# Appendix B Narrative Worksheet and Data Dictionary

Do **NOT** complete these documents at this time **nor return them** with the RFA response. The narrative worksheet and data dictionary are additional tools to help you write the RFA application.

They are for reference only.

**Department of Health and Human Services, Division of Public Health**

### RFA A409 Applicant Response Worksheet

This project narrative worksheet is an ***optional tool*** that you may use to help complete your application. The goal of this document is to give more specific guidance to help you answer all components of IVPB Request for Applications. This worksheet does not cover everything you will need to write in your application, but it gives questions you can think about during your writing.

Be sure to read the full Request for Application. The Request for Applications (RFA) outlines the scope of the project and the different options to which your organization can apply.

**Instructions:** The Applicant proposal shall include the following sections listed in this specific order and clearly marked as such.  Applications must be ***10 pages or less***, not including any attachments or appendices.  See each section below for questions to consider when writing that section of the application.

Prior to writing each of the application sections, use these guiding questions to ensure you cover all the required information in your application. Please, do not submit this worksheet as your application. This application is meant to give you questions to consider and does not cover the fullness of the application.

**Proposal Summary (0 points) –** *Required, not scored*

*Fill in the blanks to the following statements:*

|  |
| --- |
| **Our organization’s primary focus is to:** |
|  |

|  |
| --- |
| **The purpose of our project is to achieve:** |
|  |

|  |
| --- |
| **To achieve these goals, we will do these activities:** |
|  |

|  |
| --- |
| **We need the funds to support  \_\_\_\_\_\_\_ and \_\_\_\_\_\_ of our proposed plan.** |
|  |

*Now use the information you wrote down to guide your* ***Proposal******Summary*** *portion.*

**Assessment of Need (12 total points)**

Fill in the blanks to the following statements:

|  |
| --- |
| **Our organization needs this funding because:** |
|  |

|  |
| --- |
| **This service is necessary in our community because:** |
|  |

|  |
| --- |
| **For this project, we will work with the following priority populations, in the following geographic area. We hope to serve the following estimated number of people.** |
|  |

|  |
| --- |
| **We have the following experience in or with these communities and the challenges they face:** |
|  |

|  |
| --- |
| **The biggest needs our community has related to preventing overdose deaths, polysubstance use, wound care, and/or related issues are:** |
|  |

|  |
| --- |
| **A barrier/gap in our community with respect to expanding the linkages to care for people who use drugs and historically marginalized populations is:** |
|  |

|  |
| --- |
| **The opportunities we see in our community with respect to expanding linkages for people who use drugs and historically marginalized populations to care are:** |
|  |

|  |
| --- |
| **We identified the needs of these priority populations by:** |
|  |

|  |
| --- |
| **We have identified strengths in our community and organization that will be helpful to our work and they are:** |
|  |

|  |
| --- |
| **We plan to include individuals with lived experience and/or from directly impacted communities in meeting these needs by:** |
|  |

*Now use the information you wrote down to guide your* ***Assessment of Need*** *portion.*

**Organizational Readiness (16 total points)**

*Fill in the blanks to the following statements:*

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| --- |
| **Our organization’s name and mission is:** |
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|  |
| --- |
| **We serve the following counties:** |
|  |

|  |
| --- |
| **Our existing staff and experience that is relevant to this project is** (If you have peer support specialists and/or other staff with lived experience that will support this project, please describe)**:** |
|  |

|  |
| --- |
| **Our organization’s history of work and experience working with people impacted by overdose is the following with examples:** |
|  |

|  |
| --- |
| **We deliver services and programs in a culturally competent way by:** |
|  |

*Now use the information you wrote down to guide your* ***Organizational Readiness*** *portion.*

**Project Description and Sustainability (28 points)**

Fill in the blanks to the following statements:

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| --- |
| **Our main goals of the project are to\_\_\_\_\_\_ by using \_\_\_\_\_\_\_\_strategy(ies):** |
|  |

|  |
| --- |
| **The primary group of people to be served through this project are \_\_\_\_\_\_ and we are engaging this priority population by:** |
|  |

|  |
| --- |
| **We are engaging people with lived experience of substance use and involving them in the planning, implementation and/or evaluation of this project by:** (e.g.hiring peer support specialists from directly affected communities or creating an advisory committee to help guide the work) |
|  |

|  |
| --- |
| **What we need to achieve our goals includes:** |
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| --- |
| **We’ll know we’re successful if we \_\_\_\_\_\_ at the end of the grant period.** |
|  |

|  |
| --- |
| **We plan to use the following overdose prevention and/or harm reduction partners/resources when developing our project:** |
|  |

|  |
| --- |
| **Our project will promote organizational capacity and sustainability by:** |
|  |

*Now use the information you wrote down to guide your* ***Project Description and Sustainability*** *portion.*

**Evidence of Collaboration/Partnerships, Letters of Commitment (24 points)**

Fill in the blanks to the following statements:

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| --- |
| **Other organizations we will partner with include \_\_\_\_\_\_. We will partner with them because they bring \_\_\_\_\_\_ to the project.** |
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| --- |
| **Our current relationship looks like:** |
|  |

|  |
| --- |
| **This partnership is important to our work because:** |
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| --- |
| **Our organizations complement each other well because we bring \_\_\_\_\_\_ to the table and they bring \_\_\_\_\_\_.** |
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|  |
| --- |
| **Our organization will be responsible for the following work: \_\_\_\_\_\_ and our partners will be responsible for \_\_\_\_\_\_.** |
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|  |
| --- |
| **We will make decisions and communicate with partners by:** |
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|  |
| --- |
| **We will incorporate people with lived experience and directly impacted communities into our collaboration and decision making by:** |
|  |

|  |
| --- |
| **We will ensure that projects or services are not being duplicated in the community and with the population being served by:** |
|  |

*Now use the information you wrote down to guide your* ***Evidence of Collaboration/Partnerships, Letters of Commitment*** *portion.*

**Evaluation Plan (8 points)**

Fill in the blanks to the following statements:

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| --- |
| **We will track the following activities \_\_\_\_\_\_ on a \_\_\_\_\_\_ basis (daily, weekly, monthly), and report our findings to \_\_\_\_\_\_.** |
|  |

|  |
| --- |
| **We will compile our information on a \_\_\_\_\_\_ basis (daily, weekly, monthly), and identify any problem areas.** |
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|  |
| --- |
| **We will use** (surveys, interviews, etc.) **\_\_\_\_\_\_ to collect data and use** (excel, other software) \_\_\_\_\_\_ **to track the data.** |
|  |

|  |
| --- |
| **We will know we have made progress when:** |
|  |

|  |
| --- |
| **There will be changes in \_\_\_\_\_\_ which will indicate that our program has made an impact.** |
|  |

|  |
| --- |
| **We are engaging the priority population in the evaluation process by:** |
|  |

|  |
| --- |
| **The evaluation will measure the following performance measures:** |
|  |

*Now use the information you wrote down to guide your* ***Evaluation Plan*** *portion.*

### Data Dictionary:

**Partnerships in Overdose Prevention and Harm Reduction (POPHR)**

This data dictionary contains approved sources for information relevant to overdose prevention and harm reduction that are encouraged to be used in the application narrative.

The tables below (organized by category) contain various sources that you may be expected to collect as part of this grant application. In each table, there is:

* A source name
* The level of data the source contains (National, County, State, City)
* A link to the source
* A short description of what can be found at the source

**Demographics, Service Area, and Other Health Outcomes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| County Health Rankings | County | <https://www.countyhealthrankings.org/>    [North Carolina Health Ranking Profile](https://www.countyhealthrankings.org/explore-health-rankings/north-carolina?year=2023) | This source allows you to search for a specific county in search bar at the bottom of the homepage, which then provides rankings of that county in a multitude of health outcomes, compared to other counties (or state average). HIV prevalence and OD deaths ranking can be found here. Helpful when compared to counties of similar size/rurality, or the state average. |
| U.S. Census Bureau | State  County  City  Zip Code  Census Tract | [**https://www.census.gov/**](https://www.census.gov/) | Sourced from Census information, type in either your state or county in the search bar and scroll through to see quick facts from census data relevant to that area. |
| Medicare County/State Dashboard | County  State | [**County Dashboard**](https://portal.cms.gov/MSTR2021/servlet/mstrWeb?evt=2048001&src=mstrWeb.2048001&documentID=231CD7E04382A8FF2EAB119297740CAA&visMode=0&currentViewMedia=1&Server=v343069p&Project=OIPDA-BI_Prod&Port=0&connmode=8&ru=1&share=1&hiddensections=header,path,dockTop,dockLeft,footer)    [**State Dashboard**](https://portal.cms.gov/MSTR2021/servlet/mstrWeb?evt=2048001&src=mstrWeb.2048001&documentID=69E5BACC452E9CC0D72D6DA872A90AF6&visMode=0&currentViewMedia=1&Server=v343069p&Project=OIPDA-BI_Prod&Port=0&connmode=8&ru=1&share=1&hiddensections=header,path,dockTop,dockLeft,footer) | This source can be used to provide background and context of health outcomes for people in local jurisdictions. |

