1. DATE ISSUED *MM/DD/YYYY*
07/29/2020

1a. SUPERSEDES AWARD NOTICE dated
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO.
93.136 - Injury Prevention and Control Research and State and Community Based Programs

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 5 NU17CE925004-02-00
Formerly

5. TYPE OF AWARD
Other

4a. FAIN NU17CE925004

5a. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD *MM/DD/YYYY*
From 09/01/2019 **Through** *MM/DD/YYYY* 08/31/2022

7. BUDGET PERIOD *MM/DD/YYYY*
From 09/01/2020 **Through** *MM/DD/YYYY* 08/31/2021

8. TITLE OF PROJECT (OR PROGRAM)
Overdose Data in Action - NCIPC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Section 311(c)(1) of the PHS Act (42 USC § 243(c)(1))

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Damon Ferlazzo
920 Wildwood Dr
Missouri Dept. of Health and Senior Services
Jefferson City, MO 65109-5796
Phone: 573-751-3871

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Marcia A Mahaney
920 Wildwood Drive
Jefferson City, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Ms. Tawanda Asamaowei
4770 Buford Hwy
Atlanta, GA 30341-3717
Phone: 404.718.6389

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only	I	
II Total project costs including grant funds and all other financial participation		
a. Salaries and WageS		670,054.00
b. Fringe Benefits		393,703.00
c. Total Personnel Costs		1,063,757.00
d. Equipment		0.00
e. Supplies		53,693.00
f. Travel		66,889.00
g. Construction		0.00
h. Other		125,565 00
i. Contractual		3,399,156.00
j. TOTAL D RECT COSTS		4,709,060.00
k. NDIRECT COSTS		213,815.00
l. TOTAL APPROVED BUDGET		4,922,875.00
m. Federal Share		4,922,875.00
n. Non-Federal Share		0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	4,922,875 00
b. Less Unobligated Balance From Prior Budget Periods	0 00
c. Less Cumulative Prior Award(s) This Budget Period	0 00
d. **AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION**	4,922,875 00
13. Total Federal Funds Awarded to Date for Project Period	9,845,750.00

14. RECOMMENDED FUTURE SUPPORT
(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL D RECT COSTS	YEAR	TOTAL D RECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER *(See REMARKS)*

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation
b. The grant program regulations.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)

GRANTS MANAGEMENT OFFICIAL
Pamela Render, Grants Management Officer
2920 Brandywine Road
Mailstop E09
Atlanta, GA 30341
Phone: 770-488-2712

17.OBJ CLASS 41 51	18a. VENDOR CODE [redacted]	18b. EIN [redacted]	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	**DOCUMENT NO.**	**ADMINISTRATIVE CODE**	**AMT ACTION FIN ASST**	**APPROPRIATION**
21. a. 0-9390BX6	b. 19NU17CE925004OPCE	c. CE	d. $4,922,875.00	e. 75-20-0952
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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 NU17CE925004-02-00

1. Terms and Conditions
2. OD2A Special Terms and Conditions
3. Technical Review

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 6, 2020, 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 $4,922,875 is approved for the Year 02 budget period, which is September 1, 2020 through August 31, 2021. 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.

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.

Budget Revision Requirement: By October 1, 2020 the recipient must submit a revised budget with a narrative justification. 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.

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.

Cost sharing or matching alternative**:** Under this alternative, program income is used to finance some or the entire non-federal share of the project/program.

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:
    - 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
    - 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 order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additioal guidanc e on lobbying for CDC awardees.
- 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 17, 2020, which calculates indirect costs as follows, a Final is approved at a rate of 20.1% 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, 2020 to June 30, 2021.

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
Natasha Jones, Grants Management Specialist
Centers for Disease Control
Branch 5 Supporting Chronic Diseases and Injury Prvention
2960 Brandywine Road
Atlanta, Georgia 30341
Email: njones6@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))

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 beginning at 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:
Natasha Jones, Grants Management Specialist
Center for Disease Control and Prevention (CDC)
Office of Grants Services (OGS)
2960 Brandywine Road MS.E-01
Atlanta, GA 30341
Telephone: 770-488-1649
Email: njones6@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:
Tawanda Asamaowei, Project Officer
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Hwy
Chamblee GA 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. GMO contact information is located on Page 1 of this NOA.

