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|  Grants for the Prevention of Prescription Drug / Opioid Overdose (PDO) |
| Unique Questions - PDO/Naloxone Distribution Program |

Instructions for Using the Unique Questions for the PDO/Naloxone Distribution Program

In this tool, all PDO-specific substitute or additional text is captured in RED. All additional PDO-specific items are captured in RED tables. These RED text blocks and items should be inserted into the Division of State Programs- Management Reporting Tool (DSP-MRT). The Technical Notes found throughout the tool show where in the DSP-MRT the additional text or items should be inserted into the DSP-MRT Wireframes document. The Technical Notes also delineate which items are optional, removed, or substitutions for the PDO/Naloxone grant program.

# Contact Information

**ADD PARAGRAPH & ICON AFTER INTRODUCTORY TEXT IN DSP MRT**

**Partner organization** is used to indicate any of the selected high-need community’s partners (e.g., law enforcement agencies, syringe exchange programs) that receive naloxone kits or training, or distribute naloxone drugs to laypersons through the grant. Note that the subrecipient may also be considered a partner organization if it will be providing these activities (e.g., distributing to laypersons) rather than simply engaging and coordinating with the other partner organizations. Exhibit 1 illustrates the involved levels and provides an example at each level.

Exhibit 1. Levels of Data Reporting

|  |  |
| --- | --- |
|  | **Oak County**(served by OakCounty Health Department)***Example**** **OC Police Department**
* **OC Syringe Exchange Program**
* **New Beginnings Treatment Agency**
 |

\* Some grantees may not have subrecipients. Also, some subrecipients may serve more than one selected high-need community.

## Grantee Information

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Subrecipients and Selected High-Need Communities

**Community**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Partner Organizations

**Partner Org**

Use this section to add or update partner organization information for each selected high-need community. Partner organizations are the entities receiving naloxone drugs or naloxone training (e.g., law enforcement agencies) or distributing to and training laypersons (e.g., syringe exchange programs).

In a later section of the progress report, you will be asked to report on naloxone drug distributed to these partner organizations, and the naloxone administration events reported by these partner organizations for this grant. Note that if the subrecipient for the selected high-need community will also be providing these activities (e.g., distributing to laypersons) rather than simply engaging and assisting the other partner organizations, you will need to enter the subrecipient as a partner organization here. Partner organization information will be carried over from one reporting period to the next.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | The dropdown list is populated from the data the grantee enters in Section 1.2. The grantee will submit data for each community in this section by selecting a community from the dropdown list, entering and saving data, and then selecting the next community from the dropdown list. |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| **In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional records as needed.** |
| Partner organization name | Free text |  |
| Sector | Checklist (mark all that apply):* Corrections
* Courts
* Emergency medical system (EMS)
* Emergency Medical Technician (EMT)
* Fire Departments
* Harm reduction agency
* Law enforcement
* Other social service organization
* Pharmacies
* Public health agencies
* Recovery community organization
* Shelters
* Substance use disorder treatment
* Syringe exchange programs
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_
 | Help Text: Some options may not be applicable per your grant. Contact your project officer with questions |
| Target ZIP codes of the partner organization’s service area | Clicking "Add" will add the entered value to the grid displayed below the field. Alternately, clicking on the "USPS ZIP Code Look-up" link will open a new window, directing the user to the following URL: [https://tools.usps.com/go/ZipLookupAction!input.action](https://tools.usps.com/go/ZipLookupAction%21input.action). Clicking on the "Delete" icon beside a previously entered value will delete the selected value |  |
| Alternative:  | Free text | If this partner organization targets an entire county (or counties), indicate the county name(s) here. |

# Needs Assessment

## Needs Assessment Upload

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Accomplishments and Barriers/Challenges

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

# Capacity

## Membership

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Advisory Council and Other Workgroup Meetings

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Grantee Funding Resources

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

**Other Resources**

**Grantee**

**>Leveraged Resources**

Use this section to enter information regarding leveraging resources, including grantee-level opioid workgroups and grantee-level funding resources. **Grantee** is used to indicate the state/tribal entity/jurisdiction receiving the award.

