatic partnerships to advance evidence-based strategies** Examples of data sharing activities include but are not limited to: • Implement RxStat – a unique partnership between public health and public safety – originally developed in New York City in 2012. • Implement ODMAP. • Use of arrest, 9-1-1, and or seizure data to identify the possibility of a spike and to inform response and communication protocols within specific communities. • Leverage pre-arrest or pre-trial diversion, which uses interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment. • Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions. • In coordination with relevant partners, ensure that first responders have adequate naloxone training and awareness, distribution, tracking, and evaluation. **Establishing linkages to care**

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Staff emergency departments with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services. • Establish protocols and policies in emergency departments to guide referrals and linkages to care for persons who have experienced overdose. • Create or enhance case management systems to help individuals navigate the processes by which care may be procured. • Use technology to facilitate connections to care (for example, a "reservations" system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care). • Deploy outreach teams to follow up with individuals at risk of overdose. Such teams may include first responders (though typically NOT law enforcement), medical staff, community health workers, and clergy. The appropriate composition of these teams will vary highly by community. • Conduct outreach and corollary services that are attached with syringe services programs. • Conduct outreach and corollary services in schools, faith-based institutions, and other community setting for students, families and loved ones. • Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care. • Implement insurer mechanisms that make entry into care services accessible and feasible for individuals seeking treatment. • Implement promising overdose reduction strategies in EDs, such as buprenorphine induction.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Provide a continuum of services and systems in correctional settings intended to initiate or continue care for people receiving any mode of OUD treatment. • Coordinate a "rapid medical response team" that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. **Empowering individuals to make informed choices and reduce additional exposure to harm** Examples include: • Inform and educate policy makers on the science and strategy of harm reduction strategies by providing scientific evidence of impact and providing best practice components for Good Samaritan, naloxone, and MAT initiatives. • Partner with syringe service programs to offer comprehensive services that facilitate both reduction of opioid-related harms and linkages to care for opioid use disorder. • Engage harm reduction partners to deploy a variety of strategies (outreach, communication, connection to services, infectious disease reduction). • Developing user guides, practice informed messaging, and implementation guidance. • Support public awareness/campaign efforts to help individuals reduce risk-taking.
Surge Management	Optional	NCIPC	**Include activities that strengthen a state's ability to manage the various surge needs created by the opioid crisis in their state** Activities may include but are not limited to: • Rapidly support and scale up of key interventions for hospitals, EDs, and other clinical care settings (e.g., education on new protocols, academic detailing on linkages to care, etc.).

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Develop rapid community outreach teams, including finding and training volunteers or staff focusing on high-impact areas, for post-overdose visits to victims, friends, or family members. • Surge support to hire and manage outreach, peer navigator, and community health workers.

End of Table 3

Table 4. Overview of Work Plan Activities in Each Domain for AL, AZ, AR, CO, HI, ID, KS, MT, NE, NY, OR, SC, SD

The below activities are available for the following Jurisdictions (unless otherwise noted): AL, AZ, AR, CO, HI, ID, KS, MT, NE, NY, OR, SC, SD.

Note AL, AZ, AR, CO, HI, ID, KS, MT, NE, NY, OR, SC, and SD are currently funded by:

FOA number RFA-CE15-1501 for Prescription Drug Overdose Prevention for States

or

FOA number RFA-CE-16-1601 for Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI)

