CDC Opioid Overdose Crisis Response Cooperative Agreement

Health and Human Resources Sub-Panel
Governor's Secure and Resilient Commonwealth Panel
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Jonathan Kiser
Office of Emergency Preparedness
Virginia Department of Health

Public Health Emergency Declaration

- Declared by State Health Commissioner on November 21, 2016
- Statewide standing order for naloxone issued concurrently
- State Health Commissioner is now authorized to establish and operate comprehensive harm reduction programs during a declared public health emergency [HB 2317, 2017]

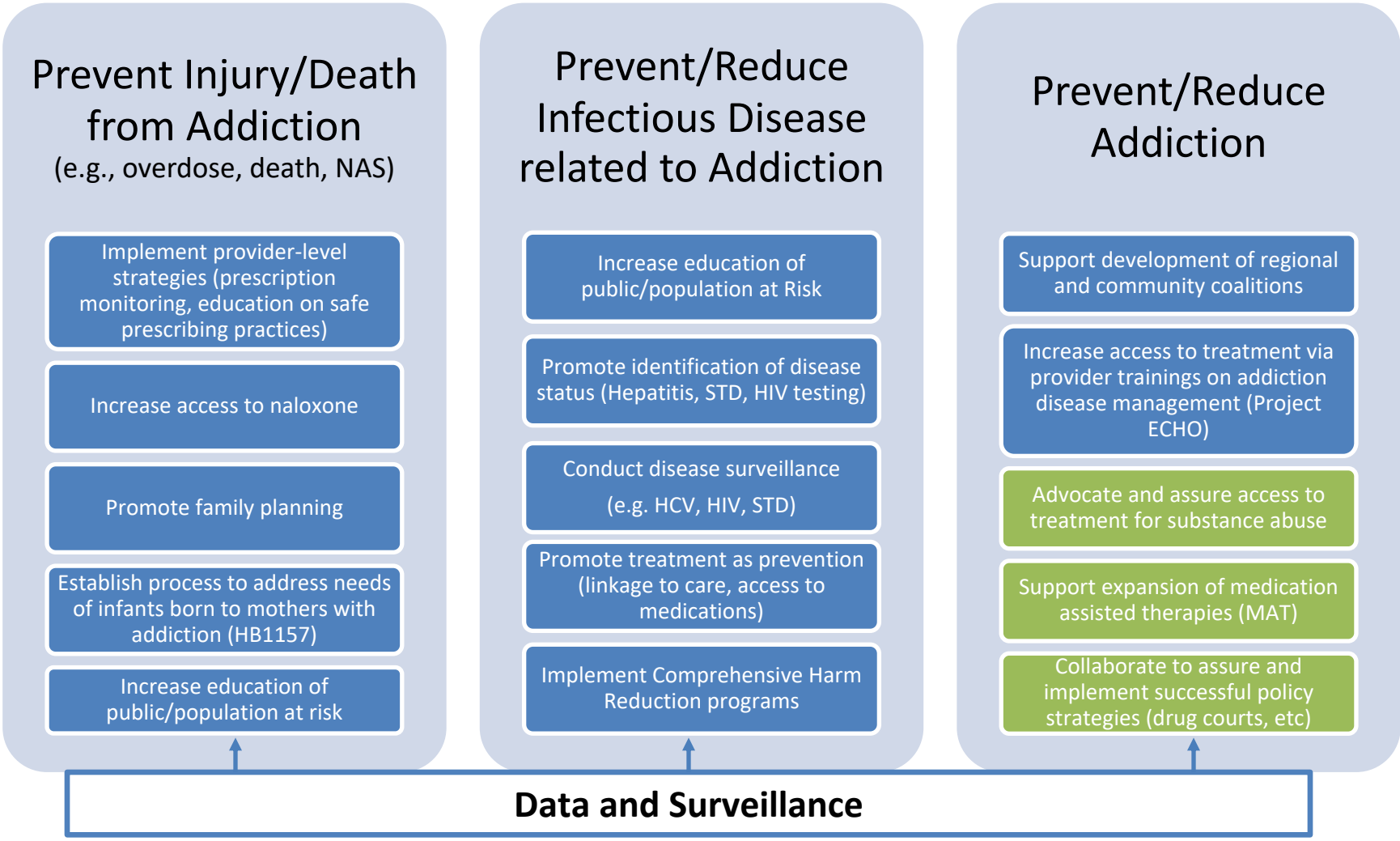
VDH Incident Management Team (IMT) Activation

- Incident Command System (ICS) Structure
- Incident Action Planning
- Situation Reporting

Governor's Executive Leadership Team on Opioids and Addiction

- Co-chaired by Secretary of Health & Human Resources and Secretary of Public Safety and Homeland Security
- Five work-groups comprised of state agency leadership: Prevention & Community Support; Supply Prevention; Treatment & Recovery; Harm Reduction; Justice-Involved Individuals.

VDH Addiction IMT Goals & Objectives



CDC Opioid Crisis Response Cooperative Agreement

- FY 2018 Consolidated Appropriations Act and Accompanying Report includes funding appropriated to CDC to "advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C."

- This is one-time, one-year funding, and funds must be spent/expended within the performance and budget period.

Domains & Centers

Public Health Crisis Response grant activities are structured within six domains to strengthen:

1. Incident Management (optional)
2. Jurisdictional Recovery
3. Biosurveillance
4. Information Management
5. Countermeasures and Mitigation
6. Surge Management (optional)

- National Center for Injury Prevention & Control (NCIPC)
- Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)
- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)

Budget Summary

CDC Funding Source	Award Ceiling	Total Amount of Awarded Activities
National Center for Injury Prevention & Control (NCIPC)	$3,235,577	$3,235,577
Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)	$200,000	$200,000
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP)	$114,700	$114,700
NCIPC - Special Project	$500,000	$500,000
Partner Support Notice of Funding Opportunity - Separate cooperative agreement	Not established	$948,000

Awarded Activities

- Developing and disseminating enhanced jurisdiction-level vulnerability assessments;
- Collaborating with DBHDS to expand the statewide workforce capacity of certified peer recovery specialists;
- Enhancing the VDH Opioid Indicators Dashboard so local communities and other stakeholders have access to better data;
- Improving data quality of syndromic surveillance ED data for opioids and enhancing data visualization;

- Enhancing the functionality of the Emergency Department Care Coordination Project to support healthcare providers;

- Developing standardized guidelines and collaborating with emergency departments to improve access to care at the point of non-fatal overdoses and abuse-related visits;

- Expanding training opportunities for clinicians and pharmacists (naloxone education, MAT waiver training, Project ECHO learning labs);

- Establishing a pilot program that will allow for follow-up with mothers of infants with Neonatal Abstinence Syndrome (NAS) to assure that they have information about resources available to them in the community;

- Improving follow-up of persons reported with newly identified hepatitis C infection by hiring a community outreach worker in each health planning region;

- Providing support to the Department of Forensic Science (DFS) for much needed lab equipment which will allow DFS to provide more timely and thorough results to the Office of the Chief Medical Examiner (*separate cooperative agreement*).

Peer Recovery

- An additional peer recovery project will be pursued under a separate federal funding opportunity (SAMHSA) being coordinated by DBHDS.
  - Mini-grants to local health districts to assess local needs and coordinate with local partners to expand existing peer recovery specialist efforts or establish new efforts in high-risk communities.
    - $350,000/year for two years