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 allowable in the context that they are 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.

- **Surveillance Strategies (Strategy 1, 2, and 3)**
- **Health IT/Prescription Drug Monitoring Program (PDMP) (Strategy 6)**
- **Health Systems and Clinicians (Strategy 6)**
- **Public Safety Partnerships/Interventions (Strategy 7)**
- **Harm Reduction (Strategy 8)**
- **Community-Based Linkage to Care (Strategy 9)**

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.

SURVEILLANCE STRATEGIES – STRATEGY 1, 2, and 3

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

HEALTH IT/PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) – STRATEGY 6

	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 naïve patients, patients with overlapping opioids and benzodiazepines)	X	

	Description and List of Health IT/PDMP Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		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	
		Other actions as needed to integrate PDMPs across state lines/interstate interoperability	X	
		Not maintaining a connection to RxCheck		X
		Only establishing a one-way (only receives the query but does not respond) connection to RxCheck		X

CLINICIAN/HEALTH SYSTEM ENGAGEMENT - STRATEGY 6

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	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 encourage 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	
	Purchasing syringes (including syringes for administering intravenous naloxone)		X

Description and List of Clinician/Health System Engagement Activities		Allowable vs. Unallowable Costs with OD2A Funds	
Categories	**Activities**	**Allowable**	**Not Allowable**
	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		X
	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 (ORRP). Creating partnerships between PH/PS and clinical leaders across the state to improve coordination	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
		Activities without both a public health and public safety component		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**
	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.	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. 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	Costs associated with uptake of ODMAP and/or application programming interface for law enforcement partner	X	
		Using EMS data to conduct sentinel surveillance		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	
		Purchase of and training staff on use of software to facilitate data availability, sharing, and use	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
	protocols, excluding the linkage of specific overdose cases across datasets.	Costs associated with implementation of media campaigns and other strategies to share information and respond to acute events, such as overdose spikes	X	
	Developing and implementing plans to respond to acute events, such as overdose spikes.	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 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. | Fatigue/compassion training personalized to specific first responders (EMS, firefighters, police, etc.) | X | |
| | | Development of training videos and educational material addressing stigma | X | |
| | | 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 | |

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 evidence-based overdose prevention strategies at the intersection of PH/PS (including linkage to care (LtC) and harm reduction)	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.	Resiliency training programs for public safety and first responders	X	
	Implementing evidence-based overdose prevention strategies, 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).	Purchasing naloxone (e.g., Narcan)		X
		Purchase of fentanyl test strips and other drug checking equipment	X	
		Purchasing syringes (including syringes for administering intravenous 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
	Implementing strategies that may take place in criminal justice settings (e.g., courts, jail, parole), upon reentry, and in the community.	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	Research		X
		Costs associated with the development, adaptation, and implementation of strategies to reduce overdose and associated risk factors	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**
	used to facilitate linkages). Developing and adapting culturally tailored 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).	Purchase of naloxone (e.g., Narcan) or syringes (including syringes for administering intravenous naloxone)		X
		Purchase of fentanyl test strips and other drug checking equipment	X	

HARM REDUCTION - STRATEGY 8

	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.)	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	
		Fentanyl test strips for "drug checking"[2]	X	
		Establishing a new SSP[1]		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.)		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

[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.
[2] Overdose Data to Action (OD2A) Fentanyl Test Strip (FTS) Guidance. Last Updated May 24, 2021.

	Description and List of Harm Reduction Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
		Procurement of other equipment solely intended for preparing drugs for illegal drug injection such as: • Sterile water • Filters • Tourniquets • Razors • Straws • Plastic cards • Tiny spoons		X
		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])	X	
		Facilitating the introduction of wraparound services to SSPs such as the collocation of MOUD, linkage to care, and other services to reduce harms related to substance use disorders.[3]	X	
		Supervised consumption sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education)[4]		X
Overdose Education and Naloxone Distribution (OEND)	OEND trains participants on proper naloxone administration technique and how to prevent,	Developing education materials, including information about: • Safer injection practices • Overdose prevention • Reversing an opioid overdose with naloxone[1]	X	

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

[4] 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.

Description and List of Harm Reduction Activities			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
	recognize, and respond to an opioid or stimulant overdose[5]	Staff salaries	X	
		Distribution of naloxone	X	
		Provide training on how to use naloxone[6]	X	
		Mail-in naloxone distribution (including postage, mailing supplies, etc.)[7]	X	
		Fentanyl 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)[8]	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[9]		X

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[5] 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

[6] 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

[7] OD2A Proposed Allowable Activities – Prevention

[8] 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.

[9] Seal et al., 2005

COMMUNITY-BASED LINKAGE TO CARE – STRATEGY 9

Description and List of Community-Based Linkage to Care Activities			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			Allowable vs. Not Allowable Costs with OD2A Funds	
Category	Description	Activities	Allowable	Not Allowable
		Purchasing basic food, health, or personal items even if intended to support outreach or engage individuals in community settings to offer linkage (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)		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 (e.g., snacks, water, flashlights, pens, etc.) to recruit disproportionately affected populations for linkage to treatment, harm reduction, and support services	X	
Supporting retention in care	Using navigators to facilitate implementing monitoring programs following discharge from acute care to prevent treatment interruption. Creating peer support groups or linkages to community-based self-help groups	Purchasing and distributing fentanyl test strips for drug checking for the purposes of engaging individuals in linkage to care	X	
		Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes		X
		Providing limited, local housing (e.g., 1-2 days in a hotel) while linking individuals to treatment		X

	Description and List of Community-Based Linkage to Care Activities		Allowable vs. Not Allowable Costs with OD2A Funds	
Category	**Description**	**Activities**	**Allowable**	**Not Allowable**
	Increasing access to and retention in care through the development of telehealth infrastructure and resources.	Purchasing/leasing furniture		X
		Purchasing naloxone (e.g., Narcan)		X
		Purchasing syringes (including syringes for administering intravenous naloxone)		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 are supportive of recovery and self-acceptance).	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 providers) for people who use drugs or the general public	X	
	Supporting linkage to ancillary services such as job skills trainings,	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,	X	

Category	Description	Activities	Allowable vs. Not Allowable Costs with OD2A Funds	
			Allowable	Not Allowable
	training/employment, cultural community centers, and transportation through partnerships or direct staffing support.	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.		
		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 cards, contracts with transportation services, car seats for parenting individuals)	X	
		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		X

| | | | Allowable vs. Not Allowable Costs with OD2A Funds | |
Category	Description	Activities	Allowable	Not Allowable
		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	

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