

## Appendix A: Unallowable Activities and Expenditures

**Introduction:** This document is to give an overview of general unallowable activities and expenditures related to overdose prevention under OD2A: LOCAL. There are a broad range of activities described in the NOFO that are required, allowed and encouraged. This document is intended to provide some parameters around what is *not* allowed under this NOFO. While some of the activities listed below may contribute to overdose prevention in some manner, they are either not allowed by HHS, CDC, or congressional appropriations language, or do not directly contribute to overdose prevention as specified in this NOFO. This is not an exhaustive list but does address many activities jurisdictions might consider. Jurisdictions wishing to undertake activities that are not explicitly addressed in this document or as an allowable activity should consult with CDC project officers before allocating funds.

**Approach:** For this document, we reviewed CDC and HHS guidance, drew from previous experience in overdose prevention programs funded through CDC, and reviewed scientific literature to understand what interventions jurisdictions are exploring. We examined whether these activities would be allowable by HHS/CDC policies, if they were evidence-based, and if they

**Content:** Below you will see a list of activities that jurisdictions may have considered implementing as part of their overdose prevention response. Although it is not allowable to use OD2A funds for the listed activities, other funding sources may be used if jurisdictions wish to implement them. If something is not listed as allowable or unallowable in the NOFO or in appendices, jurisdictions must consult with CDC before implementing the activity.

### OD2A: LOCAL unallowable activities and expenditures:

#### 1. Activities related to harm reduction:

- Establish a new Syringe Services Program (SSPs)
- Infrastructure costs for SSPs except when contributing to co-location of treatment (funds may be used for additional expenses associated with co-location)
- Provision of equipment solely intended for illegal drug use, such as syringes, cookers/spoons, syringes, and pipes
- Procurement of other equipment solely intended for preparing drugs for illegal drug injection, such as sterile water, filters, tourniquets, razors, straws, plastic cards, and tiny spoons
- Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education) and developing educational outreach and guidance or materials (including mass media, print, digital, or other) about supervised injection facilities
- Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes
- Purchasing basic food, health, or personal items if not intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)
- Pharmacy voucher program that provides participants with vouchers redeemable for free syringes at participating pharmacies

#### 2. Activities related to public health/public safety:

- Drug disposal, including the implementation or expansion of drug disposal programs, drug take back programs, drug drop boxes, and drug disposal bags
- Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl
- Public safety activities that do not include overlap/collaboration with public health partners and objectives

### 3. Activities related to health systems:

- Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose
- Provision of SUD treatment that includes MOUD and the purchase of medications such as Methadone, Buprenorphine, and Naltrexone
- Directly funding or expanding the provision of substance use treatment
- Paying for fees associated with clinicians obtaining waived status for DATA waivers. This applies to direct reimbursements, contracts and waiver fees.
- Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys)
- Paying for the following services (only referral or linkage to them is allowed):
  - Treatment for substance use disorder (MOUD)
  - Behavioral therapy (e.g., cognitive behavioral therapy)
  - Housing assistance
  - Food assistance
  - Medical care
- Specialized clinical care, if indicated, such as pain management

### 4. Other generalized, unallowable activities

- Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention
- Childcare and childcare-related purchases (e.g. pack-n-play)
- Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities)
- Research
- Prevention of Adverse Childhood Experiences (ACEs) as a standalone activity

Funding cannot be used to directly fund or expand the direct provision of substance use disorder treatment programs. Such activities are outside the scope of this NOFO. Funding must also not duplicate or overlap with resources provided under other federal funding sources or CDC mechanisms, including – but not limited to - Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), Data Modernization Initiative (DMI), and efforts to strengthen the overall U.S. public health infrastructure, workforce, and data systems (i.e., CDC-RFA-OE22-2203).