

GUIDE TO THE MEASURES WORKBOOK FOR THE ANNUAL IMPACT REPORT



Welcome to the Guide to the Measures Workbook for the Annual Impact Report. This guide sheet will provide instructions, helpful hints, and other information to help your local government complete the required Measures Workbook for the Annual Impact Report.

FREQUENTLY ASKED QUESTIONS:

1. What is the Annual Impact Report?
2. What is the Standard Form for the Annual Impact Report, and which local governments are required to complete the Standard Form?
3. What is the Measures Workbook for the Annual Impact Report?
4. What is this Guide to the Measures Workbook for the Annual Impact Report?
5. Where can I find the Measures Workbook for the Annual Impact Report to download?
6. What is the structure of the Measures Workbook?
7. What is the first thing I should do when I open the Measures Workbook?
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18. My local government only funded a few of the strategies using opioid settlement funds this fiscal year but still completed activities in other strategies previously funded by opioid settlement funds (now using other funding sources). Are we able to provide measures for these strategies?
19. Can you provide an example of how a local government would complete the Measures Workbook?
20. I would like to report a process/quality/outcome measure that is not included in the list of measures. Is that allowed? If so, how can I report our custom measure?
21. My local government disbursed funds to an Exhibit B strategy. How do I report measures for that strategy?
22. What should I do if I have more questions about the Measures Workbook for the Annual Impact Report?

ADDITIONAL RESOURCES INCLUDED IN THIS GUIDE:

- Calculating Weighted Averages for Percentage Measures
- Recommendations for Reporting 6-Month Adherence to Treatment



1. What is the Annual Impact Report?

In the Annual Impact Report, a local government reports on the impact of the programs and strategies it funded with opioid settlement funds during the preceding fiscal year. The report is due within 90 days of the end of the fiscal year.

2. What is the Standard Form for the Annual Impact Report, and which local governments are required to complete the Standard Form?

The Standard Form (IR-2) for the Annual Impact Report is required for local governments that receive 0.4% or more of the Local Government Allocation, as stated in [MOA Exhibit G](#). For each strategy for which funding was disbursed, a local government must complete the Standard Form (IR-2). The Standard Form (IR-2) includes:

- Brief progress report describing the strategy and the progress made
- Brief success story from a person who has benefitted from the strategy
- One or more process measures, addressing the question, “How much did you do?”
- One or more quality measures, addressing the question, “How well did you do it?”
- One or more outcome measures, addressing the question, “Is anyone better off?”
- Demographic information on the participation or performance of people of color and other historically marginalized groups

3. What is the Measures Workbook for the Annual Impact Report?

The Measures Workbook for the Annual Impact Report is an Excel file which is uploaded within the Annual Impact Report portal. The Measures Workbook helps local governments complete the measures (process, quality, outcome, and demographics) portion of the Standard Form.

The Measures Workbook is required for all local governments that A) disburse funds during the fiscal year and B) receive 0.4% or more of the Local Government Allocation, as stated in [MOA Exhibit G](#). Submission of the workbook is optional for local governments who disburse funds but receive less than 0.4% of the Local Government Allocation.

4. What is this Guide to the Measures Workbook for the Annual Impact Report?

This Guide to the Measures Workbook for the Annual Impact Report provides instructions, helpful tips, and other information to help local governments complete the required Measures Workbook.

5. Where can I find the Measures Workbook for the Annual Impact Report to download?

You can find the most up-to-date Measures Workbook for the Annual Impact Report for download at ncopioidsettlement.org/reporting under the “Annual Impact Report” section. New versions of the Measures Workbook with minor adjustments are posted near the beginning of each reporting period (July 1). Please make sure to download the most recent version of the Measures Workbook prior to completing it for your submission.



6. What is the structure of the Measures Workbook?

The Impact Report Measures Workbook is one single Excel workbook with an instructions tab and worksheets (tabs) for each Exhibit A strategy. There is an additional worksheet (tab) for Exhibit B strategies.

