OD2A-S STRATEGY LIST OF ALLOWABLE/UNALLOWABLE ACTIVITIES

This document outlines activities recipients are expected to continue implementing and, if appropriate, scale-up, as well as other evidence-based or promising practices that facilitate the strategies below. Use of OD2A funding for each of these activities under each strategy is marked as either allowable or not allowable. Activities that are marked as allowable are permitted in the context of supporting OD2A's broad goal of reducing opioid and stimulant-involved overdoses. Reach out to your CDC support team for more information on these items.

Contents

Below are tables of activities that are conducted to improve each of the above strategies. Each activity is categorized (some include a brief description) and is shown to be either allowable or not allowable using OD2A-S funding. This is not an exhaustive list of activities. If you have questions related to the allowability of items not on this list, please reach out to your project officer.

GENERAL PREVENTION

Description and List of General Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Description	**Activities**	**Allowable**	**Not Allowable**
Professional Association Membership Fees	Relevant overdose prevention professional association membership fees	X	
Food Purchases	Food/meal requests for meetings and conferences when the costs are justified and clearly linked to program objectives. The general guidance on food linked in the general terms and conditions is included here for reference. NOTE: Reasonable costs for meals should not exceed federal per diem rates for meals (recipients are advised to go to www.gsa.gov - go to Travel Tab, select Per Diem Look Up, type in their city or zip code and use the per diem rate/per person). **OGS will review these requests to ensure they're allowable and in alignment with guidelines and regulations.**	X	
Tents and Sleeping Bags	Purchasing tents and sleeping bags is not allowable as this is considered housing supplies.		X
Uniforms/Official Clothing	Necessary and reasonable expenses incurred for protection and security of facilities, personnel, and work products are allowable. Such costs include, but are not limited to, wages and uniforms of personnel engaged in security activities; equipment; barriers; protective (non-military) gear, devices, and equipment; contractual security services; and consultants. https://www.ecfr.gov/current/title-45/section-75.457	X *(Discuss with your PO and GMS: May be allowable for protection and*	

Description and List of General Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
		security of personnel)	
Promotional Items	Promotional items with logos and website QR codes such as gifts and souvenirs. Items could include water bottles, lip balm, sunscreen, hand sanitizer, tote bag, wrist bands *Promotional items such as gifts and souvenirs are unallowable. However, advertising costs for the purpose of program outreach and purposes within the scope of the program can be considered allowable. Guidance on this topic is included here for reference.*		X
Low Cost Incentives for Data Collection and Program Engagement/Retention	Purchase of non-cash outreach and engagement items of minimal cash value that support program outcomes through engagement and retention and data collection (up to $30 a person). Examples of acceptable non-cash items include: Granola or protein bars, snack packs, bottles of water, bus and laundry tokens, socks, deodorant, tampons/pads, hand sanitizer, lip balm, supermarket or drugstore gift cards Provide low-cost gift cards ($30 or less) or transportation cards for program participants to support retention or access to concurrent care and data collection activities	X	
Cash Incentives	Cash as compensation for data collection or using cash for linkage to care outreach and engagement		X
Wellness Kits (up to $30 value) –	Can be purchased with OD2A-S funds for two purposes: Compensation following participation in data collection activities (for example, in jurisdictions that are unable to provide data	X	

	Description and List of General Activities	Allowable vs. Not Allowable Costs with OD2A Funds	

