



Cooperative Agreement for Emergency Response: Opioid Public Health Crisis Response National Call

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National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Monday, June 18, 2018

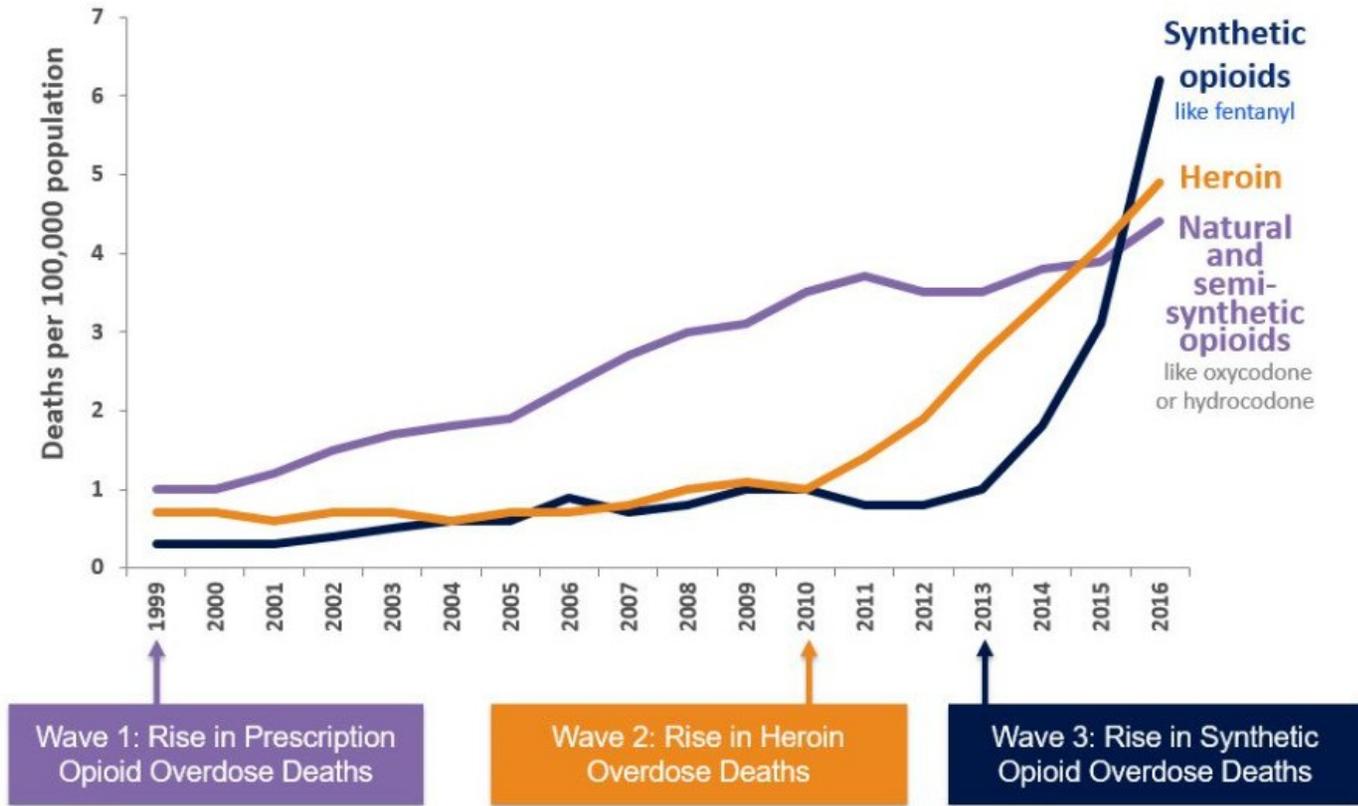
Agenda

- Opioid Epidemic Overview
- Federal Funding
- Cooperative Agreement for Emergency Response: Public Health Crisis Response (CDC-RFA-TP18-1802)
- Domains
- Allowable Activities
- National Center for Injury Prevention and Control
- Center for Surveillance, Epidemiology, and Laboratory Services
- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
- Division of State and Local Readiness
- Technical Assistance for Response to Public Health or Healthcare Crisis (CDC-RFA-OT18-1804)
- Questions & Answers

Opioid Overdose Epidemic in the United States

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

3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

<https://www.cdc.gov/drugoverdose/epidemic/index.4html>

CDC Receives Federal Funds

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

Public Health Crisis Response Cooperative Agreement

- CDC's Public Health Crisis Response Cooperative Agreement is a funding mechanism to support emergency response
- CDC published the first notice of funding opportunity (NOFO) for this mechanism on Oct. 11, 2017, with an application deadline of Dec. 11, 2017

Public Health Crisis Response Cooperative Agreement, continued

- 64 jurisdiction applications received
 - 50 states
 - 8 territories
 - American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, US Virgin Islands
 - 6 directly funded localities
 - Washington, D.C., Los Angeles County, Philadelphia, Houston, Chicago, and New York City
- All 64 jurisdictions were approved and placed on an approved but unfunded (ABU) list until funding became available for events

Eligibility: Opioid Public Health Crisis Response

- The Office of Management and Budget (OMB) determined that of the jurisdictions that previously applied for the Public Health Crisis NOFO, the **50 States, 8 Territories, and Washington D.C.** are eligible for the opioid overdose epidemic funding
- Separate CDC project plans will be available in the Research Electronic Data Capture (REDCap) system including additional information on eligibility on June 25th
- Eligible jurisdictions may submit revised work plans and budget narratives in the REDCap system for each eligible project

Opioid Overdose Epidemic Funding

- Funds are being made available since we remain in the midst of a federal public health emergency declaration
- Funds are meant to help address this crisis scenario at present
- This is one-time funding, and funds must be spent/expended within the performance and budget period
 - Project Period: Saturday, September 1, 2018 – Saturday, August 31, 2019
- An award is subject to the availability of funding

Domains

- Public Health Crisis Response NOFO activities are structured within six domains to strengthen:
 - Incident Management for Early Crisis Response (optional)
 - Jurisdictional Recovery
 - Biosurveillance
 - Information Management
 - Countermeasures and Mitigation
 - Surge Management (optional)

Allowable Activities

- Variation based on current CDC funding for the opioid overdose epidemic
 - Unfunded States and Territories
 - Enhanced State Opioid Overdose Surveillance (ESOOS) only States
 - Prescription Drug Overdose: Prevention for States (Pfs)/Data-Driven Prevention Initiative (DDPI) States
 - ESOOS + Pfs/DDPI States
- Duplication of activities is not allowed
- Activities shared during Jurisdiction Calls and in the Interim Guidance

National Center for Injury Prevention and Control

CDR Erin Sauber-Schatz, PhD, MPH

Funding Purpose

- Enhance the state capacity to rapidly respond to the opioid overdose crisis, through improved data collection and prevention efforts.
- Activities in all six domains will available for jurisdictions

Center for Surveillance, Epidemiology, and Laboratory Services

Michael A. Coletta, MPH
National Syndromic Surveillance Program Manager

Enhancing Syndromic Surveillance for Opioid Conditions

- Purpose:

Increase state capacity to identify and report timely and comprehensive syndromic surveillance data on fatal and nonfatal opioid overdoses by designating an opioid syndromic surveillance coordinator to provide oversight of opioid related surveillance activities and coordinate with Enhanced State Opioid Overdose Surveillance (ESOOS) program.

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Michelle Van Handel, MPH

Acting Associate Director of the Program and Performance Improvement Office

Jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis

- Purpose:
 - Support state and local health departments to develop and disseminate jurisdiction-level vulnerability assessments that identify sub-regional (e.g., county, census tract) areas at high risk for (1) opioid overdoses and (2) areas at high risk for bloodborne infections associated with non-sterile drug injection.
 - Findings from the vulnerability assessments will be used to develop plans that strategically allocate prevention and intervention services to maximally reduce these life-threatening complications of the national opioid crisis.

National Center for Injury Prevention and Control

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Jurisdictional Calls

- Territorial Call: Monday, June 18; 7pm EDT
 - American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, US Virgin Islands
- Unfunded Jurisdiction Call: Tuesday, June 19; 2pm EDT
 - Jurisdictions NOT currently receiving CDC opioid funding; TX, IA, WY, MS, ND
- CDC ESOOS only States: Wednesday, June 20; 1pm EDT
 - MO, FL, NH
- CDC Pfs/DDPI States: Wednesday, June 20; 4pm EDT
 - AL, AZ, AR, CO, HI, ID, KS, MT, NE, NY, OR, SC, SD
- CDC ESOOS, Pfs/DDPI States: Thursday, June 21; 2pm EDT
 - AK, CA, CT, DC, DE, GA, IL, IN, KY, LA, ME, MD, MA, MI, MN, NV, NJ, NM, NC, OH, OK, PA, RI, TN, UT, VA, VT, WA, WV, WI

Proposed Timeline

- By Monday, June 25 Interim Guidance released via Grants.gov and email
- Monday, June 25 Project plans available to jurisdictions via REDCap
- Tuesday, July 31 Work plans due to CDC; IT platform locked
- Friday, August 31 Notices of award released
- Saturday, September 1, 2018 – Saturday, August 31, 2019 Project Period

Division of State and Local Readiness

Noelle Anderson, MPH – Crisis Cooperative Agreement Coordination
Team Lead

Research Electronic Data Capture (REDCap) System

- CDC will use the Research Electronic Data Capture (also referred to as REDCap) software to manage the public health crisis cooperative agreement, workflow, and reporting for this project.
- CDC will host a series of trainings in the next few weeks.
 - Please designate a representative from your health department, who will be responsible for entering work plans and budgets into REDCap.
 - Send representative names and email addresses to DSLRCrisisCoag@cdc.gov. We will inform these designee(s) of future trainings and work with them to gain access to the system

Office for State, Tribal, Local and Territorial Support

Randall Nielson – Center for State Tribal, Local, and Territorial Support
Senior Project Officer

Technical Assistance for Response to Public Health or Healthcare Crisis (CDC-RFA-OT18-1804)

- CDC can expedite funding to any of a set of uniquely qualified, non-governmental entities
 - Entities include non-profits, for-profits, universities, and charitable organizations
- CDC selects each partner and funding goes directly to the partner
- CDC handles project management (monitoring, reporting, issue resolution, etc.)
- Partners have recent process expertise
 - Expedited procurement, agile administration and operations, and strategic partnering
- Partners have recent content expertise
 - Administrative logistics, communication, human resources and specialized expertise, and direct services

Questions

- Please send additional questions to the Opioid Crisis NOFO (CDC) mailbox at opioidcrisisnofo@cdc.gov
- More information on the Opioid Overdose Epidemic is [available here](#).

Thank You!

opioidcrisisnofo@cdc.gov

For more information, contact [CDC](#)
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

