SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

ITEM: 3.35
(ID # 11325)
MEETING DATE:
Tuesday, December 17, 2019

FROM: RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Approve the Notice of Award to Grant No. NU17CE924999 (Award) from the Centers for Disease Control and Prevention to Riverside County Department of Public Health for Overdose Data to Action for the Performance Period of September 1, 2019 through August 31, 2022 and Amend Salary Ordinance No. 440 Pursuant to Resolution No. 440-9132 Submitted Herewith; All Districts. [$7,059,417 – 100% Federal Funds] (4/5 Vote Required)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Notice of Award to Grant No. NU17CE924999 (Award) from the Centers for Disease Control and Prevention to Riverside County Department of Public Health for Overdose Data to Action in the amount of $7,059,417 for the period of performance of September 1, 2019 through August 31, 2022;

2. Authorize the Director of Public Health to sign a Grant Agreement between the Center for Disease Control and Prevention and the Riverside County Department of Public Health for Overdose Data to Action in the amount of $7,059,417 for the period of performance of September 1, 2019 through August 31, 2022, subject to County Counsel approval;

ACTION: 4/5 Vote Required, Policy, Position Added, A-30

Kim Saruwatari, Director of Public Health 11/13/2019

Brenda Diederichs, Assistant CEO / Human Resources Director 11/26/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Hewitt and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and Resolution No. 440-9132 is adopted as recommended.

Ayes:	Jeffries, Spiegel, Washington, Perez and Hewitt
Nays:	None
Absent:	None
Date:	December 17, 2019
xc:	RUHS-Public Health, Auditor

Kecia R. Harper
Clerk of the Board
By: _____ Deputy

3. Amend Salary Ordinance No. 440 pursuant to Resolution No. 440-9132 submitted herewith;

4. Approve and direct the Auditor-Controller to make the budget adjustment as detailed in Schedule A, attached; and

5. Authorize the Director of Public Health, or designee, to take all steps necessary to implement the Award including, but not limited to, signing subsequent amendment that that do not change the substantive terms of the Grant Agreement, and signing all certifications, assurances, reports, or other related documents required for the Award, subject to County Counsel approval.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	$1,960,949	$2,353,139	$7,059,417	$0
NET COUNTY COST	$0	$0	$0	$0
SOURCE OF FUNDS: 100% Federal Funds			**Budget Adjustment:** Yes	
			For Fiscal Year: 19/20-22/23	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

From 2008 to 2017, Riverside County saw a sharp increase in overdose death numbers and rates. Overdose deaths increased from 230 deaths in 2008 to 430 deaths in 2017 and rates increased 63% from 2008 to 2017 (from 11 to 18 per 100,000). Riverside County trends depict a 10-year increase in overdose deaths, emergency department (ED) visits and hospitalizations. The increasing complexity of prescription opioids also contributes to our decade long increase in overdose deaths and nonfatal opioid overdoses. These trends demonstrate a need for measuring, reducing and preventing the harms caused by substance use disorders and overdose. Such an effort will require collaboration among public health, behavioral health, emergency medical services, health systems, medical care providers, medical care plans, community agencies and individual patients to incorporate a system change in the community.

The purpose of Riverside Overdose Data to Action is to enhance surveillance of overdose morbidity and mortality in Riverside County and use data to guide overdose prevention efforts to target people who have experienced adverse childhood and community experiences (ACEs/ACERs). Data will be used to determine the frequency of ACEs/ACERs on overdose incidents in Riverside County and create more responsive and collaborative prevention efforts to address the upstream causes of substance use disorders and overdose.

In pursuit of the goals of Overdose Data to Action, Public Health will fund and partner with the Riverside County Emergency Management Department, the Riverside County Sheriff-Coroner's Office, Riverside University Health System – Behavioral Health, and the Inland Empire Health Plan. Public Health will also collaborate with the Inland Empire Opioids Crisis Coalition, the California Department of Public Health, school districts, community-based organizations and others through the development of an active steering committee.

Overall, long-term outcomes consist of the following:

- Decrease drug overdose death rate in Riverside County, including prescription opioid and illicit opioid overdose death rates.
- Decrease the rate of opioid misuse and opioid use disorder in Riverside County.
- Increase the provision of evidence-based treatment for opioid use disorder in Riverside County.
- Decrease the rate of ED visits due to misuse or opioid use disorder in Riverside County.
- Increase the understanding of the impact on adverse childhood experiences (ACEs)/adverse community experiences (ACERs) on overdose incidence and substance use disorders in Riverside County.

Impact on Residents and Businesses

Riverside Overdose Data to Action will enhance Public Health overdose surveillance data to provide accurate, timely, and actionable information to effectively implement optional polices, prevention strategies and interventions to reduce and prevent overdose deaths in Riverside County.

SUPPLEMENTAL:
Additional Fiscal Information

The annual amount distribution from Centers for Disease Control and Prevention to Riverside County will be as follows:

Year	Amount
2019/2020	$1,960,949
2020/2021	$2,353,139
2021/2022	$2,353,139
2022/2023	$392,190
Total	**$7,059,417**

ATTACHMENTS:

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

- Schedule A – Budget Adjustment
- Resolution 440-9132
- Notice of Award Grant No. NU17CE924999

SCHEDULE A

RUHS-Public Health

Budget Adjustment
Fiscal Year 2019/2020

INCREASE IN APPROPRIATIONS:

10000- 4200100000- 510040	Regular Salaries	$	676,523
10000- 4200100000- 518100	Budgeted Benefits	$	311,200
10000- 4200100000- 520320	Telephone Service	$	6,094
10000- 4200100000- 523700	Office Supplies	$	22,100
10000- 4200100000- 523800	Printing/Binding	$	5,014
10000- 4200100000- 527180	Operational Supplies	$	8,500
10000- 4200100000- 525440	Professional Services	$	575,565
10000- 4200100000- 524500	Administrative Support-Direct	$	334,898
10000- 4200100000- 528140	Conference/Registration Fees	$	3,800
10000- 4200100000- 528900	Air Transportation	$	4,500
10000- 4200100000- 528960	Lodging	$	4,000
10000- 4200100000- 528980	Meals	$	2,505
10000- 4200100000- 529040	Private Mileage Reimbursement	$	6,250
	TOTAL INCREASE IN APPROPRIATIONS:	**$**	**1,960,949**

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-767220	Federal Grant Revenue	$	1,960,949
	TOTAL INCREASE IN ESTIMATED REVENUE:	**$**	**1,960,949**

Misley Wang, Supervising Accountant 12/5/2019

Brianna Lontajo, Management Analyst 12/10/2019

Gregory P. Priamos, Director County Counsel 12/5/2019

RESOLUTION NO. 440-9132

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on December 10, 2019, that pursuant to Section 4(a)(ii) of Ordinance No. 440, the Director of Public Health is authorized to make the following listed change(s), operative on the date of approval, as follows:

