

Prevention for States APR Template

Select State

The following navigation bar is available on all worksheets.
Click a tab to jump to the corresponding sheet:

Home Page

Implementation
Questions

Year 1 Progress
Reporting

Year 1 Success
and Challenges

Instructions:

Please use this template to prepare an APR for Prevention for States.

Affected Population: When addressing the affected population fields, please ensure the data is objective (e.g., the population could be the # of prescribers, patients, dispensers, policy

Success and Challenges: Utilize the embedded documents to enter successes and challenges.

Notes on Data Entry: All light yellow cells are available for user input. Before finalizing this document, all cells have been filled in.

Printing: When printing this document, because it contains multiple worksheets, please select the correct page settings.

Technical Support:

If technical support is needed, please send an email to your assigned CDC Project Officer with the following information:

Public reporting burden of this collection of information is estimated to average 20 hours for initial population and 4 hours for annual reporting instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, sending the information to the collection sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, ATTN: PRA (0920-XXXX).



heets



the affected population is specific to the / makers, stakeholders, etc.).

Double click the embed document to edit it. document ensure that all yellow colored sections

: to "Print Entire Workbook" within the print

with a detailed description of your need or

ial reporting, per response. The response time includes the time for y the collection of information. An agency may not conduct or iber. Send comments regarding this burden estimate or any other ew Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333;

Staffing

1. Using the table below, please describe the staff that were available to assist with implementing PfS activities including hiring, drafting the evaluation plan, participating in PDO/PfS conference calls or meetings, implementing one

| Staff Position Title | Percentage of time spent on PfS activities | Description of work performed | Was this person permanently assigned to your agency to coordinate the program? |
|---------------------------|--|---|--|
| Example: <i>Evaluator</i> | <i>15%</i> | <i>Developed evaluation plan template</i> | <i>Yes</i> |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

2. Did any Staff member who was working on a program within your agency move into a position fully or part-time in a currently held position.

| Previous Position, Program, and Funding Source | Current Position |
|--|-----------------------|
| Example: <i>Epidemiologist, RPE Program, Federal</i> | <i>Epidemiologist</i> |
| 1 | |

| | | |
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| 8 | | |
| 9 | | |
| 10 | | |

3. Have you hired all of the PFS positions identified in your application/budget? (Yes/No)

If **yes**, on what date did you have a full staff on-board for PFS?

If **no**, at what date do you expect to have a full staff on-board for PFS?

4. What challenges, if any, did you encounter with hiring Staff for PFS?

Fiscal

5.a. Did you have previously established contracting or other mechanisms in place to fund PDO activities tha

5.b. Please describe any Federal, state or other funds/programs that assisted with originally establishing the

Partners

6. Using the table below, please describe any partnerships that were previously established prior to PFS that

| List the partner | | Describe how this partner has helped implement PFS activities. | How was the partnership |
|------------------|--|--|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

Additional Funding for PDO or Injury:

7. Using the table below, please describe any other funding that your state receives that has been beneficial activities.

| Funding Source (e.g., RPE, NVDRS, Core VIPP, Hal Rogers, Robert Wood Johnson, State general funds, non-profit or community funding, etc.) | How has this funding leveraged the v |
|---|--------------------------------------|
| 1 | |

| | | |
|---|--|--|
| 2 | | |
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| 6 | | |
| 7 | | |

Data and Surveillance

8. Using the table below, please describe your access to PDO-related data prior to Pfs funding.

| Data Source | | Describe any Federal, state, or other |
|-------------|------------------|--|
| Example: | <i>PDMP Data</i> | <i>Established a DUA with the agency t</i> |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Leadership

9. Using the table below, please describe activities related to leadership and informing/educating decision-r

| Leadership Questions | Yes/No | If yes, please describe. |
|--|--------|--------------------------|
| 9.a. Prior to receiving Pfs funding, were there any state leaders or decision-makers who championed PDO-related initiatives? | | |

| | | |
|---|--|--|
| 9.b. Prior to funding, was your program or agency involved in informing and educating decision makers about PDO and best practices for programs and policies? | | |
| 9.c. Has your agency's role in informing and educating decision makers about PDO and best practices changed since receiving PfS funding? | | |

ies when you received the Notice of Award from CDC. (Includes activities related to contracting, e or more of the strategies selected from the FOA, or other PDO/PfS related activities).

| Person re-assigned (either temporarily or permanently) from another program within the project to conduct PFS activities? (Yes/No) | If the person was re-assigned (either temporarily or permanently) from another program, please indicate which program and how the position is normally funded. |
|--|--|
| | <i>Asthma Program (state general funds)</i> |
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Partially funded through PFS? If so, please indicate previously held position and program, and

| Current position in PFS | % of time |
|-------------------------|-------------|
| <i>Assistant</i> | <i>100%</i> |
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it were utilized for PfS purposes? (Yes/No)

PDO-related contracts prior to receiving PfS funds.

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have been beneficial with implementing PFS in your state.

| Initially established? | Prior to PFS funding, did you have already-established MOU's or MOA's with this partner? (Yes/No) |
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in either establishing PDO-related activities and partnerships, or implementing PFS-related

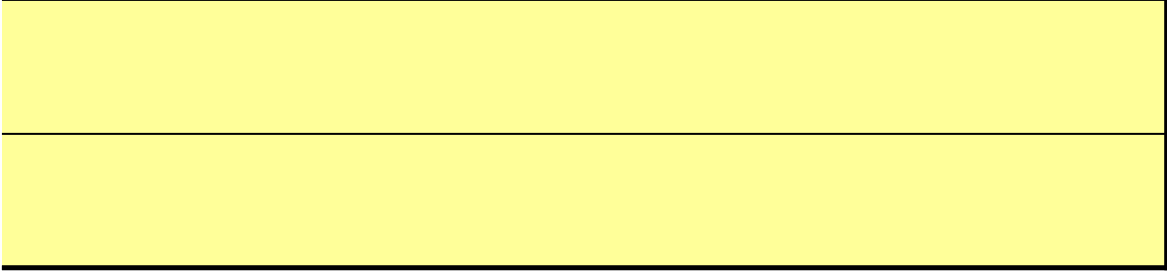
| Work you are doing to develop or implement PFS activities? |
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| programs or funding that assisted with obtaining access to the data prior to PFS funding. |
| <i>that houses the PDMP through the Core VIPP program (Federal funding)</i> |
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makers about PDO-related initiatives.

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Strategy 1: Enhance and Maximize PDMPs

Project Period Activities

| | | | | |
|---|-----------------|--|-----------|--|
| Activity 1.01 | Select Activity | | | |
| Activity 1.01 Description: (500 Character Limit) | | | | |
| Related Annual Sub-Activities | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | |
| Sub-Activity 1 Status: | Select Status | | | |
| Sub-Activity 1 Progress: (500 Character Limit) | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | |

Strategy 2: Implement Community or Insurer/Health System Interventions

Project Period Activities

| | | | | | |
|---|-----------------|--|-----------|--|--|
| Activity 2.01 | Select Activity | | | | |
| Activity 2.01 Description: (500 Character Limit) | | | | | |
| Related Annual Sub-Activities | | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | | |
| Sub-Activity 1 Status: | Select Status | | | | |
| Sub-Activity 1 Progress: (500 Character Limit) | | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | | |

Strategy 3: Evaluate Laws, Policies, or Regulations

Project Period Activities

| | | | | | |
|---|---|--|-----------|--|--|
| Activity 3.01 | Conduct a rigorous evaluation on a law, policy, or regulation designed to prevent opioid overuse, misuse, abuse, and overdose | | | | |
| Activity 3.01 Description: (500 Character Limit) | | | | | |
| Related Annual Sub-Activities | | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | | |
| Sub-Activity 1 Status: | Select Status | | | | |
| Sub-Activity 1 Progress: (500 Character Limit) | | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | | |

Strategy 4: Develop and Implement Rapid Response Projects

Project Period Activities

| | | | | | |
|---|---|--|-----------|--|--|
| Activity 4.01 | Implement an RRP to advance an innovative prevention approach | | | | |
| Activity 4.01 Description: (500 Character Limit) | | | | | |
| Related Annual Sub-Activities | | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | | |
| Sub-Activity 1 Status: | Select Status | | | | |
| Sub-Activity 1 Progress: (500 Character Limit) | | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | | |

Successes

Successes for PDMP:



Successes for PDMP

Double click to edit

Successes for Community/Insurer:



Successes for
Community/Insurer

Double click to edit

Successes for Policy Evaluation:



Successes for
Policy Evaluation

Double click to edit

Successes for Rapid Response



Successes for
Rapid Response

Double click to edit

Challenges

Challenges for PDMP:



Challenges for
PDMP

Double click to edit

Challenges for Community/Insurer:



Challenges for
Community/Insurer

Double click to edit

Challenges for Policy Evaluation



Challenges for
Policy Evaluation

Double click to edit

Challenges for Rapid Response



Challenges for
Rapid Response

Double click to edit

PDMP

Community/Insurer

Policy Evaluation

Rapid Response

Strategy 1: Strategy Description

Project Period Activities

| | | | | |
|--|-----------------|--|-----------|--|
| Activity 1.01 | Select Activity | | | |
| Activity 1.01 Description: (500 Character Limit) | | | | |
| CDC Assistance Necessary to Complete this Activity: (500 Character Limit) | | | | |
| Related Annual Sub-Activities | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | |

Strategy 2: Implement Community or Insurer/Health System Interventions

Project Period Activities

| | |
|--|-----------------|
| Activity 2.01 | Select Activity |
| Activity 2.01 Description: (500 Character Limit) | |
| CDC Assistance Necessary to Complete this Activity: (500 Character Limit) | |

Related Annual Sub-Activities

| | |
|--|---|
| Sub-Activity 1: (500 Character Limit) | |
| Sub-Activity 1 Dates: | Start Date: <input type="text"/> End Date: <input type="text"/> |

Strategy 3: Evaluate Laws, Policies, or Regulations

Project Period Activities

| | | | | |
|--|---|--|-----------|--|
| Activity 3.01 | Conduct a rigorous evaluation on a law, policy, or regulation designed to prevent opioid overuse, misuse, abuse, and overdose | | | |
| Activity 3.01 Description: (500 Character Limit) | | | | |
| CDC Assistance Necessary to Complete this Activity: (500 Character Limit) | | | | |
| Related Annual Sub-Activities | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | |

Strategy 4: Develop and Implement Rapid Response Projects

Project Period Activities

| | | | | |
|--|---|--|-----------|--|
| Activity 4.01 | Implement an RRP to advance an innovative prevention approach | | | |
| Activity 4.01 Description: (500 Character Limit) | | | | |
| CDC Assistance Necessary to Complete this Activity: (500 Character Limit) | | | | |
| Related Annual Sub-Activities | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | |
| Sub-Activity 1 Dates: | Start Date: | | End Date: | |

Activity

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Strategy #: **Strategy Description**

Project Period Activities

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|---|---------------|--|-----------|--|
| Activity 1.01 | | | | |
| Activity 1.01 Description: (500 Character Limit) | | | | |
| Related Annual Sub-Activities | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | |
| Sub-Activity 1 Status: | Select Status | | | |
| Sub-Activity 1 Progress: (500 Character Limit) | | | | |
| Sub-Activity Dates: | Start Date: | | End Date: | |

PDMP Activities:

A horizontal yellow bar with a black border, representing a field for PDMP Activities.

Insurance Activities:

A horizontal yellow bar with a black border, representing a field for Insurance Activities.

Policy Activities:

A horizontal yellow bar with a black border, representing a field for Policy Activities.

Rapid Response Activities:

A horizontal yellow bar with a black border, representing a field for Rapid Response Activities.

Activity

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|--------------------|-----------------------------|
| Strategy #: | Strategy Description |
|--------------------|-----------------------------|

Project Period Activities

| | | | | | |
|--|-------------|--|-----------|--|--|
| Activity 1.01 | | | | | |
| Activity 1.01 Description: (500 Character Limit) | | | | | |
| CDC Assistance Necessary to Complete this Activity: (500 Character Limit) | | | | | |
| Related Annual Sub-Activities | | | | | |
| Sub-Activity 1: (500 Character Limit) | | | | | |
| Sub-Activity Dates: | Start Date: | | End Date: | | |

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Rapid Response Activities:

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