Please ensure that activities are not duplicative. Funds are intended to enhance and/or surge current activities.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
Incident Management For Early Crisis Response	Optional	(National Center for Injury	• Standing up an emergency operations center (EOC). • Establishing call centers. • Conducting a needs assessment.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		Prevention and Control)	• Preparing staffing contracts. • Updating response plans.
Jurisdictional Recovery	Required	NCIPC	• HOSPITAL & EMERGENCY DEPARTMENTS - - Assess capacity to attend to a surge, learn more about what institutions need, and provide training on emergency department (ED) protocols used elsewhere such as those used in Rhode Island. • OTHER PUBLIC HEALTH STAFFING SHORTAGES - - Identify and address other public health staffing shortages such as the need for certified peer recovery coaches, community outreach workers, and faith-based organizations. • CLINICIANS - - - Train physicians on safe prescribing for acute and chronic pain, making referrals to specialized care and treatment; consider co-sponsoring training with Substance Abuse and Mental Health Services Administration (SAMHSA) to help targeted physicians get their Drug Addiction Treatment Act (DATA) waiver to prescribe buprenorphine at the same time. • SUBSTANCE ABUSE TREATMENT PROVIDERS - - Identify gaps in treatment services for medication-assisted treatment (MAT) across the state or locality (including jails and prisons) and highlighting the need to work with SAMHSA grantees to access services. • HARM REDUCTION - - In coordination with other partners, identify gaps in access to naloxone, ability to make referrals to treatment, and the provision of comprehensive services. • LAW ENFORCEMENT AND FIRST RESPONDERS -- Identify training needs to increase their self-efficacy to respond effectively, to cope with stress/compassion fatigue, keeping themselves safe in the field, and learning more about local resources such as naloxone

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			distribution, substance use disorder (SUD) treatment providers and other programs (e.g., pre-arrest diversion).
		NCHHSTP (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention)	• Develop and disseminate jurisdiction-level vulnerability assessments that identify subregional (e.g., county, census tract) areas at high risk for i) opioid overdoses and ii) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with nonsterile drug injection. Activities include: ○ Identify a staff member to coordinate the development of the vulnerability assessments (assessment coordinator). ○ Assessment coordinator organizes a new or engages an existing stakeholder group to provide input on the vulnerability assessments' design, support development of data use agreements, and inform the use of the assessments' findings to target services that will maximally reduce risk of overdoses and risk of bloodborne infection spread through non-sterile drug injection. ○ Obtain relevant data for the assessments. Local data will be needed for both assessments and may include drug overdose death data, syndromic ED data, drug-related arrest data, prescription drug monitoring program data, and other data used in the national assessment. Data sharing agreements may need to be developed. ○ Develop the vulnerability assessments. Jurisdiction maps (e.g., county, census tract) identifying high-risk areas should be produced for both assessments. Technical assistance will be available and methods from the national assessment may be applied. Outcomes should be clearly defined and wide array of risk and protective factors should be considered. Innovation is encouraged. ○ Use the findings from the assessments to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders in formats that support action. Potential modes include presenting at public health and healthcare provider meetings, county "report cards" and journal publication.
Biosurveillance	Required	NCIPC	• Improve the scope and data quality of ED data: ○ Consider using syndromic surveillance techniques supported by CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program • Enhance activities to improve the timeliness and the quality - such as representativeness and completeness of emergency medical services (EMS) data.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Link prescription drug monitoring program (PDMP) data with mortality data to better understand risk factors that placed the decedent at risk for a fatal overdose. • Leverage information from existing or new data reports to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. • Provide surge support and resources to improve death scene investigations. • Improve data linkages (e.g. link key data sets to expedite the discovery of risk factors). • Strengthen laboratory response networks through infrastructure and staffing resources. • Rapidly implement innovative surveillance projects that help address immediate state-specific response needs. For example, work with the Department of Corrections to link jail/prison release data with mortality data. • Support medical examiners/coroners to develop rapid reports on suspected overdoses • Use novel technologies or strategies to more quickly characterize the illicit drug supply in a defined area. • Conduct rapid testing of biological specimens in emergency department settings. • Conduct qualitative/ethnographic/field assessment surveillance to better understand drug use behavior, potential for risk reduction, drug market characteristics.
