

[illegible]

Feedback Category	Details	Recommendation
Navigation	Too many layers	Leave as is for remainder of current NOFOs, consider adjustments for next NOFOs (i.e. removing a layer, or consolidating reporting, starting with activity reporting) <i>Wish List:</i> Have multiple windows open at once
	List order is not static (i.e. working on sub-activities/activities and the order keeps moving)	Allow list order to be editable by users
	Screen shifts when you click on a list item to open it	Disable this functionality in the template.
Save	Data is lost on SAMS inactivity time out (several work arounds were found for this including doing planning in Word and copy/pasting)	Add intermediate save button and time out warning <i>Wish list:</i> auto-archived versions if you get kicked out of the system
Check in/out	Glitchy (check in button sometimes results in being logged out of SAMS)	Request states notify portal team of these issues- may just be related to server reset that was needed
	Clunky process (i.e. resets the page, hard to remember steps, especially inconvenient when editing)	Check out button should not reset page back to strategy view From task details page- click on "available" to check out and work in, or click on link to view read only
	Users frequently forget to check back in and task details page never registers as "available" in this instance. Most users do not click the link anyway to see the "you can check this out anyway" message	Ensure that task details page is updated to "available" when item is past 4 hours <i>Wish list:</i> auto check-in, either after 4 hours, or when someone clicks the log out button; designate an admin to bump users out of a section
PDF	Difficult to direct reviewers (i.e. leadership in clearance chain) to new information or specific sections to review because everything prints out	Option to PDF workplan only <i>Wish list:</i> Option to PDF specific sections
		Make MS Word download available
	Need ability to share and edit	<i>Wish list:</i> Option to upload edited Word document to upload data into the Portal
	PDF was confusing to read, didn't actually look like the system (i.e. no breaks between sections, some font is too small, differences between headings and sub-headings too small)	Adjust formatting for better readability Make MS Word download available
Success Stories	so took a while to understand it	Further guidance required (i.e. Policy participation in state calls or success specific calls to give one on one TA); additional guidance should be provided around what will be done with the success stories as some are not final when submitted and states would prefer to be followed up with
	Significant confusion around new format and what CDC was interested in	
	Too many boxes, didn't have time to fill this out	provide more direction about what is optional vs required, enable view/edit of entire success story in one screen
	Redundant sections	Revise template
	Would like to put in more than one success story per strategy for PFS	Do not change for current NOFO, encourage states with this need to complete template outside of system. Adjust this requirement for future NOFOs
Other Critical Notes	Funding question was confusing- unsure of how much detail to provide	Add instructional text on screen, for future NOFOs make drop-down multi select and add instructional text
	Hard to follow text boxes	Add formatting (i.e. bullet points)
	Losing valuable information related to data	Ability to insert graphs/charts to support data story
	SAMS	Need more people on SAMS that what we were allowed

Feedback Category	Details
Supporting Sub-activities	Helpful, but overwhelming in combination with other requirements and forgot to use it, hope to use more in the future.
Other Critical Notes	Major activities are duplicated over and over and are impossible to edit

Recommendation

Provide guidance about how this could be useful and not required, then support and TA as needed

Quick fix for last year: allow for Major Activity Title field- that should be displayed in addition to category on task details page

Strategy	Section
ALL	Edit Major Activity
ALL	Edit Sub-activity
PDMP	Indicators
Morbidity/Mortality	Indicators
Morbidity/Mortality	Edit Indicator
Community/Insurer	Indicators- Technical Assistance Group
Community/Insurer	Indicators- Implement or Improve Group
Community/Insurer	Indicators- Guidelines Group
Policy Evaluation, Rapid Response	Indicators
Community/Insurer	Add indicator
Policy Evaluation	Add indicator
Rapid Response	Add indicator
State population Data	

Instructional Text

The major activity selected should be an overarching category that is addressed across multiple years or the entire 4-year project period. It should, in a few words, summarize how your sub-activities provide collective impact.

Sub-activities are work that spans across multiple years or the entire 4-year project period. They should describe the work planned and accomplished towards making the impact in the selected major activity.

Refer to the Indicator Toolkit for guidance on numerator and denominator definitions and further clarification of expectations.

