



DeKalb County Government

Manuel J. Maloof Center
1300 Commerce Drive
Decatur, Georgia 30030

Signature Report

Resolution: 2024-0125

File Number: 2024-0125

Commission District(s): All Districts

Acceptance of Grant Funds from the Centers for Disease Control (CDC), through the Georgia Department of Public Health (GA-DPH) for the DeKalb County Medical Examiner's Office (DCMEO)

Information Contact: Director Patrick L. Bailey

Phone Number: 404-508-5015

PURPOSE:

To consider accepting grant funds in the amount of \$24,780 from the CDC via the Georgia Department of Public Health Overdose Data 2 Action grant program for the third continual grant cycle. (Renewal 3 of 4).

NEED/IMPACT:

We respectfully request the continued funding of the Overdose Data 2 Action grant program to support the critical work of the DeKalb County Medical Examiner's Office. Accepting grant funds allows the DCMEO to conduct comprehensive toxicology testing on many overdose fatalities that occur within all districts in DeKalb County.

As a participant in the OD2A program, the DCMEO collaborates with the Georgia Department of Public Health and the Centers for Disease Control and Prevention on overdose surveillance and data collection. The data obtained through this program is essential to driving evidenced-based health policies and prevention strategies at both the state and federal levels. Locally, the data helps inform targeted overdose prevention activities that can help save lives in DeKalb County.

The OD2A program has enabled the DCMEO to gain a deeper understanding of the circumstances surrounding overdose deaths in our community. Continued funding will allow this important work to continue and support data-driven actions aimed at curbing the overdose epidemic. We appreciate your consideration of this request to sustain such a vital program.

FISCAL IMPACT:

There is no fiscal impact to the General Fund because there is no match requirement.

RECOMMENDATION:

Approved as to Form _____

Date _____

Attest by _____

Date _____

Certified by _____

Date _____