		CSELS (Center for Surveillance, Epidemiology, and Laboratory Services) State Capacity to	• Increase capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and non-fatal opioid overdoses. • Identify or designate an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with ESOOS. • Increase number of facilities submitting data to the BioSense platform, especially those in high intensity drug trafficking areas (HIDTA). • Enhance local data quality assurance for timeliness, completeness, and validity.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		Enhance Syndromic Surveillance for Opioid Conditions	• Enhance local capacity to use advanced analytics and visualization methods to study drug overdose data.
Information Management	Required	NCIPC	• Use ODMAP or other near real-time surveillance to activate a comprehensive communication response protocol. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials, law enforcement officers and EMS providers, community members, health care providers, harm reduction partners and others when an overdose spike occurs. • Create or enhance public-facing state and local data dashboards that capture and convey recent data on prescribing, overdose morbidity and mortality, treatment resources and availability, and other opioid-related harms as deemed appropriate by each applicant. • Create a campaign(s) to raise public awareness about the dangers of opioids. This may include leveraging and tailoring the CDC Rx Campaign or developing new campaigns with appropriate partners that address other important topics such as reducing stigma for those with an opioid use disorder, educating about effective substance use treatment modalities, harm reduction messages about the dangers of fentanyl and fentanyl analogs, or other areas. Applicants should rigorously develop and test these messages and deliver them via the most appropriate and/or novel communication channels. • Develop processes for health systems or clinicians to rapidly share information about opioid overdoses or other opioid-related harms with one another and facilitate exchange of this information with PH case-reporting systems, syndromic surveillance, or other registries. • Stand up a local call center or another platform for community members and others to gain access to information about the public health crisis. • Monitor news and social media to assess accuracy of messaging to the public.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
Countermeasures and Mitigation	Required	NCIPC	**Support providers and health systems to respond to a surge and prevent new cases:** • Implement the CDC Guideline for Prescribing Opioids for Chronic Pain to advance guideline-concordant care within health systems. This can include adoption of the specific recommendation statements included in the guideline as practice-level policies, integrating the guideline into clinical workflow through electronic health record (EHR)-based clinical decision support tools, implementing and tracking quality improvement (QI) measures that map onto the guideline, or creating data dashboards to show progress to providers. • Implement up-to-date, evidence-based guidelines for opioid prescribing for acute pain to advance guideline-concordant care within health systems. Guidelines could be those developed by states, localities, or professional societies for use in primary care, in EDs, or after surgical procedures. Similar to the CDC Guideline for Prescribing Opioids for Chronic Pain, this can include adoption of the specific recommendation statements included in the acute pain guidelines as practice-level policies, integrating the guidelines into clinical workflow through EHR-based clinical decision support tools, implementing and tracking QI measures that map onto the guidelines, or creating data dashboards to show progress to providers. • Enable state-wide integration of a state-authorized Prescription Drug Monitoring Program (PDMP) with all state/regional Health Information Exchanges (HIEs) and pharmacy dispensing systems. Build capacity to link with other state PDMPs is encouraged. Applicants may not expend more than $2 million on this integration activity. The proposed integration activities should improve clinical workflow for providers and provide timely data for improved clinical decisions. • Conduct academic detailing, as defined by the National Resource Center for Academic Detailing (NaRCAD) and in accordance with their scientifically derived implementation guidance, in the areas of greatest need. • Identify and encourage the spread of opioid-related emergency health system innovations—this could be around provider engagement, patient care, practice-level