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- Missing counts for a given year- Enter counts where age is missing or unspecified in the “Missing” cell for the appropriate year. The total for that year will be auto-calculated including the missing count.
- Age suppression for a given year - If two or more cells in a year need to be suppressed (based on your state’s suppression rules), enter the total of your suppressed counts at the bottom of that year’s column in “Suppr Count” cell. The total for that year will be auto-calculated including the suppressed count. Additional notes about suppressed counts can be included in the “Brief Notes” field.

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Add new community/insurer strategy indicators or update the ones already added below that identify and provide technical assistance to high-burden communities and counties, especially efforts to address problematic prescribing.

Add new community/insurer strategy indicators or update the ones already added below that implement or improve opioid prescribing interventions for insurers, health systems, or pharmacy benefit managers.

Add new community/insurer strategy indicators or update the ones already added below that enhance uptake of evidence-based opioid prescribing guidelines.

<none>

Select an available numbered indicator below (that has not already been added to the Community/Insurer strategy) or select other and specify a state specific indicator.

Select an available numbered indicator below (that has not already been added to the Policy Evaluation strategy) or select other and specify a state specific indicator.

Select an available numbered indicator below (that has not already been added to the Rapid Response strategy) or select other and specify a state specific indicator.

State population data will be used to pre-populate denominators for Morbidity and Mortality Indicators and PDMP Indicators 22 and 24.

Strategy Number**Strategy**

1 Morbidity
1 Morbidity
1 Morbidity
1 Morbidity
2 Mortality
2 Mortality
2 Mortality
2 Mortality
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
3 Surveillance Innovation Projects
4 PDMP (Base)
4 PDMP (Base)
4 PDMP (Base)
4 PDMP (Base)
4 PDMP (Base)
4 PDMP (Enhanced)
4 PDMP (Enhanced)
4 PDMP (Enhanced)
5 State-local integration
5 State-local integration
5 State-local integration
5 State-local integration
6 Linkage to Care
6 Linkage to Care
6 Linkage to Care
6 Linkage to Care
6 Linkage to Care
6 Linkage to Care
7 Providers and Health Systems Support
7 Providers and Health Systems Support
7 Providers and Health Systems Support
8 Public Safety Partnerships
8 Public Safety Partnerships
8 Public Safety Partnerships
8 Empowering Individuals to Make Safer Choices
9 Empowering Individuals to Make Safer Choices
9 Empowering Individuals to Make Safer Choices
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10 Prevention Innovation Projects

Activity (unlike Pfs, this is not an exhaustive list and we will need to discuss how to account for "Other")

ED tier 1: Report ED data every two weeks
ED tier 2: Monthly ED reporting
ED tier 3: Quarterly ED reporting
ED tier 4: Planning year then quarterly ED reporting
SUDORS tier 1: Report with 6-12 month time lag
SUDORS tier 2: Report with 8-14 month time lag
SUDORS tier 3: Planning year then report with 8-14 month time lag
Optional SUDORS enhancement
Linkage to care data/surveillance
Local health surveillance of persons misusing substances
Track public health risk of illicit opioid drug supply
Link overdose data from different sources within the same jurisdiction
Link PDMP data to other data systems within the same jurisdiction
Innovative drug overdose morbidity/mortality data
Other critical surveillance interventions
Universal use among providers within a state
Inclusion of more timely or real-time data contained within a state PDMP
Actively managing the PDMP in part by sending proactive (or unsolicited) reports to providers to inform prescribing
Ensuring that PDMPs are easy to use and access by providers
Other (more than 1 "Other" is possible)
Integrate across state lines/interstate operability
EHR integration
Other (more than 1 "Other" is possible)
Explicit efforts to better integrate state and local prevention efforts
Capacity building for more effective and sustainable surveillance and prevention efforts
Prevention and response strategies at the state and local level
Other (more than 1 "Other" is possible)
Peer Navigators (specify setting: ED, EMS, community, other health system)
Post-overdose protocol
Enhance policies and programs
Increase and improve coordination
Integrate technology
Other (more than 1 "Other" is possible)
Guideline implementation, clinical education, and training (including academic detailing)
Insurers and health system support
Other (more than 1 "Other" is possible)
Data sharing
Programmatic partnerships
Other (more than 1 "Other" is possible)
Mass market comms campaign
Address stigma
Develop messaging for those who use illicit drugs
Partnering with harm reduction organizations (specify naloxone training, SSP, etc...)
Risk reduction messaging for vulnerable populations

Evaluating the impact of harm reduction strategies

Other (more than 1 "Other" is possible)

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