**National Drug Use Rates:**

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| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| National Survey on Drug Use and Health | National | <https://nsduhweb.rti.org/respweb/homepage.cfm> | This source can be used to provide background for a grant application, and US data to set context of the overdose epidemic. |
| SAMHSA 202 Report | National | [Key Substance Use and Mental Health Indicators in the United States](https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf) | This is a PDF report on the findings from the National Survey on Drug Use and Health. |

**Overdose Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| NC Opioid and Substance Use Data Dashboard | State  County | <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard> | This source displays the metrics and actions tracked in the North Carolina Opioid and Substance Use Action Plan at the state, regional, and county level. It contains the most up to date and locally relevant data available regarding local health outcomes related to drug use and overdose. |
| IVPB Overdose Data | State  County | <https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm> | For monthly surveillance reports, county-level overdose slide sets, and data tables on overdose deaths, hospitalizations, and ED visits. [Click here](https://youtu.be/UoFKpe_UGGk) to listen to a recording of the core set of overdose data slides. |
| Overdose Rate Change CDC | State | <https://www.cdc.gov/drugoverdose/deaths/2019-2020-increase.html> | This source is a good visualization and source to see how rate of overdose has increased overtime. |
| CDC’s Data on Nonfatal Overdoses (DOSE) | National  State | <https://www.cdc.gov/drugoverdose/nonfatal/dose/surveillance/dashboard/index.html> | Provides a simple and easy to use data visualization about percent change in nonfatal overdoses in chosen state. |
| CDC’s State Unintentional Drug Overdose Reporting System (SUDORS) | State | <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html> | Similar to the DOSE dashboard, but with Fatal Overdoses. |

**Drug Supply Information:**

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| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| DEA Threat Assessment | National | <https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf> | Resource created by the DEA about the state of the poisoned drug supply in the US |
| UNC Drug Checking Lab Datasets | State | <https://opioiddatalab.github.io/drugchecking/datasets/> | UNC Chapel Hill performs drug checking (Analytical chemistry and epidemiology of street drugs) and publishes datasets of their results on this website. They have listed multiple audiences with relevant information. |

**HIV Data:**

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| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| Counties at Risk for HIV Outbreak (CDC) | County | <https://www.cdc.gov/pwid/vulnerable-counties-data.html> | CDC resource; a bit older (first developed with 2020 data), but can still be used as evidence of past HIV outbreaks when justifying SSP programs and how they can lower HIV rate. |
| AIDS Vu Map | State  County  City | <https://www.cdc.gov/pwid/vulnerable-counties-data.html> | Helpful HIV rate heat map that is broken down to specific state, county, and city rates. |

**Hepatitis C Virus (HCV) Rates:**

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| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| Figure of Acute HCV Cases by Year | National  State | [National Link](https://www.cdc.gov/hepatitis/statistics/2019surveillance/Figure3.1.htm)    [State Link](https://www.cdc.gov/hepatitis/statistics/2019surveillance/Figure3.2.htm) | Hard to track, but this is a good resource for describing HCV burden. |

**NC Opioid Settlement Information:**

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| --- | --- | --- | --- |
| **Source Name** | **Data Level** | **Link** | **Notes** |
| General Support Resources | State | <https://ncopioidsettlement.org/resources/general-support-resources/> | List of resources and contact information to support spending settlement funds |
| Strategy Specific Resources | State | <https://ncopioidsettlement.org/strategy-resources/> | A list of all strategies made available under the settlement and resources to support the work. |