**Attachment B1: Evaluation Requirements**

| **Goal** | **Objective** | **Measures** | **Source** | **Frequency** | **Person(s) Responsible** |
| --- | --- | --- | --- | --- | --- |
| Opioid overdose | ↑ ED visits | # of ED visits | NC OSUAP1  | Annual |  |
| ↑ Deaths | # of deaths | NC OSUAP1 | Annual |  |
| Naloxone Training | ↑ Training first responder | # of trainings# trained by type; # reporting new skills & confidence; # using new skills & recognizing overdose signs; # of people administering naloxone | Training Logs | Quarterly |  |
| ↑ Training others |
| Naloxone Access | ↑ Availability | Dollars spent | Pos | Quarterly |  |
| # of reversals in real time; # of kits used per event | Evaluation Tools | Quarterly |  |
| ↑ Distribution to high risk locations | # of patients by location, demographic, prior reversals, & census tract | Evaluation Tools | Quarterly |  |
| # of replacement products requested | Evaluation Tools | Quarterly |  |
| # of kits reaching high need communities by zip code, request vs response, household, dose, recipient type, and type of kit | Evaluation Tools | Quarterly |  |
| Post-Naloxone Treatment Referrals | ↑ Post reversal referral to treatment  | # of treatment referrals | NC DMHEvaluation Tools | Quarterly |  |
| ↑ Post reversal treatment | # of post reversal treatment/ recovery services | Evaluation Tools | Quarterly |  |
| Rx Supply | ↑ Medical professional training | # of trainings; # trained by type; # reporting new skills & confidence | Training Logs | Quarterly |  |
| ↑ PDMP utilization | # using new skills | NC CSRS2 | Quarterly |  |
| ↓High risk prescribing | # using new skills | NC CSRS2 | Quarterly |  |
| Rx Sharing Risks | ↑ Secure Rx storage | N/A | Community Survey | Quarterly |  |
| ↑ Safe Rx disposal | N/A | Community Survey | Quarterly |  |

1NC Opioid and Substance Use Action Plan Data Dashboard

2NC Controlled Substance Reporting System

**Attachment B2: Baseline Data Measures**

***Instructions:*** Please complete the table below using both data that the applicant agency has and/or data that is available for the county. We understand that the reported number for some of these data points may be 0. This information will not impact the score of your application. The baseline data provided will allow PDO staff to more accurately measure programmatic progress over the life of the project.

| **Goal** | **Measures** | **Source** | **Reporting Period** | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Opioid overdose | # of ED visits | NC OSUAP1 | Most recent |  |
| # of deaths | NC OSUAP1 | Most recent |  |
| Naloxone Training | # of trainings# trained by type; # reporting new skills & confidence; # using new skills & recognizing overdose signs; # of people administering naloxone | Training Logs | 08/31/2021- 02/28/2022 |  |
|
| Naloxone Access | Dollars spent | Pos | 08/31/2021- 02/28/2022 |  |
| # of reversals in real time; # of kits used per event | Evaluation Tools | 08/31/2021- 02/28/2022 |  |
| # of patients by location, demographic, prior reversals, & census tract | Evaluation Tools | 08/31/2021- 02/28/2022  |  |
| # of replacement products requested | Evaluation Tools | 08/31/2021- 02/28/2022 |  |
| # of kits reaching high need communities by zip code, request vs response, household, dose, recipient type, and type of kit | Evaluation Tools | 08/31/2021- 02/28/2022 |  |
| Post-Naloxone Treatment Referrals | # of treatment referrals | Evaluation Tools | 08/31/2021- 02/28/2022 |  |
| # of post reversal treatment/ recovery services | Evaluation Tools | 08/31/2021- 02/28/2022 |  |
| Rx Supply | # of trainings; # trained by type; # reporting new skills & confidence | Training Logs | 08/31/2021- 02/28/2022 |  |
| # using new skills | NC CSRS2 | 08/31/2021- 02/28/2022 |  |
| Rx Sharing Risks | # of medication lockboxes distributed | Community Survey/Other | 08/31/2021- 02/28/2022 |  |
| # of medication disposal kits distributed | Community Survey/Other | 08/31/2021- 02/28/2022 |  |

1NC Opioid and Substance Use Action Plan Data Dashboard

2NC Controlled Substance Reporting System

**Attachment C: Project Timeline**

**EXAMPLE TEMPLATE:**

|  | **Funding Period:****December 1, 2022 to June 30, 2023**  |
| --- | --- |
|  **Specific Steps to be Taken** | **Responsible Person(s)** |  **Start Date** |  **End Date** |
| Task 1 | Receive funds from DMH |  |  |  |  |
| Task 2 | Develop and disseminate a naloxone distribution plan  |  |  |  |  |
| Task 3 | Work on Needs Assessment /Data Collection/Community Readiness  |  |  |  |  |
| Task 4 | Identifying Key stakeholders/partners |  |  |  |  |
| Task 5 | Complete Needs Assessment |  |  |  |  |
| Task 6 | Building Capacity  |  |  |  |  |
| Task 7  | Work with Training and TA Center on implementation of programs.  |  |  |  |  |
| Task 8 | Work on Strategic and Sustainability plan with partners |  |  |  |  |
| Task 9 | Develop Lock Your Meds plan |  |  |  |  |

**Attachment D: FFY 22 DMH/DD/SAS Program Budget Proposal and Budget Narrative**

| Category |  Budget #1: December 1, 2022-June 30, 2023 | Budget #1: December 1, 2022-June 30, 2023: Justification (how do you intend to spend the money?) |
| --- | --- | --- |
| **Personnel** | **Personnel** |  |
| Staff/Personnel |  |  |
| **Total Staff/Personnel** | **$****-** |  |
| **Equipment**  | **Equipment**  |   |
| Communication (phones, fax, postage) |   |   |
| IT (Computers, copiers) |   |   |
| Furniture |   |   |
| Equipment Repair and Maintenance |   |   |
| Other: |   |   |
| **Total Equipment** |  **$ -**  |   |
| **Supplies and Materials** | **Supplies and Materials** |   |
| Office Supplies and Materials |   |   |
| Computer Supplies, Materials, and Software |   |   |
| Naloxone Purchase |   |   |
| Service Related Supplies and Materials |   |   |
| Promotional Items |   |   |
| Printing, Copying, and Reprints |   |   |
| Data Collection and Evaluation  |   |   |
| Meetings Expenses |   |   |
| Other: |   |   |
| **Total Supplies and Materials** |  **$ -**  |   |
| **Travel** | **Travel** |   |
| Staff/Contract Personnel Travel |   |   |
| Staff Lodging/Meals |   |   |
| **Total Travel** |  **$ -**  |   |
| **Staff Development/Training** | **Staff Development/Training** |  |
| Staff Development/Training |  |  |
| **Total Staff Development/Training** | **$****-** |  |
| **Communications/Public Education** | **Communications/Public Education** |   |
| Publications |   |   |
| PSA/Ads |   |   |
| **Total Media/Communications** |  **$ -**  |   |
| **Total Indirect Budget/Expenditures** | **$****-** |  |
| **Total Budget/Expenditures** |  **$ -**  |   |
| TOTAL Requested (Budget/Expenditures):  |   |  $ -  |

**Attachment E: Organizational Chart Template**

***Instructions:*** Please identify the organizational structure for the PDO project. You may use the template below as guidance or use your own template. The organizational chart should clearly outline the applicant/lead agency, project staff, community partners (agency name and contact name, if applicable), and each community partner’s relevance to the proposed PDO project.