Unless the information changes from one reporting period to another, this information only needs to be entered once per fiscal year. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Does a grantee-level workgroup exist in your state/tribal entity/jurisdiction addressing opioid issues (prescribing, misuse, treatment, overdose)? | Radio buttons: Y/N | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Does the opioid workgroup serve as your Advisory Council? | Radio buttons: Y/N | **This item will only appear if *Yes* is selected for the first item in this section.** Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Does a grantee-wide strategic plan exist addressing opioid issues, including prevention of misuse, treatment, and overdose prevention? | Radio buttons: Y/N | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| How are opioid prevention efforts integrated into the state-wide agenda for opioids?  | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| In what ways have you coordinated opioid funding streams in your state/tribal entity/jurisdiction? | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| In what ways is your training curriculum informed by or congruent with the SAMHSA Opioid Overdose Prevention Toolkit? | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |

**>Data Infrastructure**

Use this section to enter information regarding data infrastructure and activities. Data infrastructure refers to a system or systems for collecting and disseminating data related to naloxone education trainings, distribution, and administration; and opioid overdose. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| Item | Type of Item/Response Options | Technical Notes |
| Do you have a grantee-wide system or systems in place for collecting data on naloxone administrations? | Radio buttons: Y/N | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Which sectors report data into the grantee-wide system(s)? | Checklist (mark all that apply)* Corrections
* Courts
* Emergency medical system (EMS)
* Emergency Medical Technician (EMT)
* Fire Departments
* Harm reduction agency
* Law enforcement
* Other social service organization
* Pharmacies
* Public health agencies
* Recovery community organization
* Shelters
* Substance use disorder treatment
* Syringe exchange programs
* Other (specify)\_\_\_\_\_\_\_
 | **This item will only appear if *Yes* is selected for the previous item in this section.**Responses will be carried over across reporting periods. Grantees can edit if needed. |
| *During this reporting period, have you engaged in efforts to:* …Enhance data infrastructure to track naloxone education trainings? | Radio buttons: Y/N |  |
| …Enhance data infrastructure to track naloxone distribution or administration? | Radio buttons: Y/N |  |
| … Enhance opioid overdose data infrastructure? | Radio buttons: Y/N |  |
| … Enhance access to existing opioid overdose data sources? | Radio buttons: Y/N |  |
| Did you provide naloxone or opioid-related data to local community stakeholders during this reporting period? | Radio buttons: Y/N  |  |

## Training and Technical Assistance (TA)

**Grantee**

**Community**

**This Section will use the DSP MRT items and structure however the unique text below needs to be added.**

Please note that this section only includes **trainings and technical assistance (TA) to enhance grantee/partner capacity,** such as training around using project data collection systems, building community partnerships, and implementing media campaigns. This section **does not include naloxone administration trainings or other types of trainings that are intended to influence outcomes** (e.g., trainings related to opioid prescribing or medication-assisted treatment), as such trainings are recorded in the Implementation section of this progress report.

## Accomplishments and Barriers/Challenges

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

# Behavioral Health Disparities

**Community**

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

# Implementation

## Accomplishments and Barriers/Challenges

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Promising Approaches and Innovations

**Grantee**

**GATHERED IN DSP MRT – NO UNIQUE ITEMS**

## Policy

Use this section to report information about state-level policies related to naloxone or similar drugs. Most of the information will be prepopulated based on publicly available, state-level information at the time of the grant award.[[1]](#footnote-1) Please review for accuracy (to the best of your knowledge), and update this section when naloxone policies change in your state. **Grantee** is used to indicate the state/tribal entity/jurisdiction receiving the award from SAMHSA/CDC. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

**>Naloxone Access Laws**

**Grantee**

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/ Response Options** | **Technical Notes** |
| Does the state/tribal entity/jurisdiction have a naloxone access law (legislation designed to improve access to naloxone?)  | Radio buttons: Y/N | **Prepopulated**. If yes is checked, the items below will appear. |

