CDC-RFA-CE19-1904: Overdose Data to Action (OD2A)
Notice of Funding Opportunity Frequently Asked Questions (FAQs)

Date Last Updated: February 20, 2019
The FAQs will be updated throughout the application process.
Questions not yet addressed should be sent to overdosedata2action@cdc.gov.
To find FAQs and additional information visit the CDC NOFO webpage.

General Questions

Q: Where can I find additional information about the CDC-RFA-CE19-1904: Overdose Data to Action (OD2A) pre-submission calls?

A: The OD2A informational calls are on 2/12/19, 2/21/19, 2/26/19, 3/5/19, and 3/12/19 from 3:30 to 4:45 Eastern time.

Toll-Free Number: 1-888-455-1397
Conference ID: 7264894#
Web link: https://adobeconnect.cdc.gov/rtdp86dayqnw/

Q: How can I determine the funding amount available for my jurisdiction?

A: Please review Appendix 10 associated with funding announcement CDC-RFA-CE19-1904: Overdose Data to Action. We anticipate releasing an amendment on or about 2/25/2019 to offer further budget and eligibility clarification (Appendix 10 will be updated).

Q: Does drug overdose include alcohol?

A: For the purpose of this NOFO, the primary outcome of interest is all drug overdose involving classes of drugs such as opioids and stimulants. Polysubstance use is common; thus, it is recognized that overdose may involve other substances such as alcohol and non-narcotic prescription drugs (e.g., benzodiazepines). However, the intent of this NOFO is to focus on surveillance and prevention of drug overdoses and not those solely involving alcohol intoxication.

Q: Does drug overdose include non-narcotic prescription drugs?

A: Yes.

Q: What is the page limit for the project narrative?

A: The project narrative is 30 pages maximum, single spaced, 12 point font, 1 inch margins and number all pages. Please see section H for more information.

Overall, page limits and rules are as follows:

Document	**Page Limit**	**Included in Project Narrative Page Limit?**
Project Narrative	30 pages	Yes
Table of Contents	None	No
Project Abstract Summary	1 page	No
Work Plan	None	Yes
Evaluation and Performance Measurement Plan	10 pages	No
Data Management Plan	Part of Evaluation and Performance Measurement Plan limit	No

Q: Who is the person to contact concerning innovation projects?

A: Please send all innovation project questions to overdosedata2action@cdc.gov.

Q: If our jurisdiction does not apply for optional components in year 1, can we apply for them in year 2 or 3?

A: No.

Q: If we submit a letter of intent (LOI), how much do we need to stick to what is included in that letter?

A: The letter of intent is non-binding. If your submitted application is different from what is proposed in the LOI then that is fine. Additionally, submitting a LOI does not bind the applicant to submitting a full application.

Q: Is adding a reference appendix acceptable?

A: Yes. Applicants may upload references as a separate document.

Q: Where can I find the FTP site?

A: The FTP site is located here: https://ftp.cdc.gov/pub/TBI/PDO/CDC-RFA-CE16-1606_FOA_Prescription_Drug_Overdose/

Q: How do we know what is new in the updated notice of funding opportunity (NOFO)?

A: Please subscribe to this NOFO on grants.gov for updates, and note that any updates are posted in chronological order, starting with older versions, on the "Related Documents" page. We anticipate releasing an amendment on 2/25, which will include budget and eligibility clarifications.

To subscribe to updates, simply click on the red "subscribe" button at the top right of the NOFO home page on grants.gov.

Q: Where do the letters of support (LOS) go or attach to the application?

A: For the requested Letters of Support, applicants must file the LOS, as appropriate, name the file "LOS_[Partner]", (e.g., LOS_PublicSafety) and upload it as a separate PDF file with your application package at grants.gov.

Q: Are bio sketches required for the application? If so, where should they be attached?

A: Formal bio sketches are not required, but note that resumes of proposed key staff are required, per the parameters identified on page 49 under the "Organizational Capacity of Recipients to Implement the Approach" heading.

Q: Are there requirements or restrictions for salaries in the overall budget for staffing?

A: There are none. However, this will be assessed on a case by case basis. Budget review is part of the objective review process.

Eligibility Questions

Q: Would it be possible for a tribal epidemiology center to qualify for any strategies?

A: No. However, in 2018 CDC funded eleven Tribal Epidemiology Centers (TECs) to support opioid overdose prevention efforts.

Q: Can state health departments fund local health departments to be project leads as part of the requirement to fund local level efforts?

