DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU17CE925004-03-00
FAIN# NU17CE925004
Federal Award Date: 07/29/2021

Recipient Information

1. Recipient Name

Missouri Department of Health
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
[NO DATA]

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
[redacted]

4. Employer Identification Number (EIN)
[redacted]

5. Data Universal Numbering System (DUNS)
878092600

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Lynn Smith
lynn.smith@health.mo.gov
573-751-6400

8. Authorized Official

Ms. Marcia A Mahaney
Director
Marcia.Mahaney@health.mo.gov
573-751-6014

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Ms. Daryl Barksdale
GMS
xxj8@cdc.gov
770-488-1087

10.Program Official Contact Information
Ms. Tawanda Asamaowei
Public Health Advisor
LHY0@cdc.gov
404.718.6389

Federal Award Information

11. Award Number
5 NU17CE925004-03-00

12. Unique Federal Award Identification Number (FAIN)
NU17CE925004

13. Statutory Authority
Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

14. Federal Award Project Title
Overdose Data in Action - NCIPC

15. Assistance Listing Number
93.136

16. Assistance Listing Program Title
Injury Prevention and Control Research and State and Community Based Programs

17. Award Action Type
Non-Competing Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2021 **- End Date** 08/31/2022		
20. Total Amount of Federal Funds Obligated by this Action		$4,024,659.00
20a. Direct Cost Amount		$4,641,715.00
20b. Indirect Cost Amount		$202,457.00
21. Authorized Carryover		$0.00
22. Offset		$819,513.00
23. Total Amount of Federal Funds Obligated this budget period		$0.00
24. Total Approved Cost Sharing or Matching, where applicable		$0.00
25. Total Federal and Non-Federal Approved this Budget Period		$4,024,659.00
26. Project Period Start Date 09/01/2019 **- End Date** 08/31/2022		
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period		Not Available

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks

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920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
[NO DATA]

Congressional District of Recipient
03

Payment Account Number and Type
[redacted]

Employer Identification Number (EIN) Data
[redacted]

Universal Numbering System (DUNS)
878092600

Recipient's Unique Entity Identifier
Not Available

31. Assistance Type
Cooperative Agreement

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$660,401.00
b. Fringe Benefits	$405,161.00
c. Total Personnel Costs	$1,065,562.00
d. Equipment	$0.00
e. Supplies	$44,645.00
f. Travel	$60,896.00
g. Construction	$0.00
h. Other	$476,360.00
i. Contractual	$2,994,252.00
j. TOTAL DIRECT COSTS	$4,641,715.00
k. INDIRECT COSTS	$202,457.00
l. TOTAL APPROVED BUDGET	$4,844,172.00
m. Federal Share	$4,844,172.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390BX6	19NU17CE925004OPCE	CE	41.51	$4,024,659.00	75-21-0952

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

Missouri Department of Health 5 NU17CE925004-03-00

1. Terms and Conditions
2. OD2A Special Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CE19-1904, entitled Overdose Data to Action, and application dated May 10, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of $4,844,172 is approved for the Year 03 budget period, which is September 1, 2021 through August 31, 2022. The total approved funding includes a reduction of $78,703 due to partial coverage in SUDORS, not full county coverage. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Surveillance	$ 1,216,268
Prevention	$ 3,627,904

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. CDC program support to recipients will help ensure the success of the cooperative agreement by:

- Providing cross-site and recipient-specific surveillance technical assistance, such as providing tools to identify nonfatal and fatal drug poisonings using ICD-9-CM, ICD-10-CM, text searches of ED chief complaint and ICD-10 cause of death codes;
- Providing technical assistance to revise annual work plans;
- Assisting in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise and resources;
- Collaborating with recipients to develop evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipient's evaluation and performance measurement plan;

- Providing technical assistance to define and operationalize performance measures;
- Facilitating the sharing of information among recipients;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Justice (DOJ), and the HHS Office of the National Coordinator for Health Information Technology (ONC);
- Translating and disseminating lessons learned through publications, meetings, surveillance measures and other means on promising and best practices to expand the evidence base;
- Providing guidance on SUDORS data abstraction, use of necessary data sharing platforms (e.g. NVDRS, NSSP ESSENCE) and CDC templates to collect ED data;
- Supporting use of CDC ED case definitions by providing recipients computer programming code such as SAS, R, and ESSENCE to implement the cases definitions if resources are available;
- Providing ongoing data quality reviews and feedback on required ED and drug overdose death data submissions; and
- Providing technical assistance on data management plans.

Use of Estimated Unobligated Funds: This NoA includes use of Year 02 estimated unobligated funds in the amount of $819,513, which has been applied as an offset to the currently approved funding level for this budget period. The use of estimated unobligated funds is approved based on the Year 02 Interim Federal Financial Report (FFR) dated March 31, 2021. The amount of this NoA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Budget Revision Requirement: Contracts: Once selected, the TBD contract cost must be submitted to the CDC before cost can be expended.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement

will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order68 of 88 proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).
- Program funds cannot be used for purchasing naloxone, implementing or expanding drug "take back" programs or other drug disposal programs (e.g. drop boxes or disposal bags), purchasing fentanyl test strips, or directly funding or expanding direct provision of substance abuse treatment programs. Such activities are outside the scope of this NOFO

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 30, 2021, which calculates indirect costs as follows, a Fixed is

approved at a rate of 19% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2021 to June 30, 2022.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Daryl Barksdale, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2960 Brandywine Road
Atlanta, Georgia 30341
Email: DBarksdale@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PROGRAM OR FUNDING GENERAL REQUIREMENTS

CE19-1904 Overdose to Action Prorgram Requirements: See CE19-1904 Overdose Data to Action Terms and Conditions attached to this Notice of Award.

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:
Daryl Barksdale, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2960 Brandywine Road
Atlanta, Georgia 30341
Telephone: 770-488-1087
Email: DBarksdale@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:
Twanda Asamaowei, Project Officer
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Highway
Atlanta, Georgia 30341
Telephone: 404.718.6389
Email: Lhy0@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and

other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMOContact:
Stephanie Latham, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Telephone: 770-488-2917
Fax: 404-248-4180
Email: fzv6@cdc.gov

CE19-1904 Overdose Data to Action Terms and Conditions

1 Surveillance Activities (Strategy 1-3)

Recipients must meet reporting timelines for the Surveillance Strategies as outlined in the NOFO and in Appendix 3 of the NOFO. OD2A applicants must demonstrate capacity to meet all of the requirements within the selected tier and optional activities in each Surveillance Strategy. Applicants are expected to meet reporting deadlines as stated for each budget year. States will be held accountable for the requirements in the tier for which they apply. Failure to meet the required reporting timelines for the selected tier and any optional activities selected under Strategy 1 and Strategy 2 may result in corrective action. Failure to meet reporting requirements for Strategy 3 projects may also result in corrective action. States may drop tiers and/or optional activities if they fail to meet reporting timelines. Decisions on surveillance tier shifts or the elimination of optional activities should be made in collaboration with your CDC Science and Project Officers.

2 Prevention Activities

2.1 PDMP (Strategy 4)

Control of Prescription Drug Monitoring Program (PDMP) Data

The recipient shall comply with Additional Requirement 25 and comply with their Data Management Plan (DMP), which includes plans for making data accessible and for archiving and long-term preservation of the data collected or acquired under this award (See additional requirements). The recipient shall also retain all title held in controlled substance - or prescription data ("PDMP data"), collected or acquired with federal funds, that are stored in a database operated by or under the oversight of the recipient, whether or not the PDMP data are in existence at the date of award acceptance or compiled thereafter during this award's performance period. Upon request by the recipient at any time, all contractors and subrecipients (at any tier) shall promptly deliver to recipient the PDMP data in electronic format as exists on the date of the request by the recipient. The recipient shall ensure that any and all contractors and subrecipients (at any tier) acknowledge that the recipient retains ownership of and control over the PDMP data.

Enhanced PDMP (see table 4.2 in NOFO)

Only states and territories that oversee PDMPs can receive enhanced PDMP dollars. In cases where a state does not have a prescription drug monitoring program, a county, consortium, or other unit of local government within the state that has a prescription drug monitoring program shall be treated as a state for the purpose of this activity.

Prescription Drug Monitoring Program (PDMP) Data Sharing System

For the purposes of this condition, a "PDMP system" is a local- or state-based data system that received federal financial assistance since 2002 under an award under this program for the reporting, collection, and use of PDMP data. "PDMP data" means controlled substance- or prescription data. "The PDMP hub" means Bureau of Justice Assistance (BJA) designated PDMP data sharing system.

- The recipient must ensure that the recipient's PDMP system has the capacity to exchange data with other PDMP systems via the PDMP hub.
- The recipient must allow other PDMP systems to exchange data via a direct connection to the PDMP hub with the recipient's system at no cost to the other PDMP systems or the federal government and regardless of what interstate data exchange system the recipient chooses to use.
- The recipient must ensure that this requirement is reflected in all contracts or subawards, at any tier, with any vendor or subrecipient, at any tier, under this award.
- The recipient must ensure that all contracts or subawards, at any tier, with any vendor or subrecipient, at any tier, working on the recipient's PDMP system provides the recipient with the option to use and connect to the PDMP hub to exchange PDMP data at the lower of—(1) actual cost; or (2) what would be (or in fact is) charged by the vendor or subrecipient for the use of any data exchange hub substantially equivalent to the PDMP hub.
- Within ninety (90) days of accepting this award, the recipient must inform BJA of whether its PDMP system is connected to the PDMP hub or not. Failure to connect to BJA's designated PDMP data sharing hub may result in a failure to comply with the terms and conditions of the award. Additional conditions, and possibly other actions,

such as temporary withholding of payments pending correction, may be imposed in accordance with applicable award regulations.

- The recipient must notify BJA in writing within seven (7) business days if the connection to the PDMP hub experiences a sustained interruption of service lasting longer than six (6) hours.
- Nothing in this condition prohibits the recipient from using or not using any data exchange system that is otherwise consistent with the requirements of this award (including those contained in this condition).
- The provisions of this condition must be included in any subaward (at any tier).

Connection to the Hub (RxCheck)

As stated, the recipient must allow other PDMP systems to exchange data via a direct connection to the PDMP hub. For these purposes, states/territories are required to use RxCheck to respond to a state that has initiated a request via RxCheck hub, but are not required to use RxCheck for any inter- or intrastate PDMP requests that the state itself initiates. The award conditions allow each state/territory to determine its preferred hub for initiating inter- and intrastate data sharing with another state or states. The award conditions require a state/territory to establish and maintain a connection to RxCheck in order to ensure it can receive and respond to requests from states that have initiated a request using RxCheck hub (in accordance with state law). For OD2A Special Conditions a "live" connection to RxCheck, is determined by BJA.

2.2 Peer-2-Peer Learning Coordinators (Optional Prevention Component)

"Peers" refer to OD2A recipients in other jurisdictions. Therefore, Peer-to-Peer curriculum and activities cannot be limited to activities within the recipient's own jurisdiction and must be offered to those in other jurisdictions.

3 Recipient Self Assessments and Evaluation Plans

OD2A recipients are required to complete the annual OD2A **Self-Assessment survey by August 31, 2021**. An individualized link was shared with each jurisdiction by July 1, 2021 and is provided in your technical review. This survey will cover year 2 of your OD2A work. The Qualtrics online survey will display each recipient's responses from the Year 1 assessment, please change your responses to reflect any changes in capacity.

Evaluation plans for year 3 are due in the Partners Portal 90 days after the start of the budget period. **You will be notified if there is a change in the due date.**

4 Fentanyl Test Strips

On April 7, 2021, the Department of Health and Human Services (HHS) announced that federal funding may now be used to purchase rapid fentanyl test strips (FTS) in an effort to help curb the dramatic spike in drug overdose deaths largely driven by the use of strong synthetic opioids, including illicitly manufactured fentanyl. This change applies to all federal grant programs as long as the purchase of FTS is consistent with the purpose of the program.

Recipients are permitted to spend up to $100,000 per year to purchase fentanyl test strips to support surveillance and prevention projects. Recipients may revise their budgets to include the purchase of fentanyl test strips. Requests for purchases greater than $100,000 will be handled on a case-by-case basis in discussion with CDC. Please alert your Project Officer if you are planning to request spending more than $100,000 on fentanyl test strips.

Please refer to Fentanyl Test Strip Guidance dated May 10th for more details.

5 Unallowable Activities

Please note that regardless of the reviewer comments on the quality of a project proposal, the following activities are NOT allowable:

- Prohibited purchases: Naloxone/Narcan, syringes, furniture or equipment.

    - Harm reduction and linkage to care activities are acceptable as long as O2DA funds are not used for prohibited purchases.
- HIV/HCV/other STD/STI testing.
- Drug disposal. This includes Implementing or expanding drug disposal programs or drug take back programs, drug drop box, drug disposal bags.
- The provision of medical/clinical care.
- Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
- Research.
- Direct funding for the provision of substance use disorder treatment.
- The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity. However, activities related to ACEs are allowable if they pertain to establishing linkage to care, or to providing training to public safety and first responders on trauma-informed care.
- Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.

Other unallowables:

- **Medication for Opioid Use Disorder (MOUD):** Funds can be used to support training and education related to treating opioid use disorder (OUD). However, OD2A funds cannot be used to pay for fees associated with obtaining a state medical license nor those associated with registration with the Drug Enforcement Administration (DEA) to prescribe controlled substances, necessary precursors to obtaining a waiver to prescribe buprenorphine to treat OUD. This applies to both direct reimbursements and contracts. If training, medical license, and/or DEA registration fee activities occur together, it must be clear that OD2A funds are not being used to cover the medical license nor DEA registration fees themselves. Other funding sources can be used to cover those fees.
- **Neonatal Abstinence Syndrome (NAS):** Funding the collection of NAS surveillance data is not allowable unless the activities are covered under the following examples (noted in the FAQs):
    - Surveillance of linkage to care during or after pregnancy for mothers who use opioids during pregnancy.
    - Tracking drug use patterns, overdose history, and linkage to treatment and risk reduction services for pregnant women.
    - Linking data sources on pregnant women available at the state and local level.
    - Prevention strategies and activities for pregnant women, infants born with NAS, and for healthcare provider/clinician support and education.
- **Human immunodeficiency viruses (HIV)/Hepatitis C surveillance (HCV):** Funding collection of HIV-related and HCV-related surveillance data is not allowable unless the activities are covered under the following examples:
    - Linking HIV/HCV datasets with drug overdose datasets.
    - Adding questions about substance use and drug overdose to interviews of people who newly acquired HIV and/or HCV conducted as part of reportable diseases surveillance.
    - Conducting interviews about substance use and drug overdose with people who have HIV and HCV because these groups are at high-risk of injection drug use.

Activities that must be funded under OD2A prevention and are unallowable under surveillance

- **Implementing prevention programs:** A recipient must fund prevention programs with OD2A prevention funds and not OD2A surveillance funds. For instance, the following activities can only be funded with OD2A prevention funds:
    - Hiring peer navigators to link people treated for an overdose in the emergency department with services.
    - Implementing a pilot project to enhance coordination of treatment of sexually transmitted diseases (e.g., HIV) and substance use disorders due to their frequent co-occurrence.
    - Forming a coalition of harm reduction groups in a state to create a strategic plan to expand and enhance harm reduction related to injection drug use.
- **Collecting or expanding data collection of EMS data using ODMAP:** Strategy 8 explicitly lists collecting first responder data (e.g., EMS and law enforcement) through ODMAP as a suggested activity: "Implement High Intensity Drug Trafficking Area's (HIDTA) Overdose Detection Mapping Application (ODMAP)." (p. 32) Consequently, OD2A prevention funding should be used to fund first responder data collection activities and not

OD2A surveillance funding. Strategy 3 surveillance funding may be used to link EMS data collected in ODMAP to other data sources (e.g., emergency department data, treatment data, or workers compensation data).

- **Overdose Fatality Reviews (OFR):** For the purposes of this NOFO, Overdose Fatality Reviews are considered a prevention activity and not a surveillance activity. On page 26, Overdose Fatality Review is identified as a suggested activity related to *Strategy 5: Integration of State and Local Prevention and Response Efforts*.