|  |  |  |
| --- | --- | --- |
| Prescribing and Dispensing Policies |  |  |
| Do prescribers have immunity for prescribing, dispensing, or distributing naloxone to a layperson?* Civil
* Criminal
* Disciplinary
 | Radio buttons: Y/N for each type of immunity | **Prepopulated,** editable |
| Do dispensers (pharmacists) have immunity for prescribing, dispensing, or distributing naloxone drugs to a layperson?* Civil
* Criminal
* Disciplinary
 | Radio buttons: Y/N for each type of immunity | **Prepopulated,** editable |
| Are prescriptions to third parties (e.g., family members, friends) authorized? | Radio buttons: Y/N | **Prepopulated,** editable |
| Are insurers required to pay for naloxone drugs dispensed to third parties? | Radio buttons: Y/N | **Prepopulated,** editable |
| Are insurers restricted from having a prior authorization policy for naloxone drugs prescriptions? | Radio buttons: Y/N | **Prepopulated,** editable |
| Is prescription by a standing order authorized? | Radio buttons: Y/N | **Prepopulated,** editable |
| [If yes] Is a statewide standing order in place?  | Radio buttons: Y/N | Will only appear if item above is *Yes*. Information not available online, so will not be prepopulated |
| Do pharmacists have authority to initiate prescriptions for naloxone (prescriptive authority)?  | Radio buttons: Y/N | Information not available online, so will not be prepopulated |
| Layperson Administration/Possession Policies |  |  |
| Is a layperson immune from liability when administering naloxone drugs?* Civil
* Criminal
 | Radio buttons: Y/N for each type of immunity | **Prepopulated,** editable |
| Is participation in a naloxone education program required as a condition of immunity? | Radio buttons: Y/N | **Prepopulated,** editable |

**>Good Samaritan Laws**

**Grantee**

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/ Response Options** | **Technical Notes** |
| Does the state have an overdose Good Samaritan law (legislation designed to reduce criminal concerns when a layperson summons aid during an overdose)? | Radio buttons: Y/N | **Prepopulated.** If yes is checked, the items below will appear. |
| What protection, if any, does the law provide from controlled substance possession laws? Protection from…* Arrest
* Charge
* Prosecution
 | Radio buttons: Y/N for each type of protection | **Prepopulated**, editable |
| What protection, if any, does the law provide from drug paraphernalia laws?* Arrest
* Charge
* Prosecution
 | Radio buttons: Y/N for each type of protection | **Prepopulated,** editable |
| Does the law provide protection from parole or probation violations? | Radio buttons: Y/N | **Prepopulated,** editable |
| Is reporting an overdose considered a mitigating factor in sentencing? | Radio buttons: Y/N | **Prepopulated,** editable |
| Does the law provide protection from outstanding warrants? | Radio buttons: Y/N | **Prepopulated,** editable |

### >High-Need Community Policies/Protocols

**Community**

Use this section to provide information about whether local naloxone standing orders, collaborative practice agreements, or other policies exist within each of your selected high-need communities. **High-Need** **Community** is used to indicate the grantee’s selected high-need communities. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Do any of your high-need communities have local naloxone standing orders, collaborative practice agreements, or other naloxone policies/ protocols? | Radio buttons: Y/N | Following 2 items are skipped if answer is No. |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | Dropdown list is populated from the data the grantee enters in Section 1.2. The grantee will submit data for each community in this section by selecting a community from the dropdown list, entering and saving data, and then selecting the next community from the dropdown list. |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Please provide a brief description of the local policies/protocols in this community. | Free text | This item will appear for each selected community. |

### Naloxone Education and Other Opioid-Related Trainings

### >High-Need Community-Level Trainings

**Community**

Use this section to report information on the naloxone education and other opioid-related trainings offered in each selected high-need community during the reporting period. These trainings can include group or individual trainings. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | The dropdown list is populated from the data the grantee enters in Section 1.2. The grantee will submit data for each community in this section by selecting a community from the dropdown list, entering and saving data, and then selecting the next community from the dropdown list. |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Type of community-level training(s) provided | Checklist (mark all that apply)* Naloxone Administration
* Other Opioid-Related Trainings (e.g., opioid prescribing, naloxone co-prescribing or dispensing, communicating with patients, medication-assisted treatment)
 | If naloxone Admin is checked, the items in the “naloxone Administration Trainings” section of this table will appear. If Other Opioid-Related trainings is checked, the items in the “Other Opioid-Related Trainings” section of this table will appear. |
| Naloxone Administration Trainings |
| Which of the following audience(s) received naloxone trainings as part of the grant during this reporting period? | Checklist (mark all that apply)* Professional first responders (e.g., law enforcement, Emergency Medical Services, fire department)
* Lay person and community organization staff (e.g., family/friend/at-risk individuals, substance use disorder treatment staff)
* Other individuals (e.g., correctional staff) (specify)
 |  |

