

OD2A in States Performance Measures

Common set of definitions

- Time period: The reporting period will be the cooperative agreement cycle year (Sept 1-Aug 31). In the first year, as there will be time to set up data collection systems, reporting will occur in December 2024, reflecting just a half years' worth of data (March – August 2024).
- OD2A funded: All performance measures should be based on work and support conducted using OD2A funding.

NUMBER OF HARM REDUCTION SERVICE ENCOUNTERS AT OD2A FUNDED ORGANIZATIONS

Definitions:

- Harm reduction services include but are not limited to: distribution of supplies including naloxone and drug checking/fentanyl test strips, wound care kits, education, medical services (e.g., HIV and HCV testing and treatment) and behavioral health support. Referrals to MOUD is not included here (see referrals performance measure).
- A service encounter is defined as an interaction with service providers where a need expressed by a participant was addressed.

Disaggregates:

- Zip code
- Number of service encounters where naloxone was distributed
- Number of service encounters where drug checking (e.g., test strip distribution, FTIR/mass spectrometer, mail-in, etc.) occurred

Contextual Questions & Meta Data:

1. What are barriers for people accessing harm reduction services in your jurisdiction?
2. Describe any major issues or concerns that impact the quality of the data shared.
3. How many OD2A funded organizations are included in the data submitted?
4. What type of service encounters (e.g., distribution of supplies including naloxone and drug checking/fentanyl test strips, wound care kits, education, medical services such as HIV and HCV testing and treatment, and behavioral health support) are included in the data submitted?

NUMBER OF NALOXONE DOSES DISTRIBUTED BY OD2A FUNDED ORGANIZATIONS

Definitions:

- Number of naloxone doses distributed free of charge through programs (e.g., via distribution pathways such as direct distribution, vending machines, mail delivery).

Disaggregates:

- Zip code(s) the organization distributed their doses to
- Type (sector) of funded organization
- Optional disaggregate: Naloxone doses indirectly (i.e., distributed to organizations without tracking) or directly distributed (i.e., distributed to organizations who report back to health department distribution data).

Contextual Questions & Meta Data:

1. What are community gaps in accessing or receiving naloxone?
2. Describe laws and policies relevant to access, dispensing, and administration of naloxone.
3. What is the total number of OD2A-funded organizations that are included in the data submitted?
4. What types of OD2A-funded organizations are included in the data submitted?
5. Describe any major issues or concerns that impact the quality of the data shared.

NUMBER OF HOURS NAVIGATORS SPENT ON LINKAGE TO AND RETENTION IN CARE AND HARM REDUCTION EFFORTS VIA WARM HANDOFFS

Definitions:

- Navigators are individuals familiar with the local public health landscape and who work directly with individuals with OUD and/or StUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and supporting their retention (and re-engagement if necessary) in SUD treatment and care, as well as support access to other services, such as harm reduction and social supports.
- Navigators may include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, and other individuals who linked PWUD to care and harm reduction resources. They may work full or part-time.
- Navigators included must be currently supported through OD2A in States funding.

Disaggregates:

- Entry Points: clinical settings (e.g., emergency departments); harm reduction (e.g., syringe services programs); public safety settings (e.g., criminal justice, EMS, first responders); community-based organizations; other

Contextual Questions & Meta Data:

1. How many navigators are included in this performance measure?
2. How many of your navigators have disclosed lived/living experience?
3. Describe methods to support navigators, including average pay, benefits, and additional supports (e.g., trauma, wellness, emo/psych support, infrastructure (phone)) to help retain them (i.e., fully integrated staff).

NUMBER OF REFERRALS (TO MOUD, BEHAVIORAL TREATMENT, AND HARM REDUCTION SERVICES)

Definitions:

- A referral includes any formal connection to support services or treatment options.
- This includes referrals made by healthcare providers, social workers, social service providers, community organizations, law enforcement, navigators, peer support specialists, or other relevant sources within specific settings described below.
- Entry points for referrals include: clinical settings (e.g., emergency departments); harm reduction (e.g., syringe services programs); public safety settings (e.g., criminal justice, EMS, first responders); community-based organizations; other

Disaggregates:

- Referred to medications for opioid use disorder (MOUD)
- Referred to behavioral treatment
- Referred to treatment (non-specified)
- Referred to harm reduction services
- Demographics (age, sex, race, ethnicity)

Contextual Questions & Meta Data:

1. Which services are Navigators making connection to and how frequently?
2. Describe how referrals have been most impactful to improving access to care and treatment for people who use drugs who are from groups experiencing a disproportionate burden of substance use disorders and overdose.
3. Approximately, what % of healthcare facilities (e.g., hospitals, emergency departments, other clinical settings) in your jurisdiction are included in the referral data submitted? (if % not available, report total number of healthcare facilities included in the referral data submitted)
4. Approximately, what % of EMS agencies in your jurisdiction are included in the referral data submitted? (if % not available, report total number of EMS agencies included in the referral data submitted)
5. Approximately, what % of carceral settings (e.g., prisons and jails) in your jurisdiction are included in the referral data submitted? (if % not available, report total number of carceral settings included in the referral data submitted)
6. What is the total number of harm reduction programs that are included in the referral data submitted?
7. Please describe any major issues or concerns that impact the quality of the data shared during this data submission time period.

PERCENT OF ELIGIBLE INDIVIDUALS (E.G., CLINICIANS, SERVICE PROVIDERS, PHARMACISTS) TRAINED ON IMPLEMENTING THE 2022 CDC CLINICAL PRACTICE GUIDELINE FOR PRESCRIBING OPIOIDS FOR PAIN

Definitions

- Numerator = number of individuals (e.g., clinicians, service providers, pharmacists) who received training on implementing the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain
- Denominator = number of eligible individuals who work at health settings with whom the public health department partners under OD2A
- Training could include group or individualized training and academic detailing

Disaggregates:

- Health setting (e.g., clinic, pharmacy, practice)
- Type of provider
- Demographics of individuals trained (race, ethnicity, gender, age)

Contextual Questions & Meta Data:

1. Describe the trainings offered (i.e., number of trainings offered, titles of trainings, length of training, who conducted the training, etc.).
2. What populations are served by the clinicians who were trained?
3. Describe the partnerships with the health settings (e.g., clinics, practices, and pharmacies) included in this indicator.
4. Please describe any major issues or concerns that impact the quality of the data shared during this data submission period.
5. What quality checks were performed against the data?

NUMBER OF HEALTH SETTINGS IMPLEMENTING OR IMPROVING PROTOCOLS AND/OR POLICIES FOR EVIDENCE-BASED SUBSTANCE USE DISORDER (SUD) TREATMENT OR FOR REFERRALS USING OD2A FUNDING

Definitions:

- Health settings can be defined based on each recipient's specific OD2A funded or supported health setting partners
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Disaggregates:

- Protocols or policies on evidence-based SUD treatment
 - Protocols or policies on evidence-based SUD referrals
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Contextual Questions & Meta Data:

1. Describe the planning and implementation of your SUD treatment and referral policy
2. Describe any clinician training for this policy
3. How are you targeting training and education efforts in high overdose areas?
4. Describe the partnerships for SUD referral with the health systems included in this indicator. What steps did you take to develop and build the partnerships for SUD referrals?
5. What type of health settings are included in the reported data?
6. Please describe any major issues or concerns that impact the quality of the data shared during this data submission time period.
7. What quality checks were performed against the data?

NUMBER OF HEALTH EQUITY FOCUSED OVERDOSE PREVENTION ACTIVITIES IMPLEMENTED WITH OD2A FUNDING

Definitions

- Health equity focused overdose prevention activities could include activities focused on specific populations of focus; training for providers; development and translation of materials; the way in which interventions are implemented and tailored to specific communities, etc.

Disaggregates:

- Settings (e.g., healthcare, public safety, community)

Contextual Questions & Meta Data:

1. Is this new or existing programming funded by OD2A?
2. Describe how you are integrating health equity into your program (i.e., health equity specific interventions or health equity integration across ALL interventions).
3. Please describe the activities enumerated in this performance measure.
4. Who were activities tailored to?
5. How were activities tailored (e.g., linguistically, culturally) to populations of focus?
6. Please describe any major issues or concerns that impact the quality of the data shared during this data submission time period.

October 23, 2023

DESCRIBE WHICH PRACTICES HAVE BEEN IMPACTFUL TO IMPROVING ACCESS TO CARE AND TREATMENT FOR PEOPLE WHO USE DRUGS

Definitions

- Impactful practices (e.g., OD2A in States funded activities and interventions) could include practices that reduced barriers to access or facilitated access to those who historically had been underserved by care and treatment programs.

Disaggregates:

- Not applicable

Contextual Questions & Meta Data:

1. How do you know that you've improved access?
2. Please describe any major issues or concerns that impact the quality of the data shared during this data submission time period.

October 23, 2023

PERCENT OF PARTNERING ORGANIZATIONS COMPRISED OF OR REPRESENTING PERSONS WITH LIVED OR LIVING SUBSTANCE USE EXPERIENCE, WHO ARE ACTIVELY ENGAGED IN PLANNING AND KEY DECISION MAKING OF OVERDOSE PREVENTION PROGRAMS

Definitions:

- Numerator = number of partner organizations comprised of or representing persons with lived or living substance use experience, who are actively engaged in planning and key decision making of overdose prevention programs
- Denominator = all OD2A funded partner organizations

Disaggregates:

- Each partnering organization with yes/no response

Contextual Questions & Meta Data:

1. Is there anything you want to share that would help contextualize your response?
2. Please describe any major issues or concerns that impact the quality of the data shared during this data submission time period.