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			changes or system-level transformation. • Enhance linkage to care for those with an opioid use disorder (OUD) or at risk of an overdose. This including connecting patients or their peer/family/community with a wide range of treatment and wrap around services. Funds can be used to connect to care (not provide the care itself). • Identify and implement promising emergency department interventions to create post-overdose protocols, policies, and procedures to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to patient navigators at this critical time of care. • Coordinate a "rapid medical response team" that is the appropriate combination of clinicians, case managers, peer navigators, and community health workers that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. • Facilitate clinicians obtaining their DATA waiver in coordination with substance abuse prevention partners. • Promote readiness and deployment of promising strategies, such as induction of buprenorphine in emergency departments. • Ensure pharmacists and others are prepared to educate around naloxone. • Deploy community health workers as part of a post-overdose hospital care team; conduct outreach to survivors, friends, family, and affected communities.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Collaborate with clinical specialty collaboratives (e.g., surgical collaboratives) in developing dashboards, reports, and other methods for providing feedback to providers on opioid prescribing, offering clinical decision support tools to improve prescribing behavior, and evaluating efforts. **Partnerships with public safety and first responders: data sharing and programmatic partnerships to advance evidence-based strategies** Examples of data sharing activities include but are not limited to: • Implement RxStat – a unique partnership between PH and public safety – originally developed in New York City in 2012. • Implement ODMAP. • Use of arrest, 9-1-1, and or seizure data to identify the possibility of a spike and to inform response and communication protocols within specific communities • Leverage pre-arrest or pre-trial diversion, which uses interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment. • Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions. • In coordination with relevant partners, ensure that first responders have adequate naloxone training and awareness, distribution, tracking, and evaluation. **Establishing linkages to care** • Staff emergency departments with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services. • Establish protocols and policies in emergency departments to guide referrals and linkages to care for persons who have experienced overdose. • Create or enhance case management systems to help individuals navigate the processes by which care may be procured.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Use technology to facilitate connections to care (for example, a "reservations" system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care). • Deploy outreach teams to follow up with individuals at risk of overdose. Such teams may include first responders (though typically NOT law enforcement), medical staff, community health workers, and clergy. The appropriate composition of these teams will vary highly by community. • Conduct outreach and corollary services that are attached with syringe services programs. • Conduct outreach and corollary services in schools, faith-based institutions, and other community setting for students, families and loved ones. • Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care. • Implement insurer mechanisms that make entry into care services accessible and feasible for individuals seeking treatment. • Implement promising overdose reduction strategies in EDs, such as buprenorphine induction. • Provide a continuum of services and systems in correctional settings intended to initiate or continue care for people receiving any mode of OUD treatment. • Coordinate a "rapid medical response team" that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. **Empowering individuals to make informed choices and reduce additional exposure to harm** Examples include: • Inform and educate policy makers on the science and strategy of harm reduction strategies by providing scientific evidence of impact and providing best practice components for Good Samaritan, naloxone, and MAT initiatives. • Partner with syringe service programs to offer comprehensive services that facilitate both reduction of opioid-related harms and linkages to care for opioid use disorder.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Engage harm reduction partners to deploy a variety of strategies (outreach, communication, connection to services, infectious disease reduction). • Developing user guides, practice informed messaging, and implementation guidance. • Support public awareness/campaign efforts to help individuals reduce risk-taking.
Surge Management	Optional	NCIPC	**Include activities that strengthen a state's ability to manage the various surge needs created by the opioid crisis in their state.** Activities may include but are not limited to: • Rapidly support and scale up of key interventions for hospitals, EDs, and other clinical care settings (e.g., education on new protocols, academic detailing on linkages to care, etc.). • Develop rapid community outreach teams, including finding and training volunteers or staff focusing on high-impact areas, for post-overdose visits to victims, friends, or family members. • Surge support to hire and manage outreach, peer navigator, and community health workers.