|  |
| --- |
| If you selected professional first responders as one of your audiences, then the following questions will appear. |
| What is the approximate duration of the professional first responder training? | Numerical | Include a text label next to the field that says “minutes.” Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Number of professional first responder trainings provided during this reporting period | Numerical |  |
| Total number of professional first responders who participated in trainings during this reporting period | Numerical |  |
| Number of professional first responders who completed a post-survey | Numerical |  |
| Number of professional first responders completing post-surveys who reported feeling confident administering naloxone in case of an overdose | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| Number of professional first responders completing post-surveys who reported perceiving they had learned new information or skills as a result of the training | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| If layperson and community organization/agency staff is one of the selected audiences, then the following questions will appear. |
| What is the approximate duration of the layperson and community organization staff training? | Numerical | Include a text label next to the field that says “minutes.” Responses will be carried over across reporting periods. Grantees can edit if needed. |

|  |
| --- |
| Naloxone Administration Trainings |
| Number of layperson and community staff trainings provided during this reporting period | Numerical |  |
| Total number of layperson and community staff who participated in trainings during this reporting period | Numerical |  |
| Number of layperson and community staff who completed a post-survey | Numerical |  |
| Number of layperson and community staff completing post-surveys who reported feeling confident administering naloxone drugs in case of an overdose | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| Number of layperson and community staff completing post-surveys who reported perceiving they had learned new information or skills as a result of the training | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| If you selected other individuals as one of your audiences, then the following questions will appear. |
| Please specify the other individuals. | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| What is the approximate duration of the trainings for other individuals? | Free text (in case more than one “other” training audience is offered) | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Number of other individuals’ trainings provided during this reporting period | Numerical |  |
| Total number of other individuals who participated in trainings during this reporting period | Numerical |  |
| Number of other individuals who completed a post-survey | Numerical |  |

|  |
| --- |
| Naloxone Administration Trainings |
| Number of other individuals completing post-surveys who reported feeling confident administering naloxone drugs in case of an overdose | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| Number of other individuals completing post-surveys who reported perceiving they had learned new information or skills as a result of the training | Numerical | Item will include a link to the recommended survey items, response options, and calculation instructions. |
| Other Opioid-Related Trainings |
| Audience of training(s) | Checklist (mark all that apply)* Medical professionals (excluding pharmacists)
* Pharmacists
* Other (specify)
 |  |
| Please specify the other audience type. | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| If medical professionals (excluding pharmacists) is one of the selected audiences, then the following questions will appear. |
| Focus/Topic(s) of training(s) for medical professionals (excluding pharmacists) | Free text |  |
| Number of trainings | Numerical |  |
| Total number of trainees | Numerical |  |
| If you selected pharmacists as one of your audiences, then the following questions will appear. |
| Focus/Topic(s) of training(s) for pharmacists | Free text |  |
| Number of trainings | Numerical |  |
| Total number of trainees | Numerical |  |

|  |
| --- |
| Other Opioid-Related Trainings |
| If other is one of the selected audiences, then the following questions will appear. |
| Focus/Topic(s) of training(s) for other audiences | Free text |  |
| Number of trainings | Numerical |  |
| Total number of trainees  | Numerical |  |

### >Grantee-Level Trainings

**Grantee**

If you provided any grantee-level **naloxone administration or other opioid-related trainings**, use this section to report the grantee-level trainings you provided during the reporting period. Examples of grantee-level trainings include a training delivered to all pharmacists attending a state pharmacy conference or a naloxone administration training provided to all state police officers at a statewide training. Remember that trainings provided to enhance community partner capacity to implement the grant are reported under Implementation. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Did you provide any grantee-level naloxone administration or opioid-related trainings during this reporting period? | Radio button: Y/N | If *No* is selected, they will not get the following items. |
| Type of grantee-level training(s) provided | Checklist (mark all that apply)* Naloxone Administration
* Other Opioid-Related Training (e.g., opioid prescribing, naloxone co-prescribing or dispensing, communicating with patients, medication-assisted treatment)
 | If naloxone Admin is checked, the items in the “Naloxone Administration Trainings” section of the table will appear. If Other Opioid-Related trainings is checked, the items in the “Other Opioid-Related Trainings” section of the will appear. |