GMO Contact:
Valencia Williams, Grants Management Officer
Centers for Disease Control and Prevention
Office of Grants Services
2960 Brandywine Road

Atlanta, Georgia 30341
Telephone: 404-498-3260
Email: yyr1@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. 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 submit and comply with a 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 Evaluation Plans

OD2A recipients are required to complete the annual OD2A **Self-Assessment survey by September 1, 2020**. An individualized link was shared with each jurisdiction on July 1, 2020 and is provided in your technical review. This survey will cover year 1 of your OD2A work. The survey will have each recipients' responses from the baseline assessment conducted in October 2019, please change your responses to reflect any changes in capacity.

Evaluation plans for year 2 **are due in the Partners Portal 90 days after the start of the budget period.**

4 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, fentanyl test strips, 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*.

National Center for Injury Prevention and Control (NCIPC)
Division of Overdose Prevention (DOP)
Overdose Data to Action (OD2A)
Technical Review
CDC-RFA-CE19-1904

Recipient Name: Missouri Department of Health and Senior Services			
Grant Number: NU17CE925004	Budget Year: Budget Year 2	Requested Amount: $ $4,922,875	Recommended Amount: $ $4,922,875

Reviewers:		
PO Reviewer: Tawanda Asamaowei	Strategy 1 Lead: Alana Vivolo-Kantor Choose an item.	Strategy 6 Lead: Cherie Rooks-Peck Choose an item.
Morbidity SO Reviewer: Desiree Mustaquim	Strategy 2 Lead: Nicole Davis Choose an item.	Strategy 7 Lead: Josh Schier Molly Evans
Mortality SO Reviewer: Nana Otoo Wilson	Strategy 3 Lead: Matt Gladden Choose an item.	Strategy 8 Lead: Sasha Mital Jessica Wolff
PSO Reviewer: Christopher Dunphy	Strategy 4 Lead: Wes Sargent Choose an item.	Strategy 9 Lead: Emilia Pasalic Josh Schier
EO Reviewer: Emily Costello	Strategy 5 Lead: Aleta Christensen Choose an item.	Strategy 10 Lead: Natasha Underwood Choose an item.
		Peer-to-Peer Lead: April Wisdom Choose an item.

1. **Response to Technical Review (check one):**

   ✓ The recipient must submit a response to the weakness(es) and recommendations identified in the technical review by October 1, 2020. **(Note: The recipient's response should be reflective only of the weaknesses identified therefore, resubmission of the entire application is not required.)**

   ☐ No response to Technical Review is required. **(Note: The recipient should not respond to the technical review as no weaknesses were identified)**

2. **Year 2 Work Plan (check one):**

   ✓ Revised Work Plan is needed.

   ☐ Revised Work Plan is **NOT** required.

3. **Year 2 Budget (check all that apply):**

   ☐ Revised budget is needed due to a **reduction in proposed budget**.

   ✓ Revised budget is needed due to weaknesses or errors identified.

   ☐ Revised budget is **NOT** required.

Project Officer Name: Tawanda Asamaowei

Project Officer Signature: *Tawanda Asamaowei* **Date** June 10, 2020

A thorough review of the interim progress report has been performed. The review considered the evaluation criteria published in the funding opportunity announcement. Based on the review, the following was identified

Section 1: OD2A Summary Technical Review Comments

Technical Review Comments

Strengths:
(5000-character max)

Annual Progress:

- MO submitted their APR through Partner's Portal despite experiencing syncing difficulties.

Data Management Plan:

- MO did not submit a DMP for review, therefore no strengths could be identified.

Evaluation Plan:

- MO submitted their evaluation plan in March and described throughout the plan how their surveillance data and prevention data will be used.