End of Table 4

Table 5. Overview of Work Plan Activities in Each Domain for AK, CA, CT, DC, DE, GA, IL, IN, KY, LA, ME, MD, MA, MI, MN, NV, NJ, NM, NC, OH, OK, PA, RI, TN, UT, VA, VT, WA, WV, WI

The below activities are available for the following Jurisdictions (unless otherwise noted): AK, CA, CT, DC, DE, GA, IL, IN, KY, LA, ME, MD, MA, MI, MN, NV, NJ, NM, NC, OH, OK, PA, RI, TN, UT, VA, VT, WA, WV, WI.

Note: AK, CA, CT, DC, DE, GA, IL, IN, KY, LA, ME, MD, MA, MI, MN, NV, NJ, NM, NC, OH, OK, PA, RI, TN, UT, VA, VT, WA, WV, and WI are currently funded by:

FOA number RFA-CE16-1608 for Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality ()

and

FOA number RFA-CE15-1501 for Prescription Drug Overdose Prevention for States

or

FOA number RFA-CE-16-1601 for Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI).

Please ensure that activities are not duplicative. Funds are intended to enhance and/or surge current activities.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
Incident Management For Early Crisis Response	Optional	NCIPC (National Center for Injury Prevention and Control)	• Standing up an emergency operations center (EOC). • Establishing call centers. • Conducting a needs assessment. • Preparing staffing contracts. • Updating response plans.
Jurisdictional Recovery	Required	NCIPC	• HOSPITAL & EMERGENCY DEPARTMENTS - - Assess capacity to attend to a surge, learn more about what institutions need, and provide training on emergency department (ED) protocols used elsewhere such as those used in Rhode Island.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• OTHER PUBLIC HEALTH STAFFING SHORTAGES - - Identify and address other public health staffing shortages such as the need for certified peer recovery coaches, community outreach workers, and faith-based organizations. • CLINICIANS - - Train physicians on safe prescribing for acute and chronic pain, making referrals to specialized care and treatment; consider co-sponsoring training with Substance Abuse and Mental Health Services Administration (SAMHSA) to help targeted physicians get their Drug Addiction Treatment Act (DATA) waiver to prescribe buprenorphine at the same time. • SUBSTANCE ABUSE TREATMENT PROVIDERS - - Identify gaps in treatment services for MAT across the state or locality (including jails and prisons) and highlighting the need to work with SAMHSA grantees to access services. • HARM REDUCTION - - In coordination with other partners, identify gaps in access to naloxone, ability to make referrals to treatment, and the provision of comprehensive services. • LAW ENFORCEMENT AND FIRST RESPONDERS -- Identify training needs to increase their self-efficacy to respond effectively, to cope with stress/compassion fatigue, keeping themselves safe in the field, and learning more about local resources such as naloxone distribution, substance use disorder (SUD) treatment providers and other programs (e.g., pre-arrest diversion).
		NCHHSTP (National Center for HIV/AIDS, Viral Hepatitis,	• Develop and disseminate jurisdiction-level vulnerability assessments that identify sub-regional (e.g., county, census tract) areas at high risk for i) opioid overdoses and ii) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B) associated with non-sterile drug injection. Activities include: ○ Identify a staff member to coordinate the development of the vulnerability assessments (assessment coordinator). ○ Assessment coordinator organizes a new or engages an existing stakeholder group to provide input on the vulnerability assessments' design, support development of