**Community**

### >Training Data Collection Information

Please provide information about the survey items you used to report trainee results.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Did your post-training surveys include SAMHSA/CDC’s preferred question related to respondents’ confidence, or did it include a different but similar item/s that addressed confidence? | Radio button: The preferred item/A similar item | Item will include a link to the recommended survey items, response options, and calculation instructions.Responses will be carried over across reporting periods. Grantees can edit if needed.If *The preferred item* is selected, the next item will be skipped. |
| Please provide the exact wording, including response options, of the survey question(s), as well as any information that would be helpful in understanding the data (e.g., which response option(s) were included in the reported percentage). | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |
| Did your post-training surveys include SAMHSA/CDC’s preferred question related to respondents learned new information and skills, or did it include a different but similar item/s? | Radio button: The preferred item/A similar item | Item will include a link to the recommended survey items, response options, and calculation instructions.Responses will be carried over across reporting periods. Grantees can edit if needed.If *The preferred item* is selected, the next item will be skipped. |
| Please provide the exact wording, including response options, of the survey question(s), as well as any information that would be helpful in understanding the data (e.g., which response option(s) were included in the reported percentage). | Free text | Responses will be carried over across reporting periods. Grantees can edit if needed. |

Please provide information about the data collection/management tool(s) you are using to track training data (such as a web-based data entry system) and any additional information that would be useful in understanding the training data you have provided.

|  |  |
| --- | --- |
| **Item** | **Type of Item** |
| Information about your training data collection/management tool and any additional information. | Free text |

**Naloxone Distribution**

**>Distribution Plan Upload**

**Grantee**

Use this section to upload and provide a brief description (if desired) about the Distribution Plan. Once uploaded, you will only update this section if revisions were made to the plan.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Upload the Distribution Plan. | Upload link(s) |  |
| Provide a brief description of the document you upload. | Free text |  |

**>Costs**

**Grantee**

Use this section to report grant funds used to purchase naloxone during the reporting period. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Total amount of grant funds spent on the purchase of naloxone products during this reporting period. | Currency |  |
| Type of kit purchased. Of the total grant funds spent to purchase kits, what amount was spent on and how many of each type of kit were purchased? |
| Nasal spray kits, 2 mg (Adapt/Narcan) | Currency and Numerical | The currency fields in these items must total the amount reported in the total grant funds spent on purchasing kits. |
| Nasal spray kits, 4 mg (Adapt/Narcan) | Currency and Numerical |

|  |  |  |
| --- | --- | --- |
| Injectable (intramuscular), .4 mg/10 ml vial kits (Hospira) | Currency and Numerical |  |
| Injectable (intramuscular), .4 mg/1 ml vial kits (Mylan or West-Ward) | Currency and Numerical |
| Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum) | Currency and Numerical |
| Auto-injector kits (Kaleo/Evzio) | Currency and Numerical |
| Other kits | Currency and Numerical |
| Other kits (specify) | Free text | Specify the type of kit if any number reported in “other.” |
| Other kits | Currency and Numerical |  |
| Other kits (specify) | Free text | Specify the type of kit if any number reported in “other.” |

**>Kits Distributed to Partner Organizations**

**Partner Org**

Use this section to report information regarding the distribution of naloxone kits to the selected high-need communities’ partner organizations. This includes distribution to partner organizations whose staff will be responsible for administering naloxone drugs (as in the case of law enforcement) and to partner organizations whose staff then distribute the naloxone drugs to family/friends/at-risk individuals (as may be the case with syringe exchange programs).

You will first select the high-need community for which you are reporting; once you select a community, the partner organizations specific to that community (entered in the Contact Information > Partner Organizations section) will appear in a dropdown list, and you will report distribution to each relevant partner organization.

