



March 24, 2023

Dear Local Public Health Laboratory Directors:

APHL is pleased to provide a guidance tool to assist you in responding to the “Overdose Data to Action (OD2A): Limiting Overdose through Collaborative Actions in Localities” notice of funding opportunity (NOFO). This new 5-year cooperative agreement [CDC-RFA-CE-23-0003](#) was announced on March 7, 2023, and applications are due May 8, 2023. The NOFO solicits applications from localities who will contribute to the use of data to drive action steps that reduce overdose morbidity and mortality in communities quickly, while addressing health disparities, with a primary focus on opioid, stimulant, and polysubstance use. Eligible jurisdictions include all city or county health departments, special health district governments, and territories, or their bona fide agents. Prioritization for funding for this NOFO is determined by drug overdose burden and population size for which further information is available in Appendices 1 and 2 of the NOFO.

There are three components within this NOFO. Of these three components, Component A is required of all applicants while Components B and C are optional. There are both required and optional strategies to enhance the quality, timeliness, and comprehensiveness of data on overdose morbidity and mortality, and to use these data to inform and target prevention and response efforts at the state and local level. Component A will competitively fund up to 40 recipients.

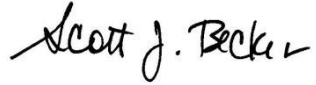
Component B, “Toxicologic Testing of Drug Product and/or Paraphernalia” is an optional and competitive activity available to 20 Component A applicants. The intent is to conduct laboratory toxicologic testing of drug products and/or drug paraphernalia to track illicit drug market trends and identify emerging drug threats in localities. Findings from testing performed under Component B should be used to inform harm reduction and linkage to care prevention activities identified and funded through Component A. Component B also contains an optional activity for which additional funding can be requested to improve medical examiner and coroner investigation of drug overdose deaths. Component C is an optional and competitive activity to provide funding to up to 20 Component A applicants to establish a surveillance system to measure linkage to and retention in care. Application to Component A is required; applicants may apply for additional funding through any combination of Components B or C alongside Component A.

APHL encourages our members to collaborate with their partners in injury prevention, forensic toxicology, and epidemiology to build local overdose surveillance infrastructure which will facilitate harm reduction, recovery, and linkage to care initiatives in communities that have been disproportionately impacted by the overdose crisis. By leveraging relationships, technical expertise and analytical instruments acquired through work in the Laboratory Response Network-Chemical (LRN-C), public health laboratories are poised to provide critical, currently unavailable information regarding pharmaceutical and illicit drugs resulting in overdose. Applicants may request up to \$325,000 annually to support projects under Component B.

Laboratory Directors and appropriate technical staff should contribute to the relevant sections of the grant proposal. Laboratory Directors are asked to share this guidance with appropriate technical staff. Letters of Intent (LOI) are strongly recommended and are due April 6, 2023. The OD2A: LOCAL application must be submitted by May 8, 2023.

If you need assistance, please do not hesitate to contact the APHL staff below.

Sincerely,



Scott Becker, MS
Chief Executive Officer

APHL Staff Contacts

Subject Area	Staff Contact	Email	Telephone
OD2A STATE	Julianne Nassif	julianne.nassif@aphl.org	240-485-2737
LRN-C	Jennifer Liebreich	jennifer.liebreich@aphl.org	240-485-3829
OD2A LOCAL	Kelsey Granger	kelsey.granger@aphl.org	240-485-3849
Informatics	Michelle Meigs	michelle.meigs@aphl.org	240-485-2771

OVERDOSE DATA TO ACTION: LIMITING OVERDOSE THROUGH COLLABORATIVE ACTION IN LOCALITIES

Important Dates:

April 6, 2023 – Optional Letter of Intent due

May 8, 2023 – Proposals due

August 1, 2023 – Anticipated date of awards

KEY POINTS:

- *Funding is to support city or county local health departments, special district health departments, and territories to use data to drive actions that reduce overdose morbidity and mortality in communities, with a primary focus on opioids and/or stimulants.*
- *OD2A: LOCAL has three components. All applicants must apply to Component A, which contains both Prevention and Surveillance strategies.*
- *All local, city or county health departments who apply for this cooperative agreement must submit an application that includes Component A.*
- *Component B provides the public health laboratories with the greatest opportunity for input and impact by proposing Drug Product and/or Paraphernalia Testing.*
 - *State public health laboratories are allowed to collaborate with local health departments through Component B, although state health departments are not eligible to apply for this funding under Component A.*
- *Components B and C are optional and competitive and are to be applied for in addition to Component A.*
 - *Up to 40 awards will be made under Component A, with an average award amount of \$2,000,000 per year.*
 - *For applicants awarded funding for Component A, up to 20 additional awards will be made for Components B and C.*
 - *The average one-year award amount for Component B is \$250,000 - \$325,000.*
 - *The average one-year award amount for Component C is \$250,000 - \$325,000.*
- *The intent of Component C is to collect and analyze standardized data on linkage to and retention in care among individuals who are at high risk of drug overdose.*

APHL suggests that you coordinate closely with your health department partners to ensure that your application is complete. Funding for Component B will only be granted to applicants who also apply for Component A.

COMPONENT A: PREVENTION AND SURVEILLANCE

Prevention: Strategies 1A - 5A

A brief overview of Component A's Prevention Strategies 1A-5A is provided below. Strategies 1A-5A are required to be implemented in either healthcare, community, or public safety settings. **Strategies 1A-5A are not applicable to the public health laboratory setting but are required for all applicants.**

Strategy 1A. Linkage to and Retention in Care

Required for all applicants; core strategy. This strategy requires utilization of linkage to care and re-engagement navigators to link people with substance use disorders (SUDs) to evidence-based treatment and retain individuals in treatment.

Strategy 2A. Harm Reduction

Required for all applicants; core strategy. Harm reduction strategies and interventions are aimed at reducing negative consequences of drug use and are to be implemented with compassion, and without judgement or barriers. This strategy requires overdose prevention education and naloxone distribution as harm reduction strategies. Other activities that can be supported through this strategy are syringe services programs, drug checking, and more. See Appendix 3 of the NOFO for a full list of allowable and unallowable activities.

Strategy 3A. Stigma Reduction

Not required for all applicants; optional strategy. This strategy encourages the development of anti-stigma messages aimed at improving understanding, attitudes, and behaviors towards individuals who use drugs, overdose, substance use disorder, treatment, harm reduction, and recovery.

Strategy 4A. Clinician and Health Systems Best Practices

Required for all applicants; core strategy. This strategy requires recipients to work with local health systems and healthcare providers to support implementation of evidence-based care aligned with the CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022.

Strategy 5A. Health IT Enhancements

Not required for all applicants; optional strategy. This strategy encourages recipients to work towards enhancing health information technology capabilities in order to provide clinicians and healthcare workers with pertinent information in clinical and treatment decision-making, as well as support health IT enhancements that will address overdose risk, SUD care access, and improve disparities prevalent in overdose-related care.

Recipients of Component A must conduct at least one additional prevention activity from the required activities of the required strategies (1A, 2A, 4A).

Surveillance: Strategy 6A

Strategy 6A. Overdose Surveillance Infrastructure

Required for all applicants; core strategy. This strategy requires applicants to develop and conduct activities to improve their drug overdose surveillance infrastructure to address critical data needs of the applicant which can inform or enhance performance of activities in Component A.

6A.1 Support core overdose surveillance goals

- Recipients must conduct activities that address at least one of two goals: *improving drug overdose morbidity surveillance or improving drug overdose mortality surveillance.*
- Recipients must have strong capacity to *implement proposed surveillance activities.*
- Recipients serving a population of 800,000 or more may *not allocate more than \$200,000 of their Component A funding to surveillance infrastructure. See Appendices 1 and 2 for information on how to perform the population calculation.*
- Recipients serving a population of less than 800,000 may *not allocate more than \$150,000 of their Component A funding to surveillance infrastructure.*

6A.2 Coordinate and collaborate with state health department funded through CDC's Overdose Data to Action in States (OD2A-S; CDC-RFA-CE-23-0002)

- Recipients will be required to provide state health departments *vital statistics death records, medical examiner and coroner reports, and toxicology reports for drug overdose deaths as required by SUDORS.*
- Recipients will be required to provide state health departments required data to support the Drug Overdose Surveillance and Epidemiology (DOSE) system, such as providing access to data collected through a local ESSENCE system.

Under this strategy, recipients must not duplicate activities currently supported by other federal funding sources, including surveillance activities funded through OD2A-S NOFO, which includes SUDORS, DOSE, and biosurveillance of nonfatal overdoses. Other sources of funding for which activities should not be duplicated include Epidemiology and Laboratory Capacity (ELC) and Data Modernization initiative (DMI).

COMPONENT B: DRUG PRODUCT AND/OR PARAPHERNALIA TESTING

This strategy is optional and competitive. **Component B is relevant and applicable to the public health and forensic laboratories.** The average one-year award amount for Component B is \$250,000-\$325,000. Consider funding for staffing, reagents, supplies, equipment, service agreements, training, specimen transport, instrument to LIMS interface and electronic reporting of laboratory data.

Short term goals relevant to Component B:

- Improved rapid and timely identification of changes in illicit drug market.
- Increased data sharing and data use that informs prevention and response efforts.

Intermediate-term outcomes relevant to Component B:

- Enhanced ability of programs to respond to overdose trends for groups disproportionately affected by the overdose epidemic.
- Increased use of standardized indicators on toxicologic findings and linkage to care to support local and national surveillance.

Component B Requirements

- Recipients must test illicit drug products, drug paraphernalia, or both to support public health and harm reduction strategies to reduce nonfatal and fatal overdoses.
- Allowable drug products include powders, diverted prescription pills, tablets, bags, syringes, drug crystals or more.
- Allowable paraphernalia includes syringes, cookers, pipes, and more.
 - Different types of paraphernalia or products are permissible for testing under OD2A-L, selection of product/paraphernalia tested should be informed by local drug overdose trends.
- All data obtained from testing of drug products/paraphernalia must be used to inform the rapid and timely identification of changes in a local illicit drug market. By applying for this funding, the applicant consents to the sharing of aggregated results by CDC.
 - Recipients must:
 - Obtain the drug product and/or paraphernalia from *sources in the recipient's jurisdiction, including harm reduction programs, medical examiner and coroners' offices, noncriminal law enforcement specimens, or other approved venues (in accordance with federal, state, and local laws).*
 - A letter of support (LOS) or a memorandum of understanding (MOU) from each

agencies you plan to collaborate with must be submitted as part of your application package. This NOFO requires *evidence of at least two collaborations* as part of the collaboration package (between the agency providing samples and the agency testing samples)

- *Consider providing detailed information on how your laboratory will develop new relationships and leverage existing relationships within your localities to obtain data that will inform activities proposed by your local health department partners in Component A.*
 - Applicants must also submit *at least a LOS or MOU/MOA from a public laboratory performing this testing* as part of the application package. If the testing will occur at a public health or forensic laboratory, a description of this plan must be written into the application, and submission of a LOS is still recommended.
- *Focus on testing:*
 - Drug products/paraphernalia commonly associated with overdoses in the jurisdiction
 - *Testing of drug products/paraphernalia found at the scene of overdose is allowed and encouraged.*
 - Drug products/paraphernalia commonly containing or suspected to contain opioids or stimulants
 - *Ensure that the laboratory has a Drug Enforcement Administration (DEA) license to purchase and receive Schedule I/II drugs if applicable to the reference materials you will purchase. Consider using the [APHL DEA Registration Checklist](#) to facilitate this.*
 - *Propose to develop protocols for safe handling of drug materials and implement secure storage, inventory and diversion control practices. Consider using APHL resources such as [Fundamentals of Fentanyl Safety in Public Health Laboratory Settings publication and video](#) as well as the [Safe Handling of Fentanyls in the Laboratory webinar](#).*
 - *APHL does not recommend the testing of syringes due to the increased risk of exposure to blood borne pathogens and toxic substances. If laboratories choose to test syringes, please take the necessary engineering, administrative and protective measures to protect analyst safety.*
 - *Ensure all sampling and testing is performed on de-identified samples to ensure that data cannot be linked back to an individual.*
- Test at least 500 unique drug products or paraphernalia objects during a 12-month period, or 125 samples every three months. Testing must begin by September 2024, and reporting of quarterly test findings must begin by April 2025.
- Test *all samples within 3 months of collection.*
 - *Consider the ways in which to increase the timeliness of toxicological testing (automated processes, methodological updates)*
- Toxicology testing requirements
 - Qualitative laboratory testing for a list of core drugs; *see Appendix 8.*
 - Testing for emerging substances of concern should also be included in toxicology panels; *see Appendix 8.*
 - *Consider the use of [traceable opioid material \(TOM\) kits](#) and its extended product line including [fentanyl analogue screening \(FAS\) kits](#) and [emergent panels](#) to improve the detection of synthetic opioids, illicitly manufactured fentanyl analogues, stimulants, and emerging substances of concern. Contact Rebekah Wharton (flo2@cdc.gov) for more information on TOM Kits.*
 - Minimum toxicology should include confirmatory (quantitative) testing for substances

detailed in Table 1, Appendix 8.

- Purity testing is an allowable activity under this funding.
- *Consider [CFSRE Scope Recommendations](#) in determining emerging substances or novel psychoactive substances testing scope.*
- *The Forensic Technology Center of Excellence also provides a number of [informational webinars and toolkits](#) for the detection of novel psychoactive substances.*
- *If utilizing High Resolution Mass Spectrometry (HRMS), consider using the [High Resolution Mass Spectral Libraries for Opioid Analysis](#) provided by CDC or other resources like the [SWGDRUG Mass Spectral Library](#).*
 - Under Component B, funding may not be allocated to portable drug checking equipment like Fourier-Transform Infrared Spectrometers (FTIR) or fentanyl test strips. Drug checking is funded under Component A.
- Quantitative laboratory testing *can be supported with this funding but is not required.*
- Disseminating toxicology findings
 - Data obtained must be disseminated to support the OD2A: Local interventions described in Component A.
 - Data obtained must be disseminated to *people misusing drugs or to an organization directly serving such individuals.*
 - *Consider leveraging relationships with your partners in epidemiology and data analytics to create or update dashboards, alerts, or other reports. Some existing biosurveillance dashboards include Minnesota's [MNDOSA](#) and Rhode Island's [Drug Overdose Surveillance Hub](#). British Columbia Centre on Substance Use hosts a [Drug Checking Dashboard](#).*
 - *Consider how laboratory data will managed, transferred and integrated into existing electronic systems.*
 - *Consult with the state [Environmental Public Health Tracking](#) or geographic information system program to assess opportunities for visualizing the data.*
 - Data elements of samples submitted to CDC should include sample ID, name of health department submitting sample, description of specimen tested, list of drugs and metabolites detected, and date sample was submitted for testing.
 - Metadata, *including a description of how the drug product and/or paraphernalia was collected, identification of data quality challenges, and list of drugs included in toxicology testing, must be submitted as part of each quarterly submission to CDC.*
- Optional but preferred program elements
 - Obtain samples from multiple locations/sources
 - *Establish relationships with new partners, like syringe service programs or harm reduction agencies, and reinforce existing partnerships to obtain specimens. The [APHL OBTF Model Opioids Biosurveillance Strategy](#) can provide insight into connecting to partners like hospitals.*
 - Report toxicologic results to CDC by June 2024 (instead of April 2025)
 - Match toxicologic results to the drugs the person intended to use
 - *Consider co-development of a survey to be administered to individuals at harm reduction agencies or syringe service programs upon receipt of drug materials by the agency.*
 - Complete toxicologic testing within one month of sample receipt
 - *Consider ways to increase the timeliness of toxicological testing, like automated processes, accessioning improvements or methodological updates.*

- Test at least 750 samples during a 12-month period
 - *Consider ways to increase the timeliness of toxicological testing, like automated processes, accessioning improvements or methodological updates.*

Other Allowable Activities

- Analysis of existing toxicologic results obtained through routine testing of drug products submitted by law enforcement to forensic laboratories, such as those *participating in NFLIS*
- Data must be acquired within three months of laboratory testing of the drug product.
- Data must include results for core drugs, including fentanyl and its analogs, heroin, methamphetamine, and cocaine.

Optional Activity

- *Improve medical examiner and coroner investigation of drug overdose deaths*
- A subset of Component B applicants are *eligible for an additional \$100,000-\$200,000 in funding to support medical examiner (ME) and coroner (C) drug overdose death investigations.*
- Goals of this optional funding are:
 - Support the ME/C office(s) to improve investigations of drug overdose by either *the comprehensiveness and/or timeliness of toxicologic testing of drug overdose deaths.*
 - Funding can be allocated for such activities as expansion of toxicology panels to include emerging drugs or to decrease the time between *receipt of sample and results*
 - *Consider ways to improve forensic investigation of drug overdose deaths, like identification of fentanyl analog and emerging illicit substances.*
 - Improving investigations of suspected drug overdose deaths.
 - *Consider the ways in which to increase the timeliness of forensic testing, like automated processes or methodological updates.*
 - Increase *collaboration and data sharing between the recipient and their ME/C agency*
- To apply for this optional additional funding, applicants must:
 - Indicate in the application for Component B that they are “Applying for optional ME/C funding.”
 - Provide a LOS from the ME/C agency to be funded
 - Provide a brief description of how the funding will improve quality of data sharing and/or timeliness of ME/C investigations of drug overdose deaths
 - The indicated ME/C agency must participate in SUDORS
- Under this optional activity, duplication of funding provided to ME/Cs by state health departments through OD2A-S or other federal funding is prohibited

The APHL Overdose Biosurveillance Task Force is developing model polysubstance surveillance strategies and tools that you may want to consider. While not available for inclusion in the applicant proposals, tools will be available for use in project implementation later in 2023. APHL also moderates the Opioid Community of Practice, which provides a monthly forum for laboratorians to ask questions, share information, and learn about the work of other laboratories in this realm. The Community of Practice has a dedicated CoLABorate site with downloadable resources and online forum discussion, many of which are linked in this guidance document. To join the Community of Practice, please email eh@aphl.org with “Opioid CoP” in the subject line.

COMPONENT C: LINKAGE TO AND RETENTION IN CARE SURVEILLANCE

This component is optional and competitive. It will fund up to 20 successful Component A applicants with additional funding to establish a surveillance system to measure linkage to and retention in care for SUD. **Component C is not applicable to the public health laboratory setting.**