Job Code	+/-	Department ID	Class Title
74114	+ 1	4200101800	Administrative Services Assistant
79708	+ 1	2000100200	Emergency Medical Services Specialist
74115	+ 1	4200101800	Epidemiology Analyst
73458	+ 1	4200101800	Health Education Assistant II
13866	+ 1	4200101800	Office Assistant III
74107	+ 2	4200101800	Program Coordinator I
37566	+ 1	4200101800	Program Coordinator II
73490	+ 1	4200101800	Program Director
74052	+ 1	4200101800	Registered Nurse V
79837	+ 1	2000100200	Research Specialist I

ROLL CALL:

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

Kecia R. Harper, Clerk of said Board

By _____ Deputy

/kc
11/25/2019
440 Resolutions\KC

12.17.19 3.35

To: CE19-1904 Recipients

Subject: Notification of CE19-1904: Overdose Data to Action (OD2A) Rollout

Greetings,

As of today, August 12, 2019, all CE19-1904: Overdose Data to Action (OD2A) Notice of Awards have been issued to all states and other jurisdictions. Funds will be available beginning September 1, 2019 (the start of the budget period). Any press events on and/or related to the award and the program should be scheduled after the budget period start date beginning September 1, 2019.

Feel free to contact me at 770.488.2757 or RBenyard@cdc.gov if you have any questions or concerns.

Sincerely,

Barbara R. Benyard

Barbara (René) Benyard, CDFM
Team Lead, Grants Management Officer
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
RBenyard@cdc.gov | 770-488-2757 office

cc:
Lisa Walker, Acting Deputy Branch Chief, NCIPC
Catherine Sanders, Public Health Analyst, NCIPC
Terrance Perry, OGS Director
Gregory Crawford, OGS Deputy Director
Sylvia Dawson, OGS Branch Chief

1. DATE ISSUED *MM/DD/YYYY* 08/12/2019	**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. 1 NU17CE924999-01-00 **Formerly**	**5. TYPE OF AWARD** Other
4a. FAIN NU17CE924999	**5a. ACTION TYPE** New
6. PROJECT PERIOD *MM/DD/YYYY* **From** 09/01/2019	**Through** *MM/DD/YYYY* 08/31/2022
7. BUDGET PERIOD *MM/DD/YYYY* **From** 09/01/2019	**Through** *MM/DD/YYYY* 08/31/2020

8. TITLE OF PROJECT (OR PROGRAM)
Riverside Overdose Data to Action

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

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
Riverside, County of
4065 County Circle Dr
Riverside, CA 92503-3410

9b. GRANTEE PROJECT DIRECTOR
Wendy Hetherington
4065 County Circle Drive
Riverside, CA 92503-3410
Phone: 951-358-5557

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Kim Saruwatari
4065 County Circle Dr
Riverside, CA 92503-3410
Phone: 951-358-7036

10b. FEDERAL PROJECT OFFICER
Anita Pullani
4770 Buford Hwy
Atlanta, GA 30341-3717
Phone: (404) 639-7312

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		1,101,058.00
b. Fringe Benefits		506,488.00
c. Total Personnel Costs		1,607,545.00
d. Equipment		0.00
e. Supplies		26,520.00
f. Travel		25,257.00
g. Construction		0.00
h. Other		23,530.00
i. Contractual		268,400.00
j. TOTAL DIRECT COSTS	1,951,262.00	
k. INDIRECT COSTS	401,887.00	
l. **TOTAL APPROVED BUDGET**	2,353,139.00	
m. Federal Share		2,353,139.00
n. Non-Federal Share		0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from Item 11m)	2,353,139.00
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**	2,353,139.00
13. Total Federal Funds Awarded to Date for Project Period	2,353,139.00

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

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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:
Barbara (Rene) Benyard, Grants Management Officer, Team Lead
2939 Flowers Road
Mailstop TV2
Atlanta, GA 30341-5509
Phone: 770.488.2757

17.OBJ CLASS 41,51	18a. VENDOR CODE 1956000930B7	18b. EIN 956000930	19. DUNS 117023953	20. CONG. DIST. 42
FY-ACCOUNT NO.	**DOCUMENT NO.**	**ADMINISTRATIVE CODE**	**AMT ACTION FIN ASST**	**APPROPRIATION**
21. a. 9-939ZUCS	b. 19NU17CE924999OPCE	c. CE	d. $2,353,139.00	e. 75-19-0952
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

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/01/2019	08/31/2020	Annual	11/29/2020
09/01/2020	08/31/2021	Annual	11/29/2021
09/01/2021	08/31/2022	Annual	11/29/2022

AWARD ATTACHMENTS

County of Riverside Department of Public Health 1 NU17CE924999-01-00

1. FY19 Terms and Conditions
2. FY19 Programmatic Terms and Conditions
3. Final Summary Statement Part 1
4. FY19 PO Workplan Recommendation

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 1, 2019, 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 $2,353,139 is approved for the Year 01 budget period, which is September 1, 2019 through August 31, 2020. 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.

- 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;

Objective/Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 1, 2019, will cause delay in programmatic progress and

will adversely affect the future funding of this project.

Budget Revision Requirement: By October 1, 2019 the recipient must submit a revised budget with a narrative justification and SF424A. 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.

Budgetary Requirement: Use cost categories as provided in budget guidelines and SF424A

Personnel: Provide names for filled positions; notify CDC upon filling vacant positions with names and hire dates

Travel: Breakdown of costs needed i.e per diem, lodging, airfare

Other: Ensure communication costs is redirected to this cost category

Contractual: Provide elements and itemized budgets

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. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

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

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

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

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 February 11,

2019, which calculates indirect costs as follows, a Fixed is approved at a rate of 25% of the base, which includes, salaries, wages and fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to J/30/2020 this agreement are to be used for the entire period of performance, including any approved extensions, in accordance with 45 CFR Part 75. Indirect cost/facilities and administration rates for subcontracts will be treated in the same manner as those for the awardee, if the subcontractor is covered by 45 CFR Part 75.

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
LaQuanda Lewis, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2939 Flowers Rd
Atlanta, GA 30341
Email: hrf6@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 newly established 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. All award funds must be tracked and reported separately.

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

CDC Staff Contacts

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

GMS Contact:
LaQuanda Lewis, Grants Management Specialist
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2939 Flowers Rd
Atlanta, GA 30341
Telephone: 770-488-2969
Email: hrf6@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:
Anita Pullani, Project Officer
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
4770 Buford Hwy S106-8
Chamblee GA 30341
Telephone: 404-639-7312
Email: who5@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:
Barbara René Benyard, Grants Management Officer
Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & Injury Prevention Services Branch
2939 Flowers Rd
Atlanta, GA 30341
Telephone: 770-488-2757
Email: RBenyard@cdc.gov

CE19-1904 Overdose Data to Action
Terms and Conditions

Surveillance Activities

Recipients must meet reporting timelines for the Surveillance Strategies as outlined in the NOFO. Failure to meet reporting timelines for the selected tier and selected optional activities will result in a corrective action letter from the CDC Project Officer. Failure to meet reporting timelines may also result in a restriction of funds equal to the difference between the selected surveillance tier level and the level that reflects the recipients' reporting capabilities, or for the amount of the optional activity.