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | * The dropdown list is populated from the data the grantee enters in Section 1.2.
* The grantee will first select each community from the dropdown list in this item.
* Then, for each community, the grantee will select each partner organization for whom there is data to report from the next item and will enter data for those partner organizations.
 |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Partner Organization | Dropdown list* Partner Org. 1
* Partner Org. 2
* Etc.
 | * The dropdown list is populated from the data the grantee entered for this community in Section 1.3.
* The grantee will submit data for at least one partner organization in this section by selecting a partner organization from the dropdown list, entering and saving data, and then selecting the next partner organization from the dropdown list. Grantees may not enter data for all Partner Organizations in sub-section 6.5.3.
 |

|  |  |  |
| --- | --- | --- |
| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| **In the SPARS data collection system, the grantee must enter the data in this section for each partner organization reported in the Contact Information Section by clicking on each community and partner organization in the two nested items above.**  |
| Total number of kits distributed to this organization *using funds from this grant* | Numerical |  |
| Type of kit distributed. Of the total kits distributed *using funds from this grant*, how many were: |
| Nasal spray kits, 2 mg (Adapt/Narcan) | Numerical | These items must total the number reported in the total number of kits distributed. |
| Nasal spray kits, 4 mg (Adapt/Narcan) | Numerical |
| Injectable (intramuscular), .4 mg/10 ml vial kits (Hospira) | Numerical |
| Injectable (intramuscular), .4mg/1ml vial kits (Mylan or West-Ward) | Numerical |
| Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum) | Numerical |
| Auto-injector kits (Kaleo/Evzio) | Numerical |
| Other kits | Numerical |
| Other kits (specify) | Free text | Specify the type of kit if any number reported in “other.” |
| Other kits | Numerical |  |
| Other kits (specify) | Free text | Specify the type of kit if any number reported in “other.” |
| Total number of kits distributed to or procured by this organization *using funds from other sources* (if known) | Numerical and checkbox | The checkbox field is provided to allow grantees to indicate “Don’t know” if they are unable to get this information. Include a text label next to the checkbox that says “Don’t know.” |

Please provide information about the data collection/management tool(s) or system(s) you are using to track distribution and any additional information that would be useful in understanding the data you have provided.

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| **Item** | **Type of Item** |
| Information about your distribution data collection/management tool and any additional information | Free text |

**Administration by Partner Organizations**

**Partner Org**

Use this section to report information on the naloxone administrations reported during this reporting period by each of the partner organizations receiving naloxone or naloxone training from this grant. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

Ideally, you will report *all* administration events reported by partner organizations including those using kits paid for by this grant and those using kits paid for by other funding sources. However, if you are not able to report events using kits paid for by other sources, you will be able to report just those using kits paid for with grant funds.

You will first select the high-need community for which you are reporting; once you select a community, the partner organizations specific to that community (entered in the Contact Information > Partner Organizations section) will appear in a dropdown list, and you will report naloxone administration data provided to you by each relevant partner organization.

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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | * Dropdown list is populated from the data the grantee enters in Section 1.2.
* The grantee will first select each community from the dropdown list in this item.
* Then, for each community, the grantee will select each partner organization for whom there is data to report from the next item and will enter data for those partner organizations.
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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| Partner Organization | Dropdown list* Partner Org. 1
* Partner Org. 2
* Etc.
 | * Dropdown list is populated from the data the grantee entered for this community in Section 1.3.
* The grantee will submit data for at least one partner organization in this section by selecting a partner organization from the dropdown list, entering and saving data, and then selecting the next partner organization from the dropdown list. Grantees may not enter data for all Partner Organizations in sub-section 6.6.
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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| **In the SPARS data collection system, the grantee must enter the data in this section for each partner organization reported in the Contact Information Section by clicking on each community and partner organization in the two nested items above.** |
| What type of opioid reversal drug are you administering? | Check boxes (select all that apply): Naloxone, Buprenorphine, Other  |  |
| Are you reporting all administration events reported by this organization or only events using a kit paid for by this grant? | Radio button: All events/Only those paid for by grant |  |
| Total number of administration events | Numerical |  |
| Approximately what percentage of this organization’s kits were paid for using funds from this grant? | Percentage | This item only appears if they answer “All events” to the first item above. |
| Type of kit administered. Of the total administration events, how many were: |
|