	collection participants with gift cards or other monetary compensation).
	 • Low-cost compensation used to engage disproportionately affected populations in overdose prevention services. Wellness kits may contain:
	    – Individually wrapped Abdominal Wound Pad
	    – Individually wrapped Gauze Dressing (Sterile)
	    – Individual Bandage (non-sterile)
	    – Bar of antibacterial soap
	    – Bottle of hand sanitizer
	    – Packet of Anti-Bacterial Ointment
	    – Packet of Acetaminophen Tablets or other OTC pain reliever
	    – Package of Personal Cleansing Wipes
	    – Individually wrapped Towelette Wipes
	    – Roll of Surgical tape
	    – Saline Solution
	    – Sterile water
	    – Compressed tablet washcloths
	    – Self-Adhesive Bandage Wrap
	    – Large square band-aids
	    – Printed Materials on overdose prevention, harm reduction and substance use treatment programs
	    – Menstrual supplies (tampons, pads)
	    – Clothing, including socks, bras, underwear, t-shirts, pants, and jackets
	    – Pillow
	    – Chapstick/lip balm/petroleum jelly
	    – Blankets
	    – Toiletries, including shampoo, conditioner, body wash, deodorant, toothpaste, toothbrush, dental floss, hair comb		

Description and List of General Activities		Allowable vs. Not Allowable Costs with OD2A Funds
OD2A Recipient Agency Training	Costs related to training agency staff on OD2A-S strategies and general Substance Use Disorder Response topics including stigma reduction. In-kind staff supporting OD2A-S efforts are eligible but must be listed in the OD2A-S budget as providing in-kind support under personnel.	X
Language immersion training	OD2A funds can be used to cover foreign language training in the event that the recipient cannot hire a qualified bilingual candidate. Example: Purchase of Spanish language software is allowable so long as it is used to support capacity building for outreach/engagement with populations of focus in the jurisdiction	X

Description and List of Surveillance Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Description	**Activities**	**Allowable**	**Not Allowable**
Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Surveillance System (YRBS) Surveys	Funding for data collection or data analysis through Behavioral Risk Factor Surveillance System (BRFSS) or Youth Risk Behavior Surveillance System (YRBS) surveys		**X**
Neonatal abstinence syndrome (NAS) surveillance, or Hepatitis C/HIV surveillance	Funding for neonatal abstinence syndrome (NAS) surveillance, or Hepatitis C/HIV surveillance		**X**
Wastewater/sewage surveillance	Funding for wastewater/sewage surveillance		**X**
Drug testing for deaths due to motor vehicle crashes	Drug testing for deaths due to motor vehicle crashes		**X**

	Description and List of Health IT/PDMP Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
Universal use among clinicians within a state	Refers to the efforts that require clinicians and/or their delegates to check a state PDMP prior to prescribing certain controlled substances. This can be encouraged through state mandates or required registration at the time of a clinician's license renewal.	Universal PDMP registration and use that includes a streamlined and simplified PDMP registration process	X	
		Other sub-activities as needed to advance universal use among clinicians	X	
		Expanding and improving medical examiner and coroner access to prescription history from within an integrated PDMP and medical examiner's/coroner's case management system interface	X	
Inclusion of more timely or real-time data contained within a PDMP	Activities that include more timely reporting of data such as reporting dispensed prescriptions within 24 hours.	Improving PDMP infrastructure or information systems to support reduced data collection intervals	X	
		Developing and disseminating information or guidance to aid in reducing the PDMP data collection interval	X	
		Other sub-activities as needed to increase timely or real-time data	X	
Actively managing the PDMP in part by sending proactive (or unsolicited) reports to clinicians to inform prescribing	The PDMP is actively managed through activities such as proactive reporting (e.g., individual clinician reports, clinician comparison reports) or clinical alerts to high dose prescribing.	Designing, validating, or refining algorithms for identifying high-risk prescribing activity to use as a trigger for proactive reports	X	
		Implementing the 2022 CDC Clinical Practice Guideline via use of electronic clinical decision support tools (CDS) or a health system quality improvement measurement framework	X	
		Improving PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting	X	
		Developing and disseminating information or guidance to aid in proactive reporting (e.g., guidance for opioid	X	

Description and List of Health IT/PDMP Activities			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		naïve patients, patients with overlapping opioids and benzodiazepines)		
		Integrating CDC or state guideline-concordant tools such as cumulative morphine milligram equivalent (MME) calculations into patient PDMP reports	X	
		Incorporating prescriber notification of patient overdose deaths	X	
		Other sub-activities as needed to reduce PDMP data collection interval	X	
Ensuring that PDMPs are easy to access and use by clinicians	PDMPs are accessible to all clinicians through user interface improvements such as single sign-on, access delegation, or electronic health records (EHR) integration, etc.	Facilitating improved delegate access and training	X	
		Expanding access to PDMPs via a health information exchange	X	
		Supporting PDMP training efforts in high-burden regions	X	
		Other actions as needed to make PDMPs easier to use and access	X	
		Providing reimbursement/incentives to clinicians		X
		Providing direct care, e.g., providing care based off Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool or for substance use disorder (SUD)/opioid use disorder (OUD)		X
Integrate the PDMP with other health systems data	PDMP data are integrated into health systems' EHRs, PDS systems, and HIEs through automated queries.	Integrating PDMP data with electronic health records	X	
		Health Information Technology infrastructure data integration/Health Information Exchange (HIEs) integration	X	
		Integrating the SBIRT into the PDMP	X	
		Other actions as needed to integrate PDMPs with other health systems data within the state	X	

	Description and List of Health IT/PDMP Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		Other actions as needed to integrate PDMPs across state lines/interstate interoperability	X	
		Spending beyond 20% of prevention budget on PDMP activities for PDMPs that do not meet the statutory standards as defined in 45 CFR Part 170 [as set forth in 21st Century Cures Act] which includes use of open standards, open architecture, and open application programing interfaces and maintaining bidirectional connections.		X

Description and List of Clinician/Health System Engagement Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Activities**	**Allowable**	**Not Allowable**
Educating clinicians on best practices for acute, subacute, and chronic pain including opioid prescribing, as described in the CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022 Costs associated with general clinician training/educational activities and clinic-associated items/activities.	Offer Continuing Medical Education/Continuing Education (CME/CE) credits to clinicians completing OD2A related trainings.	X	
	Staffing for implementation and management of clinical guidelines	X	
	Organizing and conducting educational sessions and trainings on topics other than prohibited topics (e.g., safer injection)	X	
	Purchasing educational materials to be disseminated	X	
	Providing financial incentives for clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys)		X
	Purchasing required supplies and equipment (e.g., office supplies) to support various clinician/health system engagement activities	X	
	Purchasing/leasing furniture		X
	Purchasing naloxone (e.g., Narcan)		X
	Efforts to support naloxone access (distribution, vending machines, etc.)	X	

Description and List of Clinician/Health System Engagement Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	Activities	Allowable	Not Allowable
	Purchasing syringes (excluding syringes for use with intramuscular naloxone).		X
	Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags)		X
	Providing local transportation (e.g., rideshare costs or gift cards)	X	
	Providing direct patient care		X
	Conducting HIV, hepatitis B/C, and/or STI testing		X
Training clinicians on screening, diagnosis, and linkage to care activities for opioid use disorder (OUD) and stimulant use disorder (StUD)	Activities that entail training re: opioid and stimulant use, including co-use with other substances	X	
	Activities that entail training re: polysubstance use (i.e., use of opioids or stimulants in conjunction with other substances)	X	
	Training/education of clinicians around medications for opioid use disorder (MOUD)	X	
Building and implementing health system capacity including but not limited to screening, diagnosing, connecting to, and supporting trauma-informed longitudinal care for OUD and StUD and support recovery for adults and adolescents	Fees associated with clinicians obtaining DEA licensure		X
	Research - Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-		X

Description and List of Clinician/Health System Engagement Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Activities**	**Allowable**	**Not Allowable**
	and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d))."		
	Direct funding or expansion of the provision of clinical substance abuse treatment		X
	Activities related to adverse childhood experiences (ACEs), if they pertain to establishing linkage to care or to providing training to public safety and first responders on trauma-informed care	X	

PUBLIC SAFETY PARTNERSHIPS/INTERVENTIONS – STRATEGY 7

Description and List of Public Safety Partnerships/Interventions Activities			Allowable vs. Unallowable Costs with OD2A Funds	
Categories	Description of Activities	Activities	Allowable	Not Allowable
Developing and maintaining Public Health/Public Safety (PH/PS) partnerships or collaboratives at the state level	Facilitating the initiation or expansion of the PHAST toolkit or another framework across the state, to engage PH/PS in efforts to convene multi-sector partners, share information on the overdose crisis, prioritize strategies and interventions accordingly, and monitor progress collectively. Supporting the development and implementation of protocols to mitigate risks to patients experiencing disrupted access to prescription opioids or other controlled substances, in line with CDC's Opioid Rapid Response Program	Staff salaries for implementing, managing, or evaluating an allowable public safety partnership or intervention activity	X	
		Cost associated with the expansion of the Public Health and Safety Team (PHAST) toolkit or similar framework among partners	X	
		Direct patient care for those experiencing disrupted access to prescription opioids or other substances		X
		Purchase of machines like TruNarc for the purpose of reducing fentanyl exposure among first responders.		X

	Description and List of Public Safety Partnerships/Interventions Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	Description of Activities	Activities	Allowable	Not Allowable
	(ORRP). Creating partnerships between PH/PS and clinical leaders across the state to improve coordination during a sudden clinic closure or access disruption event. Standardizing processes and procedures for overdose fatality review (OFR) teams at the state or regional levels.	Activities without both a public health and public safety component		X
		Staff salaries for implementing, managing, or evaluating an OFR team	X	
Improving data sharing, availability, and use at the intersection of PH/PS	Initiating or expanding the use and coverage of novel data systems, such as High Intensity Drug Trafficking Area's (HIDTA) Overdose Detection Mapping Application (ODMAP), to monitor overdoses, facilitate post-overdose outreach efforts, detect overdose spikes, locate hotspots, and/or identify emerging drug threats.	Costs associated with uptake of ODMAP and/or application programming interface for law enforcement partner	X	
		Efforts to improve the sharing, availability, and/or use of data that are not directly related to drug threats, overdose, and associated drivers and harms		X
		Staff salaries for implementing or scaling up ODMAP, analyzing ODMAP data, or developing overdose response strategies for spikes identified through ODMAP data; purchasing an Application Programming Interface (API) to streamline ODMAP data entry	X	

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	Description and List of Public Safety Partnerships/Interventions Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Description of Activities**	**Activities**	**Allowable**	**Not Allowable**
	Implementing systems that utilize arrest and/or seizure data to identify the possibility of an increased threat of overdose and to inform prevention, response, and communication protocols, excluding the linkage of specific overdose cases across datasets.

Developing and implementing plans to respond to acute events, such as overdose spikes. | Purchase of and training staff on use of software to facilitate data availability, sharing, and use | X | |
| | | Costs associated with implementation of media campaigns and other strategies to share information and respond to acute events, such as overdose spikes | X | |
| | | Costs associated with coordinating with local responders on the development of coordination and communication protocols to support and monitor local response efforts | X | |
| Improving knowledge, attitudes, and capacity among PH/PS to prevent and respond to overdose | Developing, disseminating, and evaluating efforts to reduce barriers to overdose prevention and response among PH/PS partners.

Improving understanding of how systemic issues in | Fatigue/compassion training personalized to specific first responders (EMS, firefighters, police, etc.) | X | |
| | | Development of training videos and educational material addressing stigma | X | |

	Description and List of Public Safety Partnerships/Interventions Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Description of Activities**	**Activities**	**Allowable**	**Not Allowable**
	communities (e.g., structural racism, criminalization of drug use, lack of education or economic opportunity) contribute to overdose risk and identify a strategy for PH/PS partners to reduce trauma and burden of overdose in these communities. Training PH/PS partners on topics such as stigma reduction, OUD, StUD, harm reduction, naloxone administration, trauma-informed care, recovery-oriented approaches, and other overdose prevention strategies.	Costs associated with training PH/PS partners on the following areas: evidence-based screening and treatment options for OUD and SUD; effectiveness of overdose education and naloxone distribution; recognizing and responding to an overdose; interacting with people experiencing opioid and other drug intoxication; naloxone types and administration; and emerging drug threats, legal protections for participants, and common misconceptions about drugs, overdose, and people who use drugs (PWUDs)	X	
		Resiliency training programs for public safety and first responders	X	
Implementing evidence-based overdose prevention strategies at	Implementing evidence-based overdose prevention strategies,	Purchasing naloxone (e.g., Narcan)		X

	Description and List of Public Safety Partnerships/Interventions Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Description of Activities**	**Activities**	**Allowable**	**Not Allowable**
the intersection of PH/PS (including linkage to care (LtC) and harm reduction)	including distribution of naloxone and drug checking supplies (i.e., fentanyl test strips), raising awareness of Good Samaritan Laws, drug checking interventions, providing access to medications for opioid use disorder (MOUD), and facilitating access to syringe services programs. (When implementing linkage to care, navigators must be used to facilitate linkages). Implementing strategies that may take place in criminal justice settings (e.g., courts, jail, parole), upon reentry, and in the community.	Purchase of fentanyl test strips and other drug checking equipment – Recipients are permitted to spend up to $100,000 per year, requests for purchases greater than $100,000 per year will be handled on a case-by-case basis in discussion with CDC. – Mass Spectrometers – Allowed only for prevention purposes – not surveillance. The jurisdiction must have a solid plan to get results back to people who use drugs. Recipient must provide specific details on how this equipment will be used since this is a large purchase and the longevity outlives OD2A.	X	
		Purchasing syringes (excluding syringes for use with intramuscular naloxone).		X
		Transportation to treatment and other support services for program participants	X	

Description and List of Public Safety Partnerships/Interventions Activities			Allowable vs. Unallowable Costs with OD2A Funds	
Categories	Description of Activities	Activities	Allowable	Not Allowable
		Build connections with drug courts or linkage to care programs in jail and prison settings, particularly those focused on provision of evidence-based treatment in correctional facilities and post-release or re-entry transitions.	X	
		Costs associated with establishing partnerships with organizations that purchase and distribute naloxone to provide it during interactions with law enforcement, upon release from incarceration, and in other locations accessible to justice-involved populations.	X	
Implementing promising overdose prevention strategies at the intersection of PH/PS	Implementing promising practices that have demonstrated some impact on overdose and associated risk factors and may include diversion and deflection programs, post-overdose outreach programs, and linkage to care and support services. (When implementing linkage to care, navigators must be used to facilitate linkages). Developing and adapting culturally tailored	Research - Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d))."		X
		Costs associated with the development, adaptation, and implementation of strategies to reduce overdose and associated risk factors	X	

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	Description and List of Public Safety Partnerships/Interventions Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	Description of Activities	Activities	Allowable	Not Allowable
	training and program implementation materials (e.g., training curriculum addressing stigma or trauma-informed care, approach for responding to overdose in communities of color, implementation plan for linkage to care program).			

	Description and List of Harm Reduction Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
Syringe Service Programs (SSPs)	SSPs include the provision of sterile syringes and other drug preparation equipment and disposal services, Overdose Education and Naloxone Distribution (OEND), linkage to treatment, education about safer injection practices, wound care, as well as some or all services pertaining to infectious diseases acquired by intravenous drug use (i.e., HIV, viral hepatitis, etc.) Note: this list of activities and the associated classifications of allowable and not allowable are only related to SSPs that support overdose prevention efforts as part of their service offerings. See table at the end of the document for jurisdictions that have completed a determination of need for SSPs	Personnel or staff to support SSP implementation and management[1] for overdose prevention. This does not include provision of SUD treatment that includes MOUD.	X	
		Resources and supplies for SSP personnel (e.g., PPE, postage for mailing harm reduction materials, etc.)	X	
		Costs associated with **mobile SSP** outreach for overdose prevention (e.g., vehicle lease/purchase, maintenance costs, etc.). Allowable to consider vehicle lease and purchase requests when recipients provide adequate justification related to program objectives under OD2A. OGS will review these requests to ensure they're allowable and in alignment with equipment guidelines and regulations.	X	
		SSP planning and evaluation of overdose prevention activities that are not research	X	
		Disposal of syringes as part of the prevention component for programs, communities, or activities that use injectable naloxone	X	
		Mass Spectrometers – Allowed only for prevention purposes – not surveillance. The jurisdiction must have a solid plan to get results back to people who use drugs. Recipient must provide specific details on how this equipment will be used since this is a large purchase and the longevity outlives OD2A.	X	

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[1] Department of Health and Human Services (DHHS). Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016. 2016:1-8.

	Description and List of Harm Reduction Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
		Test strips for drug checking – Recipients are permitted to spend up to $100,000 per year, requests for purchases greater than $100,000 per year will be handled on a case-by-case basis in discussion with CDC.	X	
		Drug paraphernalia testing	X	
		Establishing a new SSP[1]		X
		Purchasing syringes (excluding syringes for use with intramuscular naloxone).		X
		Expanding an existing SSP to include co-location of treatment	X	
		Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.) Rent payment is allowable up to the percentage of staff support at the SSP covered by OD2A – Discuss with your project officer.	X	
		Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags)		X
		Provision of equipment solely intended for illegal drug use such as: – Cookers/spoons – Syringes – Pipes		X
		Procurement of other equipment solely intended for preparing drugs for illegal drug injection such as: – Sterile water – Filters		X

Description and List of Harm Reduction Activities			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		– Tourniquets – Razors – Straws – Plastic cards – Tiny spoons		
		Procurement of equipment associated with the use of injectable naloxone (e.g., alcohol pads, antiseptic wipes, personal fitpacks/sharps containers [that are used to carry naloxone and dispose of syringes used with injectable naloxone]). Syringes for administering injectable naloxone	X	
		Procurement of materials intended to address common wounds and infections experienced by PWID (e.g., wraps, wound pads, sterile gauze, bandages, antibacterial products, personal cleansing wipes/washcloths, surgical tape, saline solution, and other related products)	X	
		Procurement of and/or development of technologies to prevent fatal overdose in people who use alone (e.g., overdose detecting bathroom sensors, and/or technology that is available via hotlines) – *Note: OD2A funds cannot be used to support a national hotline (*Main - Never Use Alone*), but funds can be used for states to build their respective hotlines.*	X	
		Facilitating the introduction of wraparound services to SSPs such as the co-location of MOUD, linkage to	X	

	Description and List of Harm Reduction Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		care, and other services to reduce harms related to substance use disorders.[2]		
		Supervised consumption sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education)[3]		X
Overdose Education and Naloxone Distribution (OEND)	OEND trains participants on proper naloxone administration technique and how to prevent, recognize, and respond to an opioid or stimulant overdose[4]	Developing education materials, including information about: – Safer injection practices – Overdose prevention – Reversing an opioid overdose with naloxone[1]	X	
		Staff salaries	X	
		Distribution of naloxone	X	
		Distribution of **expired** naloxone – OD2A funds may not be used to distribute expired naloxone. For guidance on distribution of expired naloxone using non-CDC funds, consult with your health department for guidance.		X

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[2] CDC-RFA-CE19-1904. Overdose Data to Action Notice of Funding Opportunity.

[3] Supervised consumption explained: types of sites and services. Government of Canada. Supervised consumption explained: types of sites and services - Canada.ca. Updated February 8, 2023. Accessed March 8, 2023.

[4] Lewis CR, Vo HT, Fishman M. Intranasal naloxone and related strategies for opioid overdose intervention by nonmedical personnel: a review. Subst Abuse Rehabil. 2017;8:79-95. doi:10.2147/SAR.S101700

	Description and List of Harm Reduction Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		Provide training on how to use naloxone[5]	X	
		Mail-in naloxone distribution (including postage, mailing supplies, etc.)[6]	X	
		Test strips for "drug checking"[2]	X	
		Naloxone vending machines (not the naloxone itself)[7]	X	
		NaloxBoxes and other methods of community-access to naloxone (not the naloxone itself)[7]	X	
		Education and counseling to reduce overdose risk[1]	X	
		Provide overdose prevention materials to participants of SSPs including education materials and supplies not used for the preparation or use of illicit drugs	X	
		Purchase of naloxone[8]		X
Other	Medication Lockboxes	Medication cases or medication lock boxes under specific conditions (small scale and/or if conducting a pilot). Small scale is defined as no more than 500 boxes.	X	

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[5] Seal KH, Thawley R, Gee L, et al. Naloxone Distribution and Cardiopulmonary Resuscitation Training for Injection Drug Users to Prevent Heroin Overdose Death: A Pilot Intervention Study. J Urban Health. 2005;82(2):303–311. doi: 10.1093/jurban/jti053

[6] OD2A Proposed Allowable Activities – Prevention

[7] Capraro GA, Rebola CB. The NaloxBox program in Rhode Island: a model for community-access naloxone. Am J Public Health. 2018;108(12):1649-1651. doi: 10.2105/AJPH.2018.304735.

[8] Seal et al., 2005

COMMUNITY-BASED LINKAGE TO CARE – STRATEGY 9

Description and List of Community-Based Linkage to Care Activities (S9)			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
Initiating linkage to care activities	Using navigators to facilitate linking people to care and other services.

Developing case management systems to help individuals navigate the processes by which care may be procured within existing SSPs and local harm reduction programs.

Creating post-overdose outreach teams or Assertive Community Outreach programs | Staff salaries for implementing, managing, or evaluating an allowable community-based linkage to care activity | X | |
		Staff salaries for linking individuals to treatment, harm reduction, and support services and implementing any other recommended or required interventions listed in the OD2A-S NOFO	X	
		Funding or subsidizing rent for individuals linked to treatment.		X
		Procuring required supplies and equipment (e.g., Find Help Now KY or other linkage to care web-based applications or software), support community-based linkage to care activities if they are aligned with topic content (e.g., opioids, stimulants, opioid or stimulant use disorder, polysubstance use, etc.)	X	
		Supporting access via telehealth to treatment, harm reduction, and support services or to providers (e.g., navigators, case managers) that help establish linkages (e.g., cell phones, pre-paid plains, tablets, other devices)	X	
		Enrolling individuals in insurer mechanisms that facilitate entry into treatment (e.g., salaries and tablets for staff to complete enrollments for individuals)	X	

	Description and List of Community-Based Linkage to Care Activities (S9)		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		Low-cost compensation used to engage disproportionately affected populations in overdose prevention services. See Wellness Kits on page 4.	X	
		Leasing vehicles for mobile provision of treatment (e.g., mobile provision of MOUD) or mobile outreach to identify individuals with SUDs and link individuals to treatment, harm reduction, and support services (in certain situations, vehicle purchases may be allowed)	X	
		Low Cost Incentives for Program Engagement/Retention: – Purchase of non-cash outreach and engagement items of minimal cash value that support program outcomes through engagement and retention (up to $30 a person) Examples of acceptable non-cash items include: Granola or protein bars, snack packs, bottles of water, bus and laundry tokens, socks, deodorant, tampons/pads, hand sanitizer, lip balm, supermarket or drugstore gift cards – Provide low-cost gift cards ($30 or less) or transportation cards for program participants to support retention or access to concurrent care.	X	

Description and List of Community-Based Linkage to Care Activities (S9)			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
	Medicaid Reimbursement for Community Health Workers	If OD2A is paying any portion of the CHW's salary, the portion that we cover cannot include the CHW conducting patient treatment or direct services. • Scenario 1: If we are paying 100% for the CHW's salary, they can only bill Medicaid for the 3 codes listed below (not conducting any treatment or direct services). • Scenario 2: If we pay 60% for the CHW's salary and their job functions include the 3 codes plus patient treatment, we have to make sure that when reporting on the APR and other OD2A documents, they are only reporting the 3 codes listed below and not the billing for any patient treatment. ○ The only way that the CHW can conduct treatment or direct services with clients and use Medicaid to reimburse for treatment-related billing codes is if **OD2A is not paying 100% of their salary**. What are the codes and reimbursement rates? Rates effective July 1, 2024 are as follows: | Procedure Code	Code Definition	Rate*
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98960 U7	Individual education and training – 30 minutes	$22.20
98961 U7	Small group training involving 2-4 patients	$10.78
98962 U7	Larger group education settings with 5-8 patients	$7.77 | * The rates noted in this bulletin are subject to future changes; Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up to date rates	X (Dependent upon portion of CHW Salary supported by OD2A)	
Supporting retention in care	Using navigators to facilitate implementing monitoring programs following	Purchasing and distributing drug testing strips for the purpose of engaging individuals in linkage to care. Up to 100k annually	X	

Description and List of Community-Based Linkage to Care Activities (S9)			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
	discharge from acute care to prevent treatment interruption.	Purchasing and distributing test strips for testing in biological samples for clinical decision-making purposes		X
	Creating peer support groups or linkages to community-based self-help groups	Providing limited, local housing (e.g., 1-2 days in a hotel) while linking individuals to treatment		X
		Purchasing/leasing furniture		X
	Increasing access to and retention in care through the development of telehealth infrastructure and resources.	Purchasing naloxone (e.g., Narcan)		X
Facilitating and Maintaining Recovery	Developing and implementing Recovery Management Checkups protocols that provide support, ongoing assessment, and monitoring after primary treatment for SUD.	Organizing and conducting educational sessions and trainings on allowable topics (e.g., safer injection practices, overdose prevention, naloxone administration, fentanyl test strips, linkage to care, opioid/stimulant use disorder, evidence-based treatment, area service providers) for **people** who use drugs or the general public. This includes technology and equipment costs (e.g., tablets, smart boards, stimulators) but excludes infrastructure costs	X	
	Supporting Recovery Community Centers and Mutual-Help Organizations (fostering peer groups that	Developing and disseminating educational materials on allowable topics (e.g., safer injection practices, overdose prevention, naloxone administration, fentanyl test strips, linkage to care, opioid/stimulant use disorder, evidence-based treatment, area service	X	

Description and List of Community-Based Linkage to Care Activities (S9)			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
	are supportive of recovery and self-acceptance).	providers) for people who use drugs or the general public		
	Supporting linkage to ancillary services such as job skills trainings, training/employment, cultural community centers, and transportation through partnerships or direct staffing support.	Organizing and conducting educational sessions and trainings on allowable topics (e.g., polysubstance use, opioid/stimulant use disorder, evidence-based treatment, stigma, overdose response, linkage to care, area service providers) for **providers** who make linkages to treatment, harm reduction, and support services. This includes technology and equipment costs (e.g., tablets, smart boards, stimulators) but excludes infrastructure costs.	X	
		Infrastructure costs for educational sessions and trainings (e.g., rent, utilities, etc.)		X
Cross Category activities	Activities that may impact multiple strategies	Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention (unless to support staff salaries for linkage to treatment, harm reduction, and support services)		X
		Implementing drug disposal (drug disposal programs, drug take back programs, drug drop box, drug disposal bags)		X
		Limited, local transportation to treatment providers or others (e.g., navigators, case managers) and harm reduction and support services that help establish linkage to and retention in treatment (e.g., vehicle lease, rideshare or taxi costs, travel vouchers, gas	X	

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Description and List of Community-Based Linkage to Care Activities (S9)			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
		cards, contracts with transportation services, car seats for parenting individuals)		
		Direct patient care (e.g., medical provider salaries, the provision of treatment, treatment incentives)		X
		HIV, hepatitis, and/or sexually transmitted infection testing		X
		Research - Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d))."		X
		Developing or procuring software, mobile applications, or online platforms to link individuals to treatment, harm reduction, and support services	X	
		Introducing evaluation, data collection, and tracking of any community-based linkage to care activity or recommended or required intervention in the NOFO	X	