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, harm reduction kits, furniture or equipment (generally, but note that vehicles may be allowable expenses for linkage to care activities). Harm reduction and linkage to care activities are acceptable as long as they are not 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 or expanding the provision of substance abuse treatment.
- Development of educational materials on safe injection.
- The prevention of Adverse Childhood Experiences (ACEs) as a stand-along 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.

Medication Assisted Treatment (MAT) Waivers

Funds can be used to support training and education around MAT waivers, **however**, OD2A funds cannot be used to pay for fees associated with providers obtaining waived status. This applies to both direct reimbursements and contracts. If training and waiver fee activities occur together, it must be clear that OD2A funds are not being used to cover the waiver fee itself. Other funding sources can be used to cover waiver fees.

Neonatal Abstinence Syndrome (NAS)

Please note that certain activities that cover neonatal abstinence syndrome (NAS) are allowable, while others are not. In particular certain NAS-related surveillance and prevention activities may be allowable; however funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable (noted in the FAQs) include:

- 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.

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 archiving and long-term preservation of the data collected or acquired under this award. 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.

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).

National Center for Injury Prevention and Control
Notice of Funding Opportunity CE19-1904
Overdose Data to Action (OD2A)

SUMMARY STATEMENT

Date Reviewed: 6/5/19
Applicant Name: County of Riverside Department of Public Health (Riverside County, CA)
Application Number: NU17CE2019001981
Score: 79 out of 100

This summary statement reflects comments from three distinct objective reviewers. Please address weaknesses and recommendations noted by program and these reviewers.

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, harm reduction kits, furniture or equipment (generally, but note that vehicles may be allowable expenses for linkage to care activities). Harm reduction and linkage to care activities are acceptable as long as they are not 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 or expanding the provision of substance abuse treatment.
- Development of educational materials on safe injection.
- The prevention of Adverse Childhood Experiences (ACEs) as a stand-along 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.

Medication Assisted Treatment (MAT) Waivers
Funds can be used to support training and education around MAT waivers, **however**, OD2A funds cannot be used to pay for fees associated with providers obtaining waived status. This applies to both direct reimbursements and contracts. If training and waiver fee activities occur together, it must be clear that OD2A funds are not being used to cover the waiver fee itself. Other funding sources can be used to cover waiver fees.

Neonatal Abstinence Syndrome (NAS)
Please note that certain activities that cover neonatal abstinence syndrome (NAS) are allowable, while others are not. In particular certain NAS-related surveillance and prevention activities may be allowable; however funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable (noted in the FAQs) include:

- 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.

Reviewers' Comments on Approach

Strengths of Section: •

Background:

- Concise and well-written. Contains information about demographics, fast growing population, death rates comparison with other counties, increase in opioid overdoses, prescription rates issue. The summary paragraph indicates the increase trend in overdose trends, emergency department visits and hospitalization, and a need for changes.
- Purpose:
- The applicant concisely presented the purpose of this proposal.
- Outcomes:
- The outcomes for each selected strategy was clearly described in the bullet point form and they all contained the intended direction of change at the end of period of performance.
- Strategies and activities - Surveillance:
- The applicant proposes to implement the innovative morbidity/mortality surveillance by utilizing five different promising activities, such as developing various overdose and outbreak surveillance reporting systems, initiating monthly review teams from collaborating partners, or creating an overdose risk index.
- Strategies and activities - Prevention:
- All required strategies were selected and most of them contained more than 1 activity. Strategy #9 Empowering Individuals to Make Safer Choices was selected as optional.
- Target population:
- The target population was well defined and supported by some statistics and literature review.
- Work Plan - Surveillance component:
- The section clearly enlisted well-organized work plan for year 1 and has medium to high probability of producing valid surveillance data and meeting CDC reporting deadlines.
- Work Plan - Prevention component:
- The section clearly enlisted well-organized work plan for year 1 and described feasible work that may lead to the long-term outcomes.
- Collaborations:
- Interesting and ample collaborations were listed as partners in this grant.
- Great letters of support from partners who will support the strategies listed in application
- Background
- Applicant provided a background description of overall overdose death and opioid overdose deaths in the jurisdiction and the increasing trends from 2008-2017 (230 deaths. Applicant described a decline in opioid prescription rates in the jurisdiction from 2010 to 2018, which remains higher than the state rates.

- Purpose
- Applicant described that their program will enhance surveillance efforts and guide prevention efforts targeting people with ACEs/ACERs.
- Outcomes
- Applicant described outcomes and anticipated direction of change for their program. These outcomes align closely with the language for expected outcomes listed in the NOFO for the following required strategies: 3, 4, 5, 6, 7, and optional strategy 9.
- Strategies and Activities
- Applicant describes a selection of activities under required strategies 3, 4, 5, 6, 7, and optional strategy 9.
- For strategy 3, the applicant lists they will develop an overdose surveillance reporting protocol, develop an overdose outbreak protocol and response strategy, create a monthly overdose death review team, develop a data dashboard for data dissemination, and creating an overdose risk index...
- Applicant proposed Strategy 3 activities under one innovation priority area 6 – Innovative Morbidity/Mortality Surveillance. They aim to link data across EMS/ImageTrend, ED/ESSENCE, and death data/Coroner data and develop an outbreak response strategy that addresses overdose outbreaks in less than 24 hours.
- For strategy 5, applicant describes that their proposed activities aim to support state-level efforts. Activities aim to increase collection of timely data in support of CDPH strategies 1, and 2. Applicant includes a relevant sub-activity to develop and implement a strategic plan.
- For strategy 6, applicant proposes one aligned activity to establish case management via public health nursing which aligns with increasing and improving coordination of care.
- For strategy 7, applicant proposes to enact academic detailing which aligns with the activity area "implementation, clinical education, and training".
- For strategy 9, applicant describes developing curriculum to train at-risk youth for overdose prevention and to train first responders to address behavioral health challenges.
- Target Population
- Applicant described a target population for RODA: people with adverse childhood or community experiences (ACEs/ACERs) including childhood traumas and exposure to social and economic risk factors and they described the association of ACEs with adverse health outcomes later in life including substance use. Applicant described the prevalence of people with ACEs, which is slightly higher than for the state of CA.
- Work Plan
- Applicant provided information for the work plan domains listed in the NOFO for strategy 3 (i.e., SMART objectives, barriers and facilitators, multisector collaborations, etc.).
- Applicant provided information for the work plan domains listed in the NOFO for prevention strategies 4, 5, 6, 7, and 9. (i.e., SMART objectives, barriers and facilitators, multisector collaborations, etc.). Across each strategy, the work plan activities proposed are stepwise.
- Applicant proposes translating and disseminating lessons learned via an overdoses data dashboard. They aim to use the dashboard and reports to identify gaps and inform prevention efforts.
- Overall, activities are stepwise and make sense given the objectives they aim to achieve.
- Collaborations
- Applicant included LOS from required collaborators for local jurisdiction applicants including the following:

- ✦ CDPH, which stated they would provide TA, facilitate SUDORS participation, provide guidance in developing a strategic plan, build capacity for surveillance efforts.
- ✦ CA DOJ CURES data (CA's PDMP), which states a commitment to work with the local jurisdiction to process a data request for the jurisdiction to access CURES quarterly de-identified data. ✦ A regional EMS agency – REMSA.

- Applicant also included LOSs from external partners including the following:
  - ✦ IEOCC; Riverside County Sherriff-Coroner; Inland Empire Health Plan, which is a local Medi-Cal and Medicare health plan; Public Health Alliance of Southern California; Riverside EMS ; Health to Hope which is an FQHC; and JRIC's Los Angeles High Intensity Drug Trafficking Area (HIDTA).
- Applicant included LOSs from internal Riverside County Public Health partners/branches/departments including the following:
  - ✦ The Epidemiology and Program Evaluation group, which commits to managing, coordinating, and facilitating the applicant's NOFO strategies. The EPE demonstrates an existing collaboration and ongoing support for participation in ESSENCE, SUDORS, and expresses interest in the innovative surveillance activities proposed.
- Additionally, there are LOS from the Public Health Injury Prevention Services group, the Behavioral Health and Substance Abuse Prevention and Treatment Program, the Public Health Nursing Program, the Riverside Reliance group, the Office of Vital Records, and the HIV/STD Program.
- The applicant provided a background description of overall overdose death and opioid overdose deaths in the jurisdiction and the increasing trends.
- The applicant described a decline in opioid prescription rates in the jurisdiction which remains higher than the state rates.

The applicant described that their program will enhance surveillance efforts and guide prevention efforts targeting people with ACEs/ACERs.

- The applicant described outcomes and anticipated direction of change for their program. These outcomes align closely with the language for expected outcomes listed in the NOFO for the following required strategies: 3, 4, 5, 6, 7, and optional strategy 9.
- The applicant describes a selection of activities under required strategies 3, 4, 5, 6, 7, and optional strategy 9.
- For Strategy 3, the applicant lists they will develop an overdose surveillance reporting protocol, develop and overdose outbreak protocol and response strategy, create a monthly overdose death review team, develop a data dashboard for data dissemination, and create an overdose risk index.
- The applicant proposed Strategy 3 activities under one innovation priority area 6 – Innovative Morbidity/Mortality Surveillance. They aim to link data across EMS/ImageTrend, ED/ESSENCE, and death data/Coroner data and develop an outbreak response strategy that addresses overdose outbreaks in less than 24 hours.
- For Strategy 5, the applicant describes that their proposed activities aim to support state-level efforts. Activities aim to increase collection of timely data in support of CDPH strategies 1 and 2. The applicant includes a relevant sub-activity to develop and implement a strategic plan.
- For Strategy 6, the applicant proposes one aligned activity to establish case management via public health nursing which aligns with increasing and improving coordination of care.
- For Strategy 7, the applicant proposes to enact academic detailing which aligns with the activity area "implementation, clinical education, and training."
- For Strategy 9, the applicant describes developing curriculum to train at-risk youth for overdose prevention and to train first responders to address behavior health challenges.
- The applicant described a target population for RODA: people with adverse childhood or community experiences (ACEs/ACERs) including childhood traumas and exposure to social and economic risk factors and they described the association of ACEs with adverse health outcomes later in life including substance use. The applicant described the prevalence of people with ACEs, which is slightly higher than for the state of California.
- The applicant provided information for the work plan domains listed in the NOFO for Strategy 3 (i.e., SMART objectives, barriers and facilitators, multisector collaborations, etc.). The applicant proposes translating and disseminating lessons learned via an overdoses data dashboard. The aim to use the dashboard and reports to identify gaps and inform prevention efforts. Overall activities are stepwise and make sense given the objective they aim to achieve.
- The applicant provided information for the work plan domains listed in the NOFO for prevention strategies 4, 5, 6, 7, and 9 (i.e., SMART objectives, barriers and facilitators, multisector collaborations, etc.). Across each strategy, the work plan activities proposed are stepwise.
- The applicant included letters of support from required collaborators for local jurisdiction applicants including the following:
- The California Department of Public Health (CDPH), which stated they would provide TA, facilitate SUDORS participation, provide guidance in developing a strategic plan, and build capacity for surveillance efforts.
- The California DOJ CURES data, which states a commitment to work with the local jurisdiction to process a data request for the jurisdiction to access CURES quarterly de-identified data.
- A regional EMS agency – REMSA.
- The applicant also included letters of support from external partners including the following:

- IEOCC
- Riverside County Sheriff-Coroner
- Inland Empire Health Plan, which is their Medi-Cal/Medicare plan
- Public Health Alliance of Southern California
- Riverside EMS
- Health to Hope, which is an FQHC
- JRIC's Los Angeles High Intensity Drug Trafficking Area (HIDTA)

The applicant included letters of support from internal Riverside County Public Health partners/branches/departments including the following:

- The Epidemiology and Program Evaluation group, which commits to managing, coordinating, and facilitating the applicant's NOFO strategies. The EPE demonstrates an existing collaboration and ongoing support for participation in ESSENCE and SUDORS and expresses interest in the innovative surveillance activities proposed.
- Additionally, there are letters of support from the Public Health Injury Prevention Services group, the Behavioral Health and Substance Abuse Prevention and Treatment Program, the Public Health Nursing Program, the Riverside Reliance group, the Office of Vital Records, and the HIV/STD Program.

Weaknesses of Section:

- Purpose:
- Background did not mention any statistics related to targeted people who experienced adverse childhood and community experiences and there was not clear transition from the Background information to the Purpose of the application.
- Strategies and activities - Surveillance:
- No background information was presented to justify the selection of such surveillance.
- Strategies and activities - Prevention:
- Some proposed activities lack accurateness or deeper explanations. For example, strategy #4 does not mention who will increase the access and use of CURES, strategic goals of CDPH are mentioned, but not explained. No background information was presented to justify the selection of such strategy/activities choices.
- Work Plan - Surveillance component:
- There was an unnecessary repetition in the main body of the text and the following SMART Objective tables (p14).
- Staff and administrative roles have only groups listed rather that the specific personnel assigned to the activity. It would be helpful to see who is already on board with the grant and who needs to be hired for the project.
- Work Plan - Prevention component:
- There was an unnecessary repetition in the main body of the text and the following SMART Objective tables (p19 to p29). Some of the descriptions are not written in the full sentences.
- The usage of the acronyms is dense and it is problematic if they are not explained in the place they occur. It was useful though to find the acronym list on p21-22.
- This section was too lengthy taking 12 full pages of the proposal where the page limit is 20.
- Under Strategies and activities, the activities listed are vague in how they will be conducted.

- It is unclear if the collaborations from the organizations that support you are ongoing. I didn't see any MOUs included that would demonstrate strategic partnerships.
- Background
- The gap in surveillance and prevention efforts is not described so it is unclear how the applicant's proposed strategies will address these gaps through surveillance and prevention.
- Collaborations
- While applicant included a LOS from a regional first responder organization (REMSA), they did not include a LOS from a state-level organization in the state. There are no LOS from public safety.
- There are no letters of support from other city, county, or local governments that indicate cross jurisdiction collaboration (other than a LOS from the state of CA).
- There are no letters of support that demonstrate expertise in or access to the target population specified in the NOFO – people with ACEs or ACERs.
- When considering the "encouraged collaborations" listed in the NOFO, the applicant does not include collaborations or LOS from injury control research centers, investigators applying for CDC RFA-CE-19002, or any other jurisdictions besides their required collaboration with their state health department.

The following subset of letters of support did not provide strong evidence of high capacity or previous/ongoing collaborations that would support the proposed efforts.

- IEOCC committed to aligning with the state DOH and the implementation of their goals in the jurisdiction but the letter did not clearly and robust outline how they will collaborate with the applicant to accomplish the local jurisdiction's objectives. There was no indication of a formalized and currently existing partnership.
- The Coroner's LOS did not indicate a formalized or currently existing partnership or the capacity to provide death data for the surveillance efforts.
- Strategies and Activities
- While the applicant lists several activities under surveillance strategy 3, the narrative description of activities is limited and does not provide sufficient detail to describe how they will fill gaps in their jurisdiction, leverage existing capacity, and how they will advance existing systems to support the aims of the NOFO. Without a description of current surveillance systems, programs, or efforts, it is unclear how the proposed activities will specifically enhance existing capacity to detect and intervene on opioid and overdose deaths.
- Under strategy 3, the applicant does not explicitly describe that they will share aggregate data from their surveillance effort with CDC annually by the end of funding Year 2.
- Under strategy 4, the applicant listed one activity stating broadly that they increase would access and use of CURES, which is the state PDMP. However, the strategy and activity description does not describe how they will achieve this goal or how they will enhance the utility of the state PDMPs as a form of public health surveillance and clinical decision-making tool within the jurisdiction. Applicant did not describe any base or enhanced sub-activities from those listed in NOFO Table 4.1 or 4.2 or alternative activities that would align with this strategy. Applicant did not describe any other specific or subactivities.
- For strategy 5, the applicant provides a broad description of activities including development of a work plan and strategic plan that aligns with state program goals. While this partially aligns with the subactivities listed in the NOFO, it is unclear how and to what extent the applicant will advocate for, integrate, or align their own jurisdiction's priorities into a state plan or partnership; build capacity; or use the partnership to identify hot spots and high burden areas.

- For strategy 7, while academic detailing is an aligned activity, no other activities are proposed in the approach. There is not sufficient detail to really understand what the applicant plans to do and how this aims to improve outcomes in their jurisdiction.
- Target Population
- Applicant did not describe the total burden of substance use, overdose, opioid use, opioid overdose their target population. It is unclear how focusing on this particular sub-population will help the program achieve the greatest impact.
- Applicant included references to other target populations throughout their strategies and activities including high-risk youth, homeless populations, and people living with HIV/AIDS, however these populations are not explicitly described in the target population section.
- Work Plan
- For strategy 3, applicant described a key barrier being the antiquated data system at the Coroner's Office. Under SMART Objective 1, the applicant lists an activity to develop a data collection tool for overdose deaths which makes it seem like these death data are not already being collected by the Sherriff-Coroner. If these data are not already collected, it is unclear how the applicant aims to feasibly link these data systems when current data collection is not already underway. It is unclear how extensive of a barrier this is and the level of impact it may have on the applicant's ability to complete their work under strategy 3.
- For nearly all prevention strategies, the applicant proposes year 1 implementation timelines that are very swift and rely heavily (almost exclusively) on their epidemiology staff. It is not clear that this volume of work and level of technical difficultly are feasibly attainable given the Year 1 work plan proposed and proposed staffing/administration roles.

- Strategy 4 proposes to combine CURES data with HPI data to assess social determinants of health and prescribing. However, HPI is not well described in the work plan or elsewhere in the NOFO so it is unclear what information is included in these data, how they align with the target population described, and how they will be linked with CURES.
- For Strategies 6 and 7, the first activities under selected objectives include hiring new PHN and pharmacy staff that will be able to work in these area. It should be noted that these key partners do not appear to have current capacity to execute the strategy in partnership with the health department. While hiring staff may help address this, barriers in hiring processes are common and in the case of the proposed work, would have a substantial impact on the applicant's ability to execute the required strategy of the NOFO.
- For strategy 7, the applicant proposes academic detailing; however they have not yet chosen a model and do not have a specific plan for how they plan to use this strategy to fulfill the objectives for strategy 7. Later in the application, academic detailing is described as being pharmacists led but this is not detailed in the description. All activities seem developmental in nature (hire staff, select an academic detailing model, develop implementation plan) and make clear that year 1 activities will be focused on laying groundwork and planning for downstream implementation.
- The gap in surveillance and prevention efforts is not described so it is unclear how the applicant's proposed strategies will address these gaps through surveillance and prevention.
- While the applicant included a letter of support from a regional first responder organization (REMSA), they did not include a letter of support from a state-level organization in the state. There are no letters of support from public safety.
- There are no letters of support from other city, county or local governments that indicate cross-jurisdiction collaboration (other than a letter of support from the state of California).
- There are no letters of support that demonstrate expertise in or access to the target population specified in the NOFO – people with ACEs or ACERs.
- When considering the "encourage collaborations" listed in the NOFO, the applicant does not include collaboration or letters of support from injury control research centers, investigators applying for particular funding streams, or any other jurisdictions besides their required collaboration with their state health department.
- The following subset of letters of support did not provide strong evidence of high capacity or previous/ongoing collaboration that would support the proposed efforts:
- IEOCC committed to aligning with the state DOH and the implementation of their goals in the jurisdiction but the letter did not clearly and robustly outline how they will collaborate with the applicant to accomplish the local jurisdiction's objectives. There was no indication of a formalized and currently existing partnership.
- The Coroner's letter of support did not indicate a formalized or currently existing partnership or the capacity to provide death data for the surveillance efforts.
- While the applicant lists several activities under surveillance Strategy 3, the narrative description of activities is limited and does not provide sufficient detail to describe how they will fill gaps in their jurisdiction, leverage existing capacity, and how they will advance existing systems to support the aims of the NOFO. Without a description of current surveillance systems, programs, or efforts, it is unclear how the proposed activities will specifically enhance existing capacity to detect and intervene on opioid and overdose deaths.
- Under Strategy 3, the applicant does not explicitly describe that they will share aggregate data from their surveillance effort with CDC annually by the end of funding Year 2.

- Under Strategy 4, the applicant listed one activity stating broadly that they would increase access and use of CURES, which is the state PDMP. However, the strategy and activity description does not describe how they will achieve this goal or how they will enhance the utility of the state PDMPs as a form of public health surveillance and clinical decision-making tool within the jurisdiction. The applicant did not describe any base or enhanced sub-activities from those listed in NOFO Table 4.1 or 4.2 or alternative activities that would align with this strategy. The applicant did not describe any other specific or sub-activities.
- For Strategy 5, the applicant provides a broad description of activities including development of a work plan and strategic plan that aligns with state program goals. While this partially aligns with the sub-activities listed in the NOFO, it is unclear how and to what extent the applicant will advocate for, integrate, or align their own jurisdiction's priorities into a state plan or partnership, build capacity, or use the partnership to identify hot spots and high-burden areas.

For Strategy 7, while academic detailing is an aligned activity, no other activities are proposed in the approach. There is not sufficient detail to really understand what the applicant plans to do and how this aims to improve outcomes in their jurisdiction.

- The applicant did not describe the total burden of substance use, overdose, opioid use, or opioid overdose in their target population. It is unclear how focusing on this particular sub-population will help the program achieve the greatest impact.
- The applicant included references to other target populations throughout their strategies and activities including high-risk youth, homeless populations, and people living with HIV/AIDS, however these populations are not explicitly described in the target population section.
- For Strategy 3, the applicant described a key barrier being the antiquated data system at the Coroner's Office. Under SMART Objective 1, the applicant lists an activity to develop a data collection tool for overdose deaths which makes it seem like these death data are not already being collected by the Sheriff-Coroner. If these data are not already collected, it is unclear how the applicant aims to feasibly link these data systems when current data collection is not already underway. It is unclear how extensive of a barrier this is and the level of impact it may have on the applicant's ability to complete their work under Strategy 3.
- For nearly all prevention strategies, the applicant proposes Year 1 implementation timelines that are very swift and rely heavily (almost exclusively) on their epidemiology staff. It is not clear that this volume of work and level of technical difficulty are feasibly attainable given the Year 1 work plan proposed and proposed staffing and administration roles.
- Strategy 4 proposes to combine CURES data with HPI data to assess social determinants of health and prescribing. However, HPI is not well described in the work plan or elsewhere in the NOFO so it is unclear what information is included in these data, how they align with the target population described, and how they will be linked with CURES.
- For Strategies 6 and 7, the first activities under selected objectives include hiring new PHN and pharmacy staff that will be able to work in these areas. It should be noted that these key partners do not appear to have current capacity to execute the strategy in partnership with the health department. While hiring staff may help address this, barriers in hiring processes are common and in the case of the proposed work, would have a substantial impact on the applicant's ability to execute the required strategy of the NOFO.
- For Strategy 7, the applicant proposes academic detailing, however they have not yet chosen a model and do not have a specific plan for how they plan to use this strategy to fulfill the objectives for Strategy 7. Later in the application, academic detailing is described as being pharmacist led but this is not detailed in the description. All activities seem developmental in nature (hire staff, select an academic

detailing model, develop implementation plan) and make clear that Year 1 activities will be focused on laying groundwork and planning for downstream implementation.

- The background did not mention any statistics related to targeted people who experienced adverse childhood and community experiences and there was not a clear transition from the background information to the purpose of the application.
- The applicant did not include background information for the strategies and activities regarding surveillance.
- The applicant did not present justification of the selection of the surveillance they proposed.

Recommendations for Section:

- Do not exceed the length of the proposal beyond the page limit.
- Background should contain relevant statistical information a summary paragraph that allows a smooth transition to the purpose of the proposal.
- Short background information is helpful to understand the reason of strategies/activities choices.
- Unnecessary repetitions in different sections of the proposal increase its size.
- Full sentences are usually earlier to follow and understand in the full body of the text. The acronyms should be fully explained at least once when first time used (sometimes it is helpful to repeat it).
- Provide more detail in how you will develop protocols and work plans to achieve strategy 3 and 5

Background

- Applicant should consider describing the gap in surveillance and prevention efforts that their interventions aim to address

Collaborations

- Applicant should consider garnering support from state-level public safety and first responder entities per NOFO guidance.
- Applicant should consider approaches to strategically spread the reach and distribution of their partnerships to maximize impact, including connecting with other relevant jurisdictions.
- Applicant should address how their partnerships' expertise will address the target population.
- Applicant should consider areas where they may wish to establish strategic collaborations that support the objectives and efforts of the NOFO.
- Where possible and relevant, LOS should demonstrate strong evidence of previous collaboration that would support the proposed efforts.
- Strategies and Activities
- Applicant should provide further description of how they will accomplish their surveillance goals, how the new system will fill important gaps in their jurisdiction, and how this system will advance or leverage existing systems to support the aims of the NOFO.
- Applicant should describe how they will share aggregate data from their innovative surveillance efforts with CDC annually by the end of funding Year 2
- Applicant should fully describe how they plan to increase access and use of the state PDMP in the local jurisdiction.
- Applicant should include additional specific description of the strategies and activities they aim to undertake to accomplish the goals of strategy 5.

- Target population
- Applicant should include additional information regarding their target population including describing the burden or gaps in care among their stated target population, people with ACEs/ACERs.
- Application should consider including a description of all the key populations they aim to specifically address through the activities and interventions.
- Work Plan
- Given than the death data from the Coroner's Office is a key data source for the innovative data integration, the applicant should consider providing additional detail regarding how barriers in accessing this data will be addressed.
- Applicant should consider strategies to bolster the feasibility of accomplishing their proposed activities given the staffing and timing of the activities proposed.
- Applicant should further clarify how they plan to use HPI data.
- Applicant should clarify that their PHN and pharmacy partners have the capacity to support the strategy around linkages to care given their current staffing.
- Applicant should clarify their plans for academic detailing.
- No recommendations noted.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- Logic Model of Riverside Data to Action contained all the components with strategies and Activities and different tem outcomes.
- This is a feasible plan to constantly monitor, improve the quality of data reported to CDC, and impact the surveillance data.
- Evaluation questions are listed for each strategy, and the outcome measures are neatly presented in the table form. Time frame can help with placing each activity evaluation period in timeline.

- For Strategy 3, applicant included a plan to evaluate the integration of data across care settings (data from 911, EMS, hospital EDs, and vital records) and they plan to have continuous data monitoring strategies in place to assure quality of all surveillance data.
  For strategy 3, applicant includes relevant evaluation questions, program objectives, outcome measures, indicators, and data sources.
- Applicant describes that they will disseminate data via quarterly reports to their partners and through other products like health briefs, press releases, quarterly meetings, and the data dashboard. They plan to assess impact of the surveillance data through monthly progress reports, and identifying at risk populations.
- For prevention strategies, applicant includes process and outcome evaluation questions for all prevention strategies selected. Evaluation questions align with the logic model and activities proposed in the work plan and the evaluation plan includes relevant indicators, data sources, outcome measures and timing of evaluation activities.
- There are several trained epidemiologists included in the staffing proposal which may have expertise to conduct evaluation.
- Applicant outlines a preliminary DMP and describes that they will provide an updated DMP within 6 months of the award and for what data collection activities may need to be covered.
- For Strategy 3, the applicant included a plan to evaluate the integration of data across care settings and they plan to have continuous data monitoring strategies in place to assure quality of surveillance data.
- For Strategy 3, the applicant includes relevant evaluation questions, program objectives, outcome measures, indicators, and data sources.
- The applicant describes that they will disseminate data via quarterly reports to their partners and through other products like health briefs, press releases, quarterly meetings, and the data dashboard. They plan to assess impact of the surveillance data through monthly progress reports and identifying at-risk populations.
- For prevention strategies, the applicant includes process and outcome evaluation questions for all prevention strategies selected. Evaluation questions align with the logic model and activities proposed in the work plan and the evaluation plan includes relevant indicators, data sources, outcome measure and timing of evaluation activities.
- There are several trained epidemiologists included in the staffing proposal which may have expertise to conduct evaluation.
- The applicant outlines a preliminary DMP and describes that they will provide an updated DMP within 6 months of the award and for what data collection activities may need to be covered.

Weaknesses of Section:

- This section was not included in the Project Narrative and it took additional 10 page.
- The Process, short-tem, intermediate and long–term outcomes were not included in the Evaluation tables. • Responsibilities were mentioned in Collaborations section and again in the Evaluation and Performance Measurement.
- Some of the Objectives are listed, but not fully covered in Strategy Logic Model. For example, Strategy 3: Objectives 1-4, Strategy 6: Objectives 1-2.
- I didn't see a detailed plan as to how CDC provided data will be incorporated into the evaluation and performance plan

-
- Applicant does not include a detailed activity level approach to evaluating their strategy 3 activities.
- For prevention strategies, the indicators listed are primarily process-level measures with less emphasis on outcome measures. Further, it is not clear what rigorous evaluation strategies the applicant will use to assess changes in outcomes and build practice-based evidence.
- Applicant does not include information on data sources and data use agreements or MOUs that they will need to have in place to procure necessary data.
- It is not clear how the applicant aims to collect and use data for NOFO performance measures. Data sources listed in the evaluation plan frequently come from process-level measures and data sources and therefore the availability of outcome data is not apparent.

  Applicant did not describe key organizations that will participate in data collection and did not describe MOUs or DUAs that may need to be in place to procure necessary data.
- The applicant does not include a detailed activity-level approach to evaluating their Strategy 3 activities.
- For prevention strategies, the indicators listed are primarily process-level measures with less emphasis on outcome measures. Further, it is not clear what rigorous evaluation strategies the applicant will use to assess changes in outcomes and build practice-based evidence.
- The applicant does not include information on data sources and data use agreements or MOUs that they will have in place to procure necessary data.
- It is not clear how the applicant aims to collect and use data for NOFO performance measures. Data sources listed in the evaluation plan frequently come from process-level measures and data sources and therefore the availability of outcome data is not apparent.
- The applicant did not describe key organization that will participate in data collection and did not describe MOUs or DUAs that may need to be in place to procure necessary data.
- The process short-term, intermediate, and long-term outcomes were not included in the evaluation tables.
- Some of the objectives were listed but not covered in the Strategy Logic Model. For example, Strategy 3: Objectives 1-4, and Strategy 6: Objectives 1-2.
- The applicant was a little vague in the data to action logic model; more detail regarding short-, medium-, and long-term outcomes would be helpful.
- The applicant did not mention how often they will report surveillance effort data to CDC.

Recommendations for Section:

- This part should be included in the Project Narrative, not attached in the random place in the application.
- Process, short-tem, intermediate and long–term outcomes should be included in the Evaluation section.
- Repetitions increase the size of the Project Narrative that has a limit of 20 pages.
- It is good to keep the same standard and level of description for each objective.
- Include appropriate short, medium, and long term outcome data that includes how CDC will be incorporated into your evaluation and performance measurement plan.
- Applicant should consider including more detailed information in their strategy 3 evaluation plan to more clearly outline how they evaluate and assess the implementation of this effort.
- Applicant should provide further detail on their methods for conducting rigorous evaluation as listed in the NOFO.
- Applicant should include information on data sources and data use agreements or MOUs that they will need to have in place to procure necessary data.

-
- Applicant should clarify how they aim to collect data for NOFO performance measures and how they will use outcome data for the purposes of reporting and evaluation.
- Applicant should describe key organizations that will participate in data collection and did not describe MOUs or DUAs that may need to be in place to procure necessary data.
- No recommendations noted.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- The applicant depicted a uniformly strong capacity to implement the proposed approaches emphasizing the prior knowledge and experience working with the selected strategies. The proposal described their ability to collect and analyze data at a population level and as well as their expertise with planning and implementing public health programs countywide, especially in the area of opioid misuse, use disorder, overdose and opioid related harms. Their established partners demonstrate equal expertise level and experience working with highrisk populations. The applicant claims the ability to access at least 75% of emergency department visits in Riverside county and share overdose indicator data with State of California quarterly using- CDC guidance. The applicant previously collaborated with Riverside County Emergency Medical Services to develop influenza-like surveillance report. It is important that the sufficient existing staff can support the activities of this grant.