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| Nasal spray kits, 2 mg (Adapt/Narcan) | Numerical | These items must total the number reported in the total number of administration events. |
| Nasal spray kits, 4 mg (Adapt/Narcan) | Numerical |
| Injectable (intramuscular), .4 mg/10 ml vial kits (Hospira) | Numerical |
| Injectable (intramuscular), .4 mg/1 ml vial kits (Mylan or West-Ward) | Numerical |
| Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum) | Numerical |
| Auto-injector kits (Kaleo/Evzio) | Numerical |  |
| Other kits | Numerical |  |
| Other types of kits (specify) | Free text | Specify the type of kit if any number reported in previous item. |
| Other kits | Numerical |  |
| Other kits (specify) | Free text | Specify the type of kit if any number reported in “other.” |

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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
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| Single or Multiple Dose. Of the total administration events, how many consisted of: |
| A single dose/unit administered | Numerical | These items must total the number reported in the total number of administration events. |
| Multiple doses/units administered | Numerical |

 |
| Location of administration. Of the total administration events, how many were administered…  |
| At a private residence | Numerical | These items must total the number reported in the total number of administration events. |
| In a public outdoor location (e.g., street, park), car, camp, or shelter | Numerical |
| At an indoor public place/business (including hotel/motel) | Numerical |
| At other types of locations | Numerical |
| Other types of location (specify) | Free text | Specify the type of location if any number reported in previous item. |
| Outcome of administration event. Of the total administration events, how many had the following outcome:Please record the acute outcome (at the scene, at time of event); there is not an expectation that grantee will monitor outcome after patient has been transported to the ED |
| Overdose reversal | Numerical | These items must total the number reported in the total number of kits administered. |
| Death | Numerical |
| Event was likely not an opioid overdose | Numerical |
| Unknown outcome | Numerical |

Please provide information about the data collection/management tool(s) or system(s) you are using to track administration and any additional information that would be useful in understanding the data you have provided.

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| **Item** | **Type of Item** |
| Information about your administration data collection/management tool and any additional information | Free text |

**Other Interventions**

**Community**

**Grantee**

Use this section to report any other interventions you or your selected high-need communities implemented as part of this grant initiative during the reporting period. When you check *Yes* for any intervention, you will be asked to report who implemented the intervention—the grantee, any of the communities, or both. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, all references to “naloxone” should be considered “opioid overdose reversal drugs”.

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| **Item** | **Type of Item/ Response Options** | **Technical Notes** |
| Public Policy Interventions |
| Naloxone policy change effort | Radio buttons: Y/N | If *Yes* is checked, a prepopulated list including the grantee and communities will appear, and the grantee will mark all that apply for who implemented this intervention. |
| Pharmacy benefit strategy change (e.g., institute drug utilization reviews for high-dose opioids, add nasal naloxone to Medicaid formulary, remove prior authorization for naloxone) | Radio buttons: Y/N |
| Other policy intervention. If checked, a free text “specify” field will appear. | Radio buttons: Y/N |
| Community/Organizational Interventions |
| Collaboration with prescribers to obtain standing orders | Radio buttons: Y/N | If *Yes* is checked, a prepopulated list including the grantee and communities will appear, and the grantee will mark all that apply for who implemented this intervention. |
| Collaboration with pharmacies to distribute naloxone drugs | Radio buttons: Y/N |
| Solidifying partnerships with community entities experienced in naloxone distribution to laypeople | Radio buttons: Y/N |
| Solidifying partnerships with first responder agencies experienced in naloxone administration | Radio buttons: Y/N |
| Efforts to expand naloxone distribution to new community partners that have not received or distributed naloxone or related drugs previously | Radio buttons: Y/N |
| Enhancement of state or local cross-agency coordination of naloxone efforts | Radio buttons: Y/N |
| Other community/organizational intervention. If checked, a free text “specify” field will appear. | Radio buttons: Y/N |
| Information Dissemination for Prescribers/Pharmacists. *Information dissemination includes dissemination of print and electronic materials, speaking engagements targeting prescribers/pharmacists, etc. This does not include naloxone education, which is captured in the Naloxone Education Trainings section.* |
| Information dissemination to prescribers on naloxone co-prescribing and opioid overdose risk | Radio buttons: Y/N | If *Yes* is checked, a prepopulated list including the grantee and communities will appear, and the grantee will mark all that apