

Summary of Proposed work by Domain
(snapshot of where we are today, budget not finalized)

Domain 1: Incident Management for Early Crisis Response (Optional)

- No activities charged to the NC budget.
- A Planner will be requested from the National Partners fund to generate a local response template for law enforcement, emergency services, and public health to respond to overdose clusters.

DOMAIN 2: Strengthen Jurisdictional Recovery (Required) (NCHHSTP funded)

- \$103,400 (NCHHSTP) – Conduct vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis.

DOMAIN 3: Strengthen Biosurveillance (Required)

- \$200K (CSELS) - NCDETECT – DIT contract amendment
 - Improve data quality, SATScan, Biosense to ESSENCE, NCDETECT
- \$450K (NCIPC) to strengthen current CDC PFS & ESOOS work.
 - \$100K - NCDETECT – DIT contract amendment
 - Improve data vis, develop lean process for data quality
 - \$100K to OEMS – expand current IMOA under PFS
 - Hire opioid surveillance coordinator with NEMSIS management/oversight
 - Additional NEMSIS feed activities for timely EMS data.
 - Provide Substance Use Disorder training for EMS staff.
 - \$150K to OCME – expand funds from ESOS
 - Tox/ref materials person and/or surveillance coordinator? (temp staff)
 - Case identification move, towards electronic death certificates
 - Develop and implement death scene investigation trainings, Justice Academy
 - \$75K to State Center for Health Statics – expand ESOS
 - Person for death registration process/data entry (temp staff)
 - \$25K to UNC IPRC – Amend PFS contract

Domain 4: Strengthen Information Management (Required)

- \$240K – Public education development for Good Samaritan/Naloxone Access Law and MAT stigma reduction.

Domain 5: Strengthen Countermeasures and Mitigation (Required)

- \$1.5M – Fund 10-15 approved but unfunded applicants to the NC *Action Plan RFA*
 - 99 entities proposed projects totaling ~\$12M this spring.
 - Fund proposals + ID proposals needs to request from Partner CoAg
- \$72K to OEE/SBI/crime lab trainings
- \$250K to strengthen Syringe Exchange Programs thru Outreach/Capacity Building, Supplies, and Communications.

Domain 6: Strengthen Surge Management (Optional)

- \$50K - OEMS trainings for local EMS systems to develop post-overdose rapid response teams

CDC - Cooperative Agreement for Emergency Response: Public Health Crisis Response
Division of Public Health Summary

Announced July 2 – Due to CDC July 31 – Award date August 31

3 CDC fund centers = total \$3,235,577 +

	\$103,400 (NCHHSTP)
Vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis (Epi Section)	+
	\$200,000 (CSELS)
State Capacity Building to Enhance Syndromic Surveillance for Opioid Conditions (NCDETECT)	+
	\$2,932,177 (NCIPC)
Strengthen and expand current CDC funded strategies – (IVPB)	=
	\$3,235,577 (total)
	+
National Partners to support state strategies – apply in Sept – 1 year	+
	Up to 3 fed detailed positions –
3-year assignments – apply in Sept – include \$ in next year's new grant.	

Summary

- CDC Opioid funds awarded thru PH Emergency Preparedness – the fastest way for CDC to move funds to states + provides states flexibility.
- 1-year funding, a bridge to next year's new NOFO - all of CDC's current opioid grant funding ends this year, a new NOFO next year proposed to combine all of the funding. This is more like a planning year than one-time emergency funding.
- We don't need a disaster declaration to use this mechanism.
- We don't anticipate needing a declaration to accomplish the goals of the funding.
- Some of the funds are prescriptive – enhance our surveillance efforts, conduct a vulnerability assessment.
- We're proposing to use the funds to (1) **strengthen** what we're doing under the current CDC grant (PFS & ESOS) and (2) **extend** work to communities that current funding isn't sufficient to reach.