Year 2 Work Plan:

Weaknesses:
(5000-character max)

Annual Progress:

- No success stories have been provided. The success stories are used by our cross-site evaluators to inform their evaluation. Recommendation: Please provide at least one success story to highlight program progress
- Additional information needed for the following sections throughout the APR:
    - What steps were taken to engage each target population?
    - What steps were taken to engage each partner?
    - Successes
    - What was the role of the staff and administration in supporting this activity?

Data Management Plan:

- MO did not submit a DMP for review

Year 1 Evaluation Plan:

- The evaluation plan submission is lacking detail to fully understand MO'S evaluation plans in Strategies 4, 5, 6, 7, 8, and 9, and evaluation-specific recommendations are provided throughout the plan. For more details on these, please refer to the feedback on areas for improvement and recommendations provided by your evaluation officer in May 2020. Data from the evaluation plan and work plan is used by our cross-site evaluators to inform their evaluation. More detail is needed.

Year 2 Work Plan:

- Certain sections of the work plan submission are lacking details or missing responses to fully understand your planned prevention activities across all strategies, including Administration and Assessment Process(es), Translations and dissemination of lessons learned, Target Populations, Multi-sector Collaboration, Staff and administrative roles and functions to support the activity, and Proposed Outputs. Data from the work plan are used by our cross-site evaluators to inform their evaluation.

Recommendations:
(5000-character max)

Annual Progress:

Data Management Plan:

- Please submit DMP for review.

Year 1 Evaluation Plan:

- OD2A recipients are required to complete the annual OD2A Self-Assessment survey by September 1, 2020. The link to your individualized survey is: https://overdoseprevention.iad1.qualtrics.com/jfe/form/SV_38a3Ui6qcyGhnb7?Q_R=R_4UVtPlL9BDtCI2V. This survey will cover year 1 of your work on OD2A. The survey will have each recipient's responses from the baseline assessment conducted in October 2019, please change your responses to reflect any changes in capacity.
- Address any suggested improvements and recommendations conferred to you by your EO in your evaluation plan feedback and incorporate it in your evaluation plan.
- OD2A funded jurisdictions are required to report on-going progress of their evaluation activities in the Partner's Portal, which may include evaluation results, successes, and lessons learned.
- Evaluation plans for year 2 are due in the Partners Portal at a future date. This date will be communicated by CDC in the terms and conditions of your award for year 2.
- Please provide additional contextual information or details about your evaluation plan.

Year 2 Work Plan:

- Please provide additional information about your Year 2 Work Plan.

Section 2: OD2A Strategy-specific Technical Review Comments

Summary (Strategy 1)
Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- Missouri reported activities from Year 1 that show progress in Strategy 1 activities.
  - MO has successfully completed Tier 1 all data submission activities to date.
  - MO has also completed optional hospital discharge data submissions.
  - MO has put effort into improving data quality through monitoring of quality indicators and working with the SyS community.
  - MO has developed a data dashboard and community reports from their surveillance data that can be used for prevention activities.
  - MO is starting to explore alerting activities and collaborations with neighboring states.
  - MO reports some unanticipated delays in some activities related to the Covid-19 response, although they have been finding creative solutions (such as changing in-person meetings and trainings to virtual).

Work Plan:

- Missouri presented a thorough plan for Year 2 for Strategy 1.
  - MO will continue as a Tier 1 reporter and submit optional hospital discharge data, in accordance with CDC guidance and with data quality monitoring to find any data issues and improve data quality.
  - MO will also continue with their data dissemination activities for various partners who can use the data for prevention activities, continuing to improve alerting, and continuing with collaborations related to ED data, such as multistate efforts to share data.

Weaknesses
(5000-character max)

Annual Progress:

- MO has an overdose epidemiologist position that is still vacant. It is unclear what changes have been made to overcome difficulties in hiring, given that there have been two rounds of hiring attempted so far without success. While existing staff have been covering the work thus far, that may become difficult if the Covid-19 response continues to require OD staff resources.

Work Plan:

Recommendations
(5000-character max)

Annual Progress:

- Please clarify if there have been changes made to increase the success of hiring for the overdose epidemiologist and please continue to keep CDC staff updated about this challenge.

Work Plan:

- Please continue to keep CDC informed about the Covid-19 response demands on OD2A staff in case it becomes necessary to scale back on any Strategy 1 activities.

Summary (Strategy 2)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- MO developed a county fact sheet and shared it with stakeholders for feedback. The fact sheet was revised based on the feedback from stakeholders
- 100% of overdose death records have been initiated in SUDORS for the first half of 2019. In addition, 74% of the CME reports for these deaths have been abstracted into SUDORS

Work Plan:

Weaknesses
(5000-character max)

Annual Progress:

- MO indicated that 100% of death certificate information for all accidental overdose deaths occurring in the state has been uploaded to SUDORS. MO did not indicate if there were any undetermined overdose deaths in the state and if so, when the death certificate information for those deaths will be uploaded in SUDORS.
- MO did not indicate their Tier level or indicate whether they came in for full coverage or partial coverage.

Work Plan:

- The work plan did show any activity for toxicology needs assessment.
- It not clear in the work plan if MO will be submitting data into SUDORS as full coverage or partial coverage.

Recommendations
(5000-character max)

Annual Progress:

- Please indicate if there are undetermined overdose deaths in the state for 2019 and when the death certificate information will be uploaded to SUDORS.
- Please indicate your SUDORS Tier level and your coverage.

Work Plan:

- Please indicate whether a toxicology needs assessment will be performed and provide description of activities.
- Please indicate whether MO is coming in for full coverage or partial coverage (what percentage of coverage) for year 2

Summary (Strategy 3)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- Strategy 3 (7. Other critical surveillance) Objective 2: Linking recent overdose data with data on people newly infected with HIV and syphilis.
  - Despite delays related to COVID-19, significant progress has been made related to understanding how to proceed with data sharing across multiple partners and the technical plans for data linkage. This is a well-thought out and potentially impactful project once fully implemented.
  - Has a time-intensive approach to linking ESSENCE data with identifiable data in the HESS if a more effective solution cannot be found by 9/1/2020. (p. 95)
  - Investigating ways to collect new data related to substance misuse leveraging existing data system. (p. 98)
- **Strategy 3 (3. Track public health risk of illicit opioid drug supply) Objective 3/4**: Biosurveillance
  - The MO SPHL has made great progress in building capacity for testing fentanyl analogues in preparation for conducting laboratory surveillance of nonfatal OD's presenting in ED's. (ex. partnering with APHL, participating in CDC's proficiency panel for fentanyl analogues, staff development activities, and collaborating with BHCADD to share data flow through the laboratory system).
- **Strategy 3 (1. Linkage to Care) Objective 6:** NAS linkage to care
  - "A letter of agreement between the Missouri Department of Social Services and the Missouri Department of Health and Senior Services has been signed in order to facilitate data sharing that will enable DHSS to analyze birth outcomes and provided services to at-risk moms, including whether a birth resulted in an NAS diagnosis." (p. 114)
- **Strategy 3 (4. Link overdose data from different sources within the same jurisdiction) Objective 7**:
  - "The main facilitator identified at the beginning of Year 1 was the prior experience of both BHCADD and BRDI staff in conducting a similar linkage under the ESOOS grant. Once the linked SyS data can be obtained from ITSD, existing processes are in place to allow linkage work to start quickly." (p. 118)

Work Plan:

- Strategy 3 general
  - Work plan builds on strengths discussed in Year 1 Annual Progress reports.

Weaknesses
(5000-character max)

Annual Progress:

- The hiring of an opioid data coordinator position has been delayed (objective 1) and no information is provided on the timeline for the hiring of this position.
- Please keep CDC updated on continued delays primarily related to the COVID-19 pandemic.
- **Strategy 3 (3. Track public health risk of illicit opioid drug supply) Objective 3/4**: Biosurveillance
    - Unclear if project will be able to continue to operate. Please provide an update on delays and plans to operate the program during the COVID-19 pandemic.
        - If the pilot hospital is unable to resume participation in the project during a large portion or all of Year 2, CDC suggest the recipient recruit another pilot hospital.
    - Consider redirecting surplus funds to help recruit hospital participation (e.g., pay the hospitals for their participation in the system).
    - Aggregate test data from the pilot hospital will meet CDC aggregated data sharing requirements for Year 2. Ideally, data from the hospital discharge data linkage will be available, but this is not required.
- **Strategy 3 (1. Linkage to Care) Objective 5:** NAS surveillance
    - Objective 5 disseminate NAS-related data and findings to stakeholders (p. 110) is not allowable because NAS surveillance is not allowed with OD2A funding. CDC previously worked with Missouri on Strategy 3 projects to address this issue. The current activities do not align with this discussion.
    - This activity does not appear in the Year 2 work plan.
- **Strategy 3 (1. Linkage to Care) Objective 6:** NAS linkage to care
    - No description is provided of the key analytical questions that will be addressed with the linkage to care data in Year 2 (e.g. what percent of mothers who give birth to a child with NAS are referred to and receive car). Please list the 1 to 3 key questions that will be addressed in Year 2.
    - Strategy 3 funding should focus on collection of linkage to care data and not providing the link to care. Provision of care should be funded through OD2A prevention or other sources.
- **Strategy 3 (4. Link overdose data from different sources within the same jurisdiction) Objective 7**: Linking syndromic ED data and hospital discharge data.
    - Improving the data linkage process while it may lead to higher quality and efficient linkages may also substantially delay the current project. Please describe if there are other plans to complete this project if the revised data linkage process is further delayed. Also, please update CDC on the progress of the data linkage.

Work Plan:

- Strategy 3 General:
    - See Strategy 3 *Recommendations Work Plan.*

Recommendations
(5000-character max)

Annual Progress:

- Please provide an update on the hiring process of the opioid data coordinator, including approximate hiring timeline and impact on current programs of the position being vacant.
- Please explain in-depth why Strategy 3 (1. Linkage to Care) Objective 5 is allowable under OD2A and why this activity has been modified, or remove from work plan and fund the activity through another source. Failure to address these issues may result in OD2A NOFO funding being restricted.
- **Strategy 3 (1. Linkage to Care) Objective 6:** NAS linkage to care
    - Please provide an update on the delays to the data linkage portion of this project related to COVID-19. Specifically, please describe whether the recipient believes they can collect linkage to care data within Year 2 and share aggregate data with CDC at the end of Year 2, a key NOFO requirement.
    - No description is provided of the key analytical questions that will be addressed with the linkage to care data in Year 2 (e.g. what percent of mothers who give birth to a child with NAS are referred to and receive car). Please list the 1 to 3 key questions that will be addressed in Year 2.

Work Plan:

- Strategy 3 General:
    - In the context of the COVID-19 pandemic, most Strategy 3 activities are experiencing delays. Please update CDC on project delays and plans to address delays in the context of the ongoing and extended response to COVID-19.
        - CDC strongly suggests considering streamlining current projects or even dropping some projects. CDC would prefer resources were consolidated to implement a few projects well then all Strategy 3 projects being substantially behind schedule.
    - "The main programmatic challenges for BRDI were ITSD resource shortages that have delayed work providing the linked SyS files needed for both BRDI projects under this strategy. ITSD has determined that a better solution is to set up tables that BRDI staff can access to pull data on their own. Work on this solution has begun but is not complete and is being further challenged by involvement of ITSD and BRDI staff in COVID-19 response activities." (p. 85) Please provide and update on this effort and if alternative plans to perform the data linkages will need to implemented.
    - The work plan does not describe the aggregate data that will be shared with CDC **for each activity** at the end of Year 2, a key Strategy 3 requirement. Please describe the aggregated data product that will be shared with CDC at the end of Year 2, including a description of key indicators.

Summary (Strategy 4 Base)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- MO has no statewide PDMP. Despite this challenge, the jurisdiction has been working hard on to obtain prescribing data from state and federal regulatory agencies. Currently MO is working with prescription data from a PBM insurance data source. This data is being analyzed to identify outliers in prescribing behavior. To date, MO has had success in identifying cases of extremely high opioid prescribing and has acted accordingly.
- Utilizing the data collected from PBM's allowed MO to focus on prescribers that had suspicious opioid prescribing patterns. 898 inspections and 79 investigations with 69 registrants receiving disciplinary action that resulted in 12 closing or surrendering registrations
- A server was established to receive and store approximately one million prescriptions per month where then the investigation manager could run queries and identify high opioid prescribers of each state

Work Plan:

Success Stories:

- Using the prescribing data on hand, MO discovered a few physicians at one location that were prescribing an abnormally large quantity of opiates. After investigation, it was determined that there was billing fraud and illegal prescribing practices occurring, resulting in arrests and federal indictments. New doctors referred roughly 50% of these patients for testing, addiction treatment, and other healthcare needs.

Weaknesses
(5000-character max)

Annual Progress:

- The Year 1 revised workplan has outlined several more objectives/activities than reported in the year 1 APR by MO. The activity discussed in the APR incorporates several components of the various activities, however they are not explicitly differentiated within the APR. Prescribing data being analyzed does not have a patient identifier, limiting the types of analysis in which MO can carry out.

Work Plan:

- The workplan for strategy 4 does not specify how the activities for year 2 will build upon the progress made in year one of the cooperative agreement.

Recommendations
(5000-character max)

Annual Progress:

- MO may want to more explicitly list their objectives and activities within the APR to better track and organize their progress during year one of OD2A. The current setup makes it difficult to follow when comparing to the year one revised workplan.
- Please reconcile the APR and workplan so that the items listed in the workplan are also reflected in the APR.
- Considerations
    - Consider expanding upon criteria for identifying high opioid prescribing (I.e. guidelines used, was this based off MME's?, were these practices excluding LTCF?, what were the practices of these cases?).
    - Has MO considered the specific forms for providing resources or tools to educate physicians of aberrant or high opioid prescribing?
    - https://www.narcad.org/ may be a good source for virtual academic detailing in this current environment
    - Consider webinars and other forms of virtual training to promote compliance and guidance from the CDC Opioid Prescribing Guidelines.

Work Plan:

- Please provide more detail regarding the specific activities to be carried out in year 2, with a clear outline on how the activities build on year 1 progress.

Summary (Strategy 5)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- MO completed the vulnerability assessment on opioid overdose and bloodborne infection under NCHHSTP.
- While most of the activities under this objective were delayed, MO has conducted some research into additional data sources which can be included in the second vulnerability assessment. The Bureau of HIV, STD, and Hepatitis has created a harm reduction coordinator position
- Through MO vulnerability assessments, 32 counties were identified as vulnerable to opioid overdose and bloodborne diseases. Conference calls were held to provide the counties with information on OD2A and grant activities being conducted.
- The Community Resource Response Team (CRRT) has responded to hundreds of overdoses in St. Louis, referring many people to treatment.
- Missouri has done a good job promoting the existing vulnerability assessments
- Missouri followed up with LPHAs who expressed that they did not have capacity to take a contract to work on prevention

Work Plan:

- Missouri is developing county profiles with additional data and resources available for opioid overdose and bloodborne infection treatment
- Missouri is adjusting the timeline to give them sufficient lead time on the vulnerability assessments given COVID-19
- Missouri is considering alternative methods to solicit feedback on vulnerability assessments given COVID-19.

Weaknesses
(5000-character max)

Annual Progress:

- An error in the dataset that influenced the vulnerability assessment rankings, in addition to COVID-19 have delayed the evaluation of the vulnerability assessments, slowing the activities under this objective.
- No work has currently been done related to the second vulnerability assessment.
- There have been delays in the hiring of the coordinator due to other vacancies and a lengthy hiring process.
- MO has not conducted any work related to these objectives 4-6; 11.
- Delays from limited staffing and COVID-19 have led to this objective being moved to year 2.

Work Plan:

- Many of the activities from Y1 are rolling into Y2, however the Y2 work plan and Y1 work plan are practically identical for strategy 5 (with the exception of slight changes in timeline).

Recommendations
(5000-character max)

Annual Progress:

- For all activities that have been delayed listed in the weaknesses section, CDC recommends close communication with the PO and CDC support team to ensure that grant deliverables are achieved within a reasonable timeframe as these activities are pushed to the year 2 workplan. This is especially true with the uncertainties surrounding COVID-19.