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		STD, and TB Prevention)	data use agreements, and inform the use of the assessments' findings to target services that will maximally reduce risk of overdoses and risk of bloodborne infection spread through nonsterile drug injection. ○ Obtain relevant data for the assessments. Local data will be needed for both assessments and may include drug overdose death data, syndromic ED data, drug-related arrest data, prescription drug monitoring program data, and other data used in the national assessment. Data sharing agreements may need to be developed. ○ Develop the vulnerability assessments. Jurisdiction maps (e.g., county, census tract) identifying high-risk areas should be produced for both assessments. Technical assistance will be available and methods from the national assessment may be applied. Outcomes should be clearly defined and wide array of risk and protective factors should be considered. Innovation is encouraged. ○ Use the findings from the assessments to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders in formats that support action. Potential modes include presenting at public health and healthcare provider meetings, county "report cards" and journal publication.
Biosurveillance	Required	NCIPC	• Improve the scope and data quality of ED data: ○ Capture additional hospitals in a state's ED data. ○ Improve quality and completeness of data - including increasing the number of facilities submitting ICD-10-CM codes or free text fields such as triage notes and clinical impression. ○ Explore case-level data sharing through the Secure Access Management services (SAMS) upload/download function or via CDC's NSSP BioSense/ESSENCE platform for those states not currently sharing case-level ED data with CDC. ○ Improve timeliness to share emergency department data on suspected drug, opioid, and heroin overdoses within 14 days after the end of the month. • Improve the timeliness and the quality - such as representativeness and completeness of emergency medical services (EMS) data. For example, those states that are not currently sharing case-level EMS data with CDC could explore ways to do so - specifically using automatic data uploads through available data platforms.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Link prescription drug monitoring program (PDMP) data with mortality data to better understand risk factors that placed the decedent at risk for a fatal overdose. • Leverage information from existing or new data reports to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. • Provide surge support and resources to improve death scene investigations. • Improve data linkages (e.g., link key data sets to expedite the discovery of risk factors). • Strengthen laboratory response networks through infrastructure and staffing resources. • Rapidly implement innovative surveillance projects that help address immediate state-specific response needs. For example, work with the Department of Corrections to link jail/prison release data with mortality data. • Support medical examiners/coroners to develop rapid reports on suspected overdoses. • Use novel technologies or strategies to more quickly characterize the illicit drug supply in a defined area. • Conduct rapid testing of biological specimens in emergency department settings. • Conduct qualitative/ethnographic/field assessment surveillance to better understand drug use behavior, potential for risk reduction, drug market characteristics. • Support medical examiners/coroners with funds for comprehensive toxicology testing (e.g., fentanyl and fentanyl analogs). • Expand State Unintentional Drug Overdose Reporting System (SUDORS) mortality data to include earlier data (i.e. January 1, 2016-June 30, 2017).
		CSELS (Center for Surveillance, Epidemiology, and	• Increase capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and nonfatal opioid overdoses.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
		Laboratory Services) State Capacity to Enhance Syndromic Surveillance for Opioid Conditions	• Identify or designate an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with Enhanced State Opioid Overdose Surveillance (ESOOS). • Increase number of facilities submitting data to the BioSense platform, especially those in high intensity drug trafficking areas (HIDTA). • Enhance local data quality assurance for timeliness, completeness, and validity. • Enhance local capacity to use advanced analytics and visualization methods to study drug overdose data.
Information Management	Required	NCIPC	• Use ODMAP or other near real-time surveillance to activate a comprehensive communication response protocol. This protocol will help systematize and automate a cascade of communication activities and resource mobilization to reach elected officials and other public officials, law enforcement officers and EMS providers, community members, health care providers, harm reduction partners and others when an overdose spike occurs. • Create or enhance public-facing state and local data dashboards that capture and convey recent data on prescribing, overdose morbidity and mortality, treatment resources and availability, and other opioid-related harms as deemed appropriate by each applicant. • Create a campaign(s) to raise public awareness about the dangers of opioids. This may include leveraging and tailoring the CDC Rx Campaign or developing new campaigns with appropriate partners that address other important topics such as reducing stigma for those with an opioid use disorder, educating about effective substance use treatment modalities, harm reduction messages about the dangers of fentanyl and fentanyl analogs, or other areas. Applicants should rigorously develop and test these messages and deliver them via the most appropriate and/or novel communication channels. • Develop processes for health systems or clinicians to rapidly share information about opioid overdoses or other opioid-related harms with one another and facilitate exchange of this information with PH case-reporting systems, syndromic surveillance, or other registries.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Stand up a local call center or another platform for community members and others to gain access to information about the public health crisis. • Monitor news and social media to assess accuracy of messaging to the public.
Countermeasures and Mitigation	Required	NCIPC	**Support providers and health systems to respond to a surge and prevent new cases:** • Implement the CDC Guideline for Prescribing Opioids for Chronic Pain to advance guideline-concordant care within health systems. This can include adoption of the specific recommendation statements included in the guideline as practice-level policies, integrating the guideline into clinical workflow through electronic health record (EHR)-based clinical decision support tools, implementing and tracking quality improvement (QI) measures that map onto the guideline, or creating data dashboards to show progress to providers. • Implement up-to-date, evidence-based guidelines for opioid prescribing for acute pain to advance guideline-concordant care within health systems. Guidelines could be those developed by states, localities, or professional societies for use in primary care, in emergency departments, or after surgical procedures. Similar to the CDC Guideline for Prescribing Opioids for Chronic Pain, this can include adoption of the specific recommendation statements included in the acute pain guidelines as practice-level policies, integrating the guidelines into clinical workflow through EHR-based clinical decision support tools, implementing and tracking QI measures that map onto the guidelines, or creating data dashboards to show progress to providers. • Enable statewide integration of a state-authorized Prescription Drug Monitoring Program (PDMP) with all state/regional Health Information Exchanges (HIEs) and pharmacy dispensing systems. Build capacity to link with other state PDMPs is encouraged. Applicants may not expend more than $2 million on this integration activity. The proposed integration activities should improve clinical workflow for providers and provide timely data for improved clinical decisions. • Conduct academic detailing, as defined by the National Resource Center for Academic Detailing (NaRCAD) and in accordance with their scientifically derived implementation