7. What is the first thing I should do when I open the Measures Workbook?

Please review the “Instructions” worksheet (tab) in the Measures Workbook prior to completing any strategy measures. On the “Instructions” sheet, you will also be asked to provide some basic information so we can accurately attribute your workbook. (See below)

Select your local government:	
Select the fiscal year that applies to this workbook:	
CONTACT INFORMATION	
Your Name:	
Your Title:	
Your Email:	

8. As a local government that is required to complete the Standard Form in the Annual Impact Report (see Question #2 above), what do I need to report in the Measures Workbook?

For each strategy for which funding was disbursed during the fiscal year, your local government must provide information on that strategy’s Excel worksheet (tab). You must first provide the start and end date for the strategy at the top of the strategy worksheet. You must also provide information for *at least* 1 Process Measure, *at least* 1 Quality Measure, and *at least* 1 Outcome measure and report demographic information for the strategy. You may report additional measures but only 3 (one per category), as well as demographic information, are required for MOA compliance.

See Questions #9-11 for more information about reporting demographic information.

9. What happens if I do not have demographic information available for a strategy for which funding was disbursed?

Demographic information is a required part of the Annual Impact Report. If you need assistance with data collection methods, please contact opioidsettlement@ncacc.org.

10. How do I report demographic information for an Exhibit B strategy?

If your local government is reporting any [Exhibit B](#) strategies, you do not need to enter demographic data in the Measures Workbook. CORE-NC will reach out to your local government in late Fall to gather that information.

11. My local government disbursed funds to 1. Collaborative Strategic Planning. How do I report demographic information for this strategy?

Demographic information is not required for Collaborative Strategic Planning at this time. Demographic information is required for all other [Exhibit A](#) and [Exhibit B](#) strategies.

12. How should “start date” and “end date” be defined?

You should enter the start and end date at the top of each strategy for which you disbursed funds. The start and end date should match your Local Spending Authorization report submission. Start date refers to the day from which spending is authorized to begin for this strategy. End date refers to the day after which spending authorization for this strategy expires or the end of the fiscal year, whichever date occurs first.

13. The sheet auto-populated a value on the page, but it is incorrect. What should I do?

You can manually override any incorrect values, including denominators that auto-populate for the calculation of percentages (see Question 14 for more information about denominators). Please consider entering additional information in the notes column to add important context to your responses. If you have difficulty, please email opioidsettlement@unc.edu for assistance.

14. How should we determine our denominator when calculating a percentage?

For some quality and outcome measures, you will be asked to enter both a numerator (or the top number in a fraction) and a denominator (or the bottom number in a fraction). Then, the percentage will be auto-calculated by the Measures Workbook. When entering these values, thoughtfully consider who or what is eligible to be in your denominator for each percentage. In most cases, if the denominator is a material or item (e.g., naloxone kits distributed), the denominator should be consistent across the tab and should not be changed. However, if the denominator is people (e.g., people served by the program), the denominator may need to be changed to most accurately calculate the percentage.

Let's talk through an example (see next page).



You are reporting the % of individuals who were satisfied by the services offered as one of your Quality Measures. You collect this information through a satisfaction survey. The numerator would be the number of people who reported being satisfied by the services (7 in this example). For the denominator, the Measures Workbook would typically auto-populate the number of people served from the Process Measures section (10 people for this example). However, you know that only 8 people completed your satisfaction survey. Therefore, to most accurately share the satisfaction of your program, you should report the denominator as 8 people (i.e. the people who provided answers to the question about satisfaction). Then, your calculated percentage would be 7/8 or 87.5% instead of a misleading 7/10 or 70%. You can then add a note in the notes column to clarify why the denominator is only 8 people (e.g., only 8 individuals completed the satisfaction survey).

15. When should we report a 0 for a value versus leaving the value blank?

Please only report a zero for a value if it is a “true zero”, that is a value that was tracked and was in fact zero (e.g., 0 overdoses among individuals enrolled in the program). If a value was not tracked or is not applicable to your program, please leave the value blank. If you would like to provide additional information, feel free to add notes in the notes column saying that the value is not applicable (N/A) or was not tracked, etc. As a reminder, you are not required to complete every measure offered in the workbook. Blank cells are acceptable as long as the minimum MOA reporting requirements are met.

16. My local government provided funding to two different sub-recipients/providers for a strategy. Should I fill out two separate worksheets (tabs) for that strategy?

No – please only fill out one worksheet (tab) for each strategy, regardless of how many subrecipients/providers participated in the strategy. You should report totals across both sub-recipients for the measures on the strategy worksheet (tab). For example, if Subrecipient A served 200 unique participants and Subrecipient B served 50, you should report 250 total unique participants served. You can provide additional information by sub-recipient in the notes field if you would like.

17. My local government only funded a few of the strategies. Should we delete the tabs of the strategies that we did not fund?

Please do not delete any tabs in the Measures Workbook. If the strategy was not funded, please just leave all values on that tab in the Measures Workbook blank.

18. My local government only funded a few of the strategies using opioid settlement funds this fiscal year but still completed activities in other strategies previously funded by opioid settlement funds (now using other funding sources). Are we able to provide measures for these strategies?

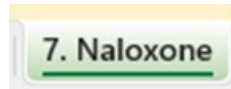
If you completed activities under a strategy previously funded by opioid settlement funds but now supported by non-opioid settlement funds and would like to report measures, you may do so. Please ensure, however, that you add a note in the notes column to clarify that these measures were not supported by opioid settlement funds this fiscal year.



19. Can you provide an example of how a local government would complete the Impact Report Measures Workbook?

Tar Heel County has disbursed funds for two Exhibit A strategies: 1. Collaborative Strategic Planning, and 7. Naloxone Distribution. Tar Heel County will need to complete two worksheets (tabs) in the Measures Workbook – one for Collaborative Strategic Planning and one for Naloxone Distribution.

Let's walk through an example for Naloxone Distribution. Find the "7. Naloxone" worksheet (tab) in the Measures Workbook.



Fill out the Start and End Date for this Strategy (M/D/YYYY) at the top of the page. Tar Heel County authorized spending for 7. Naloxone Distribution from July 1, 2024 to June 30, 2025, so they entered the following:

7. Naloxone Distribution		
Insert Start and End Date for this Strategy (MM/DD/YYYY)	Start Date:	7/1/2024
	End Date:	6/30/2025

Next, Tar Heel County must select at least one "Strategy-Specific Process Measure" to complete. Any of the measures in the yellow "Strategy-Specific Process Measures" section will meet this requirement.

Tar Heel County elected to report two process measures: the number of unique participants, who use opioids and/or have OUD, served AND the number of intranasal naloxone kits distributed. Tar Heel County provides the count, answers the question "how were efforts supported?", and provides notes to help contextualize the count.

STRATEGY-SPECIFIC PROCESS MEASURES			
Description	Count	How were efforts supported?	Notes
# of unique participants, who use opioids and/or have OUD, served	100	Multiple funding sources	Unique participants were tracked using an internal tool developed by the funding sub-recipient. Duplicates have been removed where possible.
# of intramuscular naloxone kits distributed			
# of intranasal naloxone kits distributed	200	Multiple funding sources	Each unique participant may received more than one naloxone kit.

Next, Tar Heel County must report the demographic characteristics of the unique participants served. The number of unique participants will automatically populate based on the number entered under the "Process Measures" section.



Tar Heel County reports that 50 individuals were White Non-Hispanic, 25 were Black Non-Hispanic, 10 were Hispanic, and 15 were Unknown. Tar Heel County provides additional detail in the Notes section to tell us that 15 individuals refused to provide their race/ethnicity on the intake forms. (Note: Local governments now have an additional option when reporting demographic information for Naloxone Distribution and Syringe Services Programs. See this [document](#) for details.)

Process Measure	Count	Notes
# of unique participants, who use opioids and/or have OUD, served	100	
Of the # of unique participants, who use opioids and/or have OUD, served in the count above, how many people identified as:		
American Indian/Alaska Native Non-Hispanic		
Asian Non-Hispanic		
Black Non-Hispanic	25	
Native Hawaiian or Other Pacific Islander Non-Hispanic		
White Non-Hispanic	50	
Hispanic	10	
Some Other Race or Multiple Races		
Unknown	15	15 individuals refused to provide their race/ethnicity on intake.
Sum total of unique participants served (Autocalculated)	100	
Does sum total (C33) match the reported # of unique patients (C23)? (Autocalculated)	Yes	

Next, Tar Heel County must select at least one “Strategy-Specific Quality Measure” to complete for Naloxone Distribution. Any of the measures in the green “Strategy-Specific Quality Measures” section will meet this requirement.

Tar Heel County elects to report the number of unique participants who report they are satisfied by the services. They enter the Count (both the numerator and denominator), and a Percent is automatically calculated.

STRATEGY-SPECIFIC QUALITY MEASURES			
Description	Count	Quality Measure	Percent (Autocalculated)
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services	85	% of participants, who have OUD, who are satisfied w/ services	85.00%
# of unique participants, who use opioids and/or have OUD, served	100		

Tar Heel County must then select a least one “Strategy-Specific Outcome Measure” to complete. Any of the measures in either the blue “Strategy-Specific Outcome Measures (Program-Level)” or “Strategy-Specific Outcome Measures (Population-Level)” sections will meet this requirement.

Tar Heel County provides the count (17) and some notes to contextualize the number (“As reported by community members to the Health Department”).



STRATEGY-SPECIFIC OUTCOME MEASURES (PROGRAM-LEVEL)				
Description	Count	Outcome Measure	Percent (Autocalculated)	Notes
# of community overdose reversals using naloxone	17	# of community overdose reversals using naloxone	N/A	As reported by community members to the health department.

Tar Heel County has now completed the Measures Workbook requirements for 7. Naloxone Distribution. Now, they will do the same thing again for 1. Collaborative Strategic Planning.

20. I would like to report a process/quality/outcome measure that is not included in the list of measures. Is that allowed? If so, how can I report our custom measure?

Though we try to provide a variety of potential measures for you to choose from, some local governments prefer to report their own measures which is allowable under the MOA.

At the bottom of each section (Process, Quality, and Outcome), there are 3 rows for custom measures. Here is an example found in the 8. Post Overdose Response worksheet (tab).

STRATEGY-SPECIFIC QUALITY MEASURES				
Description	Count	Quality Measure	Percent (Autocalculated)	Notes
# of unique participants, who use opioids and/or have OUD, served, who report they are satisfied with services		% of participants, who use opioids and/or have OUD, who are satisfied w/ services	Incomplete	
# of unique participants, who use opioids and/or have OUD, served				
# of EMS calls for opioid overdose		% of EMS calls for opioid overdose	Incomplete	
# of EMS calls			Incomplete	
			Incomplete	
			Incomplete	
			Incomplete	

If you would like to supply your own measures, please complete all the yellow/beige cells in the corresponding custom row. Here is an example of how you might fill out a custom measure.

# of PORT staff trained in culturally competent peer support	7	% of PORT staff trained in culturally competent peer support	70%	Trainings in culturally competent peer support are offered once a year through the regional health department.
# of PORT staff hired	10			

21. My local government disbursed funds to an Exhibit B strategy. How do I report measures for that strategy?

To report measures for an Exhibit B strategy, please utilize the “Exhibit B Measures” worksheet (tab).

Exhibit B Measures

You will complete one row of the worksheet (tab) for EACH MEASURE TYPE (i.e., process, quality, outcome). Therefore, you will have at least 3 rows for each Exhibit B strategy funded (1 for the strategy’s process measure, 1 for the strategy’s quality measure, and 1 for the strategy’s outcome measure). An example for Exhibit B G.8 can be found on the worksheet (tab). If you need further assistance, please contact opioidsettlement@ncacc.org.



For Exhibit B strategies, you do not need to enter demographic data in the Measures Workbook. CORE-NC will reach out to your local government in late Fall to gather that information.

22. What should I do if I have more questions about the Measures Workbook for the Annual Impact Report?

We are here to help – contact opioidsettlement@ncacc.org or opioidsettlement@unc.edu for assistance.



CALCULATING WEIGHTED AVERAGES FOR PERCENTAGES MEASURES



For local governments completing the Impact Measures Workbook for the Annual Impact Report who fund multiple sub-recipients under the same strategy, you may need to calculate a weighted percentage for certain measures.

Let's consider the quality measure **"% of participants who are satisfied with services"** for 3. Recovery Support Services.

Example: Sub-recipient A reports to your local government that 90% of their participants were satisfied with services. Sub-recipient B reports that only 50% of their participants were satisfied with services. Sub-recipient A receives approximately 30% of your local government's funding for 3. Recovery Support Services and Sub-recipient B receives the remaining 70%.

To combine these two percentages into one measure to report in your Impact Measures Workbook, we recommend the following formula:

$$\begin{aligned} & (\% \text{ of strategy funding allocated to Sub-recipient A}) \times (\% \text{ of satisfied participants}) \\ & + (\% \text{ of strategy funding allocated to Sub-recipient B}) \times (\% \text{ of satisfied participants}) \\ & = \text{\% of participants who are satisfied with services} \end{aligned}$$

For this example, this would equal:

$$(.90) \times (.30) + (.50) \times (.70) = .62 \text{ or } \mathbf{62\%}$$

To provide additional context in the Impact Measures Workbook, we also recommend that you include additional information in the Notes column to clarify how you got the weighted average. For example, using the above scenario, "Sub-recipient A who received approximately 30% of the funding for this strategy reported that 90% of their participants were satisfied. Sub-recipient B who received the remaining 70% of funding reported that 50% of their participants were satisfied).

For questions, please contact opioidsettlement@unc.edu for assistance.

RECOMMENDATIONS FOR REPORTING 6-MONTH ADHERENCE TO TREATMENT



For local governments completing the Impact Measures Workbook for the Annual Impact Report, CORE-NC provides the following recommendation for the measure: **“% of patients/participants with OUD who adhere to treatment 6 months after their first appointment”**. This measure can be found in the “STRATEGY-SPECIFIC OUTCOME MEASURES (PROGRAM LEVEL)” section of multiple sheets in the Workbook: “2. Evidence-Based Treatment”, “3. Recovery”, “8. Post Overdose Response”, “9. Syringe Services”, “10. CJ Diversion”, and “12. Reentry”.

The 6-month adherence to treatment window starts when the individual is connected to treatment. For some individuals, that 6-month window may stretch across multiple reporting periods (fiscal years). The goal of this recommendation document is to provide consistent guidance on how to handle the reporting of these cases.

This document will walk through the recommendations using the cell numbers found on the “2. Evidence-Based Treatment” sheet as an example.

To report the **“% of patients/participants with OUD who adhere to treatment 6 months after their first appointment,”** you must provide two values:

- **“# of unique patients/participants with OUD who were connected to treatment and have adhered to treatment”** (which will now be referred to as the *numerator*) reported in cell C127
- **“# of unique patients/participants who have OUD who were connected to treatment (i.e., attended their first appointment)”** (which will now be referred to as the *denominator*) reported in cell C128

For the *denominator* (cell C128), limit your count to the number of unique patients/participants with OUD who were successfully connected to treatment (i.e., attended their first appointment) and have *at least six months of follow-up time* in the reporting period (the fiscal year, which ends June 30).

For example, a person connected to treatment on May 1 would not be eligible to be included in this denominator. Even though they were connected to treatment during the fiscal year, there are not 6 months of follow-up time during the reporting period (six months later is November 1, which is in a new reporting period).

This means that only individuals who were successfully connected to treatment (i.e., attended their first appointment) between July 1 and December 31 of the reporting period should be counted in the denominator (cell C128).

For the *numerator* (cell C127), count those who, after being connected to treatment, are/were still engaged with treatment services 6 months later. That is, of those counted in the denominator, this value is the number of those individuals who were still adhering to treatment six months after their first appointment.

The Impact Measures Workbook will then automatically calculate the **“% of patients/participants with OUD who adhere to treatment 6 months after their first appointment”** (cell E127) based on the values entered in cells C127 and C128.