Work Plan:

- Please provide more detail as to the specific tasks/activities that will be carried out in year 2 of OD2A and how MO will build on tasks/activities from Y1.
- The plan could be enhanced by preparing for the Harm Reduction Conference to be virtual in recognition that coronavirus may still require social distancing in 2021.

Summary (Strategy 6)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- Work related to this objective is reportedly moving along as several of the activities are currently in process and on-time.
- MO is planning a Recover Support Specialist Training to inform LPHAs about SUD, linkage to care, and recovery. 5 of the 10 contracted LPHAs plan to attend.

Work Plan:

-

Weaknesses
(5000-character max)

Annual Progress:

-

Work Plan:

- The year 2 workplan is practically identical to the submitted revised year 1 workplan. While several activities from year one will roll over to year 2, MO does not specify the specific activities to be conducted under year 2 of OD2A, and how they build upon the completed activities of the first year.

Recommendations
(5000-character max)

Annual Progress:

-

Work Plan:

- Please provide specific activities that will be conducted in Y2, with a clear indication of how they build upon the first year's activities.

Summary (Strategy 7)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

-

Work Plan:

- MO focuses on care and treatment of patients displaced by pain clinic closures

Weaknesses
(5000-character max)

Annual Progress:

-

Work Plan:

- MO did not include specific details about how they will work with providers and health systems to establish a referral system.

Recommendations
(5000-character max)

Annual Progress:

-

Work Plan:

- Please include activities that outline the steps needed to create the referral system. MO could consider such factors as how they will determine what type of referral is needed (alternate pain management vs SUD treatment) and how they will make sure the patient is seen by the new provider in a timely manner.

Summary (Strategy 8)

Technical Review Comments

Strengths

(5000-character max)

Annual Progress:

- MO has completed an initial linkage between mortality data and the Department of Corrections data, allowing them to analyze trends in opioid overdose mortality after individuals exit incarceration. A second linkage with more years of data is currently being conducted. An internal preliminary report was disseminated on the first data linkage.

Work Plan:

-

Weaknesses

(5000-character max)

Annual Progress:

- Work on this objective has been delayed and is currently behind schedule according to the year one work plan. As written, the objective sounds more research-focused than programmatic.

Work Plan:

- Several of the activities are rolling over from year 1 of the work plan, thus it makes sense that the year one and year 2 activities would look similar under this strategy. However, MO could provide more detail as to how the year two activities are differentiated from the activities being carried out in year one.
- It is unclear on how and if the data linkage activity will be disseminated and lead to prevention and response activities.

Success Stories:

Recommendations

(5000-character max)

Annual Progress:

- CDC recommends that MO continue to have close communication with their PO and CDC support team to ensure the completion of grant deliverables in year 2 of OD2A.
- MO should also emphasize how the data linkage activity is used for programmatic and prevention purposes with both public health and public safety partners.

Work Plan:

- Please provide more detail that indicates how the year two activities are differentiated from the work already completed/in-progress under this strategy.
- Please provide clarity on how data linkage will be used. Otherwise, this could constitute research, which is unallowable.

Summary (Strategy 9)

Technical Review Comments

Strengths
(5000-character max)

Annual Progress:

- The Rx Awareness Campaign is currently running for MO, and solicitations for workplans from prospective vendors have been issued.

Work Plan:

- MO is implementing the Rx Awareness campaign alongside a more targeted harm reduction campaign.

Weaknesses
(5000-character max)

Annual Progress:

- The APR is lacking detail regarding the successes and challenges of activities within strategy 9.

Work Plan:

- The year one and year 2 workplan are identical for this strategy. The year 2 workplan does not outline how the activities under year 2 will differentiate and build upon the work conducted under year one of OD2A.

Recommendations
(5000-character max)

Annual Progress:

- Please provide additional details regarding your progress.

Work Plan:

- Please provide more detail as to the specific activities to be carried out under year 2 of OD2A. Important things to consider are how the activities build upon and differentiate from the work already complete/in-progress under this strategy.