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			guidance, in the areas of greatest need. • Identify and encourage the spread of opioid-related emergency health system novations—this could be around provider engagement, patient care, practice-level changes or system-level transformation. • Enhance linkage to care for those with an opioid use disorder (OUD) or at risk of an overdose. This including connecting patients or their peer/family/community with a wide range of treatment and wrap around services. Funds can be used to connect to care (not provide the care itself). • Identify and implement promising emergency department interventions to create post-overdose protocols, policies, and procedures to ensure that vulnerable patients are receiving naloxone, being referred to MAT, provided "warm hand-offs" to community-based recovery organizations, and are linked to patient navigators at this critical time of care. • Coordinate a "rapid medical response team" that is the appropriate combination of clinicians, case managers, peer navigators, and community health workers that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. • Facilitate clinicians obtaining their DATA waiver in coordination with substance abuse prevention partners. • Promote readiness and deployment of promising strategies, such as induction of buprenorphine in emergency departments. • Ensure pharmacists and others are prepared to educate around naloxone.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Deploy community health workers as part of a post-overdose hospital care team; conduct outreach to survivors, friends, family, and affected communities. • Collaborate with clinical specialty collaboratives (e.g., surgical collaboratives) in developing dashboards, reports, and other methods for providing feedback to providers on opioid prescribing, offering clinical decision support tools to improve prescribing behavior, and evaluating efforts. **Partnerships with public safety and first responders: data sharing and programmatic partnerships to advance evidence-based strategies** Examples of data sharing activities include but are not limited to: • Implement RxStat – a unique partnership between PH and public safety – originally developed in New York City in 2012. • Implement ODMAP. • Use of arrest, 9-1-1, and or seizure data to identify the possibility of a spike and to inform response and communication protocols within specific communities • Leverage pre-arrest or pre-trial diversion, which uses interactions with law enforcement as an opportunity to refer individuals with substance use disorder to treatment. • Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions. • In coordination with relevant partners, ensure that first responders have adequate naloxone training and awareness, distribution, tracking, and evaluation. **Establishing linkages to care** • Staff emergency departments with peer navigators to connect directly with individuals who have experienced an overdose (or their family/friends/community as appropriate) to ensure awareness of and connection to treatment and other services.

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Establish protocols and policies in emergency departments to guide referrals and linkages to care for persons who have experienced overdose. • Create or enhance case management systems to help individuals navigate the processes by which care may be procured. • Use technology to facilitate connections to care (for example, a "reservations" system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care). • Deploy outreach teams to follow up with individuals at risk of overdose. Such teams may include first responders (though typically NOT law enforcement), medical staff, community health workers, and clergy. The appropriate composition of these teams will vary highly by community. • Conduct outreach and corollary services that are attached with syringe services programs. • Conduct outreach and corollary services in schools, faith-based institutions, and other community setting for students, families and loved ones. • Leverage law enforcement pre-arrest diversion or pre-sentencing programs that include an explicit system to deliver individuals into systems of care. • Implement insurer mechanisms that make entry into care services accessible and feasible for individuals seeking treatment. • Implement promising overdose reduction strategies in EDs, such as buprenorphine induction. • Provide a continuum of services and systems in correctional settings intended to initiate or continue care for people receiving any mode of OUD treatment. • Coordinate a "rapid medical response team" that can deploy as needed to areas where pill mills or rogue prescribers have suddenly been removed by law enforcement. This team will triage patients and link them as necessary to treatment, work with insurers (including Medicaid), and offer training for providers who are willing to accept new patients. **Empowering individuals to make informed choices and reduce additional exposure to harm** Examples include:

Domain	Domain Optional or Required	Activity Category	Allowable Activities
			• Inform and educate policy makers on the science and strategy of harm reduction strategies by providing scientific evidence of impact and providing best practice components for Good Samaritan, naloxone, and MAT initiatives. • Partner with syringe service programs to offer comprehensive services that facilitate both reduction of opioid-related harms and linkages to care for opioid use disorder. • Engage harm reduction partners to deploy a variety of strategies (outreach, communication, connection to services, infectious disease reduction). • Developing user guides, practice informed messaging, and implementation guidance. • Support public awareness/campaign efforts to help individuals reduce risk-taking.
Surge Management	Optional	NCIPC	**Include activities that strengthen a state's ability to manage the various surge needs created by the opioid crisis in their state.** Activities may include but are not limited to: • Rapidly support and scale up of key interventions for hospitals, EDs, and other clinical care settings (e.g., education on new protocols, academic detailing on linkages to care, etc.). • Develop rapid community outreach teams, including finding and training volunteers or staff focusing on high-impact areas, for post-overdose visits to victims, friends, or family members. • Surge support to hire and manage outreach, peer navigator, and community health workers.

End of Table 5