  Applicant describes their active use of ESSENCE since 2014 and how they have partnered with the local EMS agency to combine ESSENCE data with EMS for other surveillance efforts. Further, they are a super-user of the CA Vital Records system and can access birth and death records for analysis. Using this model for the current project seems reasonable. For strategies 5 and 6, the applicant describes relevant previous experience implementing comparable models. For example, in strategy 5, applicant describes experience working with CDPH on statewide ESSENCE surveillance and participated in other NVDRS efforts. They demonstrate collaboration with the state health department on other projects. For strategy 6, applicant describes previous use of a public health nursing model. Epidemiology staff has used population level data, citing their community health assessment and community health improvement plan as examples. Applicant describes staffing capacity in their Epidemiology and Program Evaluation Branch and will rely heavily on their epi staff for nearly all strategies in this program effort. Applicant has relationships with several key partners that intersect with opioids (IEOCC), behavioral health (RCBH), clinical health systems (REMSA, Health to Hope) and public health (PHN, CDPH).
- The applicant describes their active use of ESSENCE since 2014 and how they have partnered with the local EMS agency to combine ESSENCE data with EMS for other surveillance efforts. Further, they are a super-user of the California Vital Records system and can access birth and death records for analysis. Using this model for the current project seems reasonable.
- For Strategies 5 and 6, the applicant describes relevant previous experience implementing comparable models. For example, in Strategy 5, the applicant describes experience working with CDPH on statewide ESSENCE surveillance and participating in other NVDRS efforts.
- The applicant demonstrates collaboration with the state health department on other projects.
- For Strategy 6, the applicant describes previous use of a public health nursing model.
- Epidemiology staff has used population level data, citing their community health assessment and community health improvement plan as examples.
- The applicant describes staffing capacity in their Epidemiology and Program Evaluation Branch and will rely heavily on their Epidemiology staff for nearly all strategies in this program effort.

-
- The applicant has relationships with several key partners that intersect with opioids (IEOCC), behavioral health (RCBH), clinical health systems (REMSA, Health to Hope), and public health (PHN, CDPH).

Weaknesses of Section:

- This section was too lengthy taking six full pages of the proposal where the page limit is 20.
- The information about the personnel that is planned to be hired was difficult to extract from the Project Narrative. It seems to be included in the Work Plan, but incomplete.
- What examples your Riverside County Public Health Epidemiology and Program Evaluation (EPE) branch have with disseminating mortality and morbidity data.
- A critical piece of the surveillance activities is linking data to the Coroner's death data. There are no apparent existing MOUs or DUAs established to access this data and the work plan indicates that data collection for this effort is still developmental. Applicant does not describe experience disseminating mortality and morbidity data around opioid or drug overdose outcomes specifically. For Strategy 4, the applicant lists they have used publically available data from CUREs. They do not demonstrate experiences in interacting with the data system beyond these publically available platforms. And they do not have already established MOUs or DUAs with this entity. For strategy 6, the applicant does not provide specific details on how their previous public health nursing models have worked and for what health outcomes. It is unclear if they are basing the proposed work on a previously successful model. Further, the linkage to care efforts seem focused on people who experience homelessness and at-risk clients generally. It is not clear how the applicant will integrate efforts for their chosen target population – people with ACEs/ACERs. It is unclear how the applicant will include staff with SME on the target population. Applicant proposes a program director, coordinator, administrative services assistant, office assistant, and an epidemiologist to support all strategies but does not name staff that will explicitly fill these roles. It is therefore unclear if the people filling those roles will have the capacity and expertise in the given strategies and program areas. Applicant does not fully describe their capacity to use drug overdose death and morbidity data to support NOFO interventions.

  A critical piece of the surveillance activities is linking data to the Coroner's death data. There are no apparent existing MOUs or DUAs established to access this data and the work plan indicates that data collection for this effort is still developmental.
- The applicant does not describe experience disseminating mortality and morbidity data around opioid or drug overdose outcomes specifically.
- For Strategy 4, the applicant lists that they have used publicly available data from CURES. The applicant does not demonstrate experiences in interacting with the data system beyond these publicly available platforms and they do not have already established MOUs or DUAs with this entity.
- For Strategy 6, the applicant does not provide specific details on how their previous public health nursing models have worked and for what health outcomes. It is unclear if they are basing the proposed work on a previously successful model.
- The linkage to care efforts seem focused on people who experience homelessness and at-risk clients generally. • It is not clear how the applicant will integrate efforts for their chose target population – people with ACEs/ACERs.
- It is unclear how the applicant will include staff with SME on the target population.
- The applicant proposes a program director, coordinator, administrative services assistant, office assistant, and an epidemiologist to support all strategies but does not name staff that will explicitly fill these roles. It is therefore unclear if the people filling those roles will have the capacity and expertise in the given strategies and program areas.

-
- The applicant does not fully describe their capacity to use drug overdose death and morbidity data to support NOFO interventions.
- The information about the personnel that is planned to be hired was difficult to extract from the project narrative. It seems that it was included in the work plan but was not complete.

Recommendations for Section:

- Do not exceed the length of the proposal beyond the page limit.
- It would be useful to include the information about new hires if the funds are granted.
- Include an example of the experience your Riverside County Public Health Epidemiology and Program Evaluation (EPE) branch has with disseminating mortality and morbidity data.
- Applicant should clarify their access to the Coroner's death data, which is a part of their integrated surveillance efforts. Applicant should clarify their experience disseminating mortality and morbidity data to support public health action. Applicant should demonstrate their ability to access these data and capacity to interact with this data system for the purposes of the NOFO. Applicant should clarify their specific experience with public health nursing and describe the applicant's capacity to address the stated target populations. Applicant should clarify their organization's expertise in collecting data for and implementing programs for people with ACEs/ACERs and any other target populations identified (potentially, people who are homeless and at-risk youth).Applicant should clarify their staffing approach with further detail and description of those individuals SME and ability to support the proposed work. Applicant should more fully describe their capacity to use drug overdose death and morbidity data to support NOFO interventions.
- No recommendations noted.

NOFO: CDC-RFA-CE19-1904

Applicant Number: NU17CE2019001981

Applicant Name: County of Riverside Department of Public Health

The programmatic weaknesses and recommendations stated below are in addition to the weaknesses and recommendations stated in your application review Summary Statement. You will be expected to address these weaknesses in your revised Work Plan.

Overall

Weakness(es):

- For each Activity under each Priority Strategy, applicant did not include sufficient details in the work plan that includes objectives that are Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) during the first 12-month budget period.
- Applicant did not describe possible barriers to or facilitators for reaching each SMART objective.

Recommendations:

- Applicant should include objectives that are Specific, Measurable, Achievable, Relevant, and Timephased (SMART) during the first 12-month budget period. Applicant should consider revising SMART objectives to improve feasibility of accomplishing their proposed activities given the staffing and timing of the activities proposed.
- Applicant should describe possible barriers to or facilitators for reaching each SMART objective.

Strategy 3

Weakness(es):

- Applicant described a key barrier being the antiquated data system at the Coroner's Office. Under SMART Objective 1, the applicant describes the integration of Emergency Medical Services (EMS) data (ImageTrend), emergency department (ED) data (ESSENCE) and death data (Sheriff-Coroner). However, it is unclear how the applicant aims to feasibly link these data systems when current data collection capability is not sufficient at the Coroner's Office. It is also unclear how extensive of a barrier this is and the level of impact it may have on the applicant's ability to complete their work under strategy 3.

Recommendations:

- Applicant should include additional work plan detail on how they will address barriers at the Coroner's Office in order to access and link data systems.