A: Yes

Q: Are local health departments or jurisdictions eligible to apply for the Overdose Data to Action (CDC-RFA-CE19-1904) NOFO in conjunction with other jurisdictions? How do I know if my city or county health department is eligible to apply for OD2A?

A: In order to meet the eligibility requirement a city or county health department must serve a population of 700,000 people as defined by the 2017 census estimates and have reported greater than 395 drug overdose deaths to the National Center for Health Statistics (NCHS). For cities that meet these requirements but are not served by a city health department, the eligible entity is the county seat. Local and county health departments are not permitted to combine with other jurisdictions to meet the 700,000 persons served and the 395 drug overdose deaths. In addition, please refer to Section C. Eligibility Information within the Notice of Funding Opportunity for additional details. Also, refer to Appendix 10, which identifies eligible jurisdictions. We anticipate posting an amendment to the NOFO on or near 2/25 offering further clarification on eligibility.

Q: What data source was used to determine a jurisdiction's eligibility?

A: All states, territories, and D.C. are eligible to apply for select components of this NOFO. Certain city and county health departments may be eligible to apply, provided they serve a population greater than 700,000 people by 2017 census estimate AND report 395 or more drug overdose deaths to the National Center for Health Statistics (NCHS) in 2017. See WONDER for NCHS fatal overdose data, and see Appendix 10 for additional information. Please note that we anticipate posting an amendment on or about 2/25 offering further clarification on eligibility.

Prevention Component Questions

Q: Are local applicants also required to subcontract 20% of their budget to other partners or is that only a requirement for states?

A: This does not apply to local applicants. Subcontracting 20% of the budget only applies to states.

Q: What are the evaluation requirements?

A: An evaluation plan is required as part of the application and the evaluation plan template can be found on the FTP site: https://ftp.cdc.gov/pub/TBI/PDO/CDC-RFA-CE16-1606_FOA_Prescription_Drug_Overdose/.

Q: What is the base award amount for prevention drug monitoring program (PDMP) work specified in the prevention component?

A: PDMP activities are a required part of the prevention component so there is no base funding amount. However, applicants who can demonstrate the ability to improve PDMP functionality and attain intra- and interstate interoperability will receive an additional $215,000 per year in funding.

Q: Would providing linkages to substance use disorder (SUD) treatment for people who inject drugs and who use syringe exchange programs work under linkages to care (strategy 6)?

A: Yes. Linkages to these programs are allowable. Note that 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.

Q: With regards to the prevention drug monitoring program (PDMP), if state statute is currently not allowing for bi-directional sharing of data but we can participate in one-way sharing, will we meet eligibility?

A: Yes. If you can demonstrate the utility of one-way data sharing to enhance functionality of your jurisdiction's PDMP. This utility is subject to scoring during objective review of your application.

Q: If jurisdictions are interested in implementing a stigma and awareness campaign as identified in strategy 9, are they required to use the CDC Rx Awareness campaign or something else?

A: It is not required to use the CDC Rx Awareness campaign to fulfill requirements associated with strategy 9. We encourage use of the CDC Rx Awareness campaign and other evidence informed campaigns that best fit the needs of your community and audience.

Q: Are the prescription drug monitoring programs (PDMP) enhancement and the peer-to-peer learning subcomponents part of the prevention budget or the total budget allotted to my state?

A: They are part of the prevention budget.

Q: For strategy 10, there are limits on funding substance abuse treatment programs. Would this term be inclusive of non-clinical programs such as recovery community organizations and non-profit advocacy groups?

A: The NOFO is unable to directly fund treatment options including recovery community organizations and advocacy groups. However, funding is allowed to establish linkages to care with an emphasis on evidence-based treatment programs such as medication assisted treatment (MAT).

Surveillance Questions

Q: The application says, "*Applicant budget includes at least $75,000 per year to support the staffing unit responsible for collecting rapid ED data to enhance ED quality improvement*s." Does the $75,000 have to go to the program area in the state health department that coordinates syndromic surveillance or can it be used by the injury program when they have dedicated staff responsible for all drug overdose work conducted using syndromic surveillance, or also be used to contract with the syndromic surveillance system vendor (HMS EpiCenter) to enhance quality improvements.

A: The intention of the $75,000 is to support staff who are responsible for management, analysis, and OD2A reporting requirements pertaining to syndromic surveillance that may or may not sit in the unit responsible for management of the overall OD2A program. We understand staffing situations may vary across state health departments and want to provide flexibility in determining the appropriate unit. If you can provide justification for providing it to staff in the injury program, please do so.

Q: Can recipients move tiers over the course of the project period? For example, can they do Tier 3 for the first year and Tier 2 for years 2 and 3?

A: No. The tier identified and proposed in your application will be the tier at which you are funded and expected to report for the duration of the project period.

Q: Is SUDORS being expanded to include all drugs or just opioids?

A: Yes. SUDORS is expanding the data collection to all unintentional or undetermined intent drug overdose deaths. The case definition is provided in Table 2.1 the "Case definition" row and sample requirements are described in Table 2.1, "SUDORS sample requirement".

Q: Can funding from OD2A (CDC-RFA-CE19-1904) be used by county and city health departments for surveillance activities that collect and disseminate data?

A: County and city health departments will not directly receive NOFO funds for data collection or dissemination activities consistent with Strategy 1 (Collect and disseminate timely ED data on suspected all drug, all opioid, heroin, and all stimulant overdoses) or Strategy 2 (Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner / coroner (ME/C) data). Funded state health departments are responsible for implementing Strategy 1 and Strategy 2, including establishing an effective data collection system and disbursing funds to support the data collection. Consequently, county and city health departments need to collaborate with their state health department in implementing Strategy 1 and Strategy 2 as outlined in *1a Collaborations: With other CDC programs and CDC-funded organizations section*. Funding of Strategy 1 and Strategy 2 at the local level would be duplicative of funding at the state level. A city and county health department, however, may use OD2A NOFO funding to implement innovative projects (See Strategy 3) that utilize locally collected data. The proposed innovative projects would need to move beyond the scope of Strategy 1 and Strategy 2 and align with one of the 7 data collection priorities outlined in *Section 3.2 Seven CDC data collection priorities for innovative surveillance project.* For instance, a city or county health department could propose to use NOFO funding to link ED or ME/C data with prescription drug monitoring data, data on recent institutionalization or involvement in a city or county intervention such as being linked to treatment by a patient navigator, or participation in medically-assisted treatment programs. CDC encourages the sharing of this innovative city and county data with the state health department, but sharing is not required as outlined in *1a Collaborations: With other CDC programs and CDC-funded organizations section*.

Q: Is collection and dissemination of surveillance data by county and city health departments limited to the collection and dissemination that is prescribed by the state health department?

A: The NOFO does not impose any limitations on the collection or dissemination by county and city health departments of ED or ME/C data on drug overdoses, including data collected prior to or without NOFO funding. Discussion of strategies around sharing or disseminating ED and ME/C data collected as part of Strategy 1 and Strategy 2 in the NOFO would happen at the state, county, and city levels.

Q: The ESSENCE coding used for all drug, opioid, and heroin for the ESOOS grant were not truly nested queries. Will the CDC syndrome definitions be updated to fix that?

A: The codes for all drug, opioid and heroin are nested and will not be updated. Future recipients will be provided a SAS or R code at the beginning of the award, which mimics the ESSENCE query.

Q: I am from a state without local public health departments but still meet the eligibility criteria for the OD2A NOFO. Is my state eligible to apply for an innovative surveillance project?

A: Yes. All eligible state and localities can apply for innovative surveillance projects.

Q: Can local jurisdictions apply for the innovative surveillance project without applying for the prevention components?

A: No. A local jurisdiction will need to apply for both the required prevention strategies (strategies 4-7) and the innovative surveillance strategy (strategy 3).

Q: The reporting for Tier 1 is every two weeks and every month. Is there a requirement to do both or just one?

A: Reporting for Tier 1 is every two weeks and monthly for Tier 2. You are required to select one.

Q: Does the requirement for using the CDC case definitions for ED data apply to syndromic surveillance or is it broader?

A: Case definitions for all drug, opioid, heroin, and stimulant overdoses will be provided at the beginning of the award. This will include ICD-9/10-CM codes for billing data and a combination of ICD-9/10-CM codes and unstandardized free text for syndromic data.

Q: For the emergency data reporting, is the intent also to capture EMS data, which includes patients that are treated but refuse transport?

A: No, EMS data is not included in Strategy 1. However, EMS data can be included into an innovative surveillance project.

Q: For the surveillance strategies (component 1), are both syndromic surveillance data and emergency department (ED) discharge data required?

A: Applicants must select one data source and one tier for Strategy 1. If available, applicants may also elect to share billing data on a quarterly basis as an optional task for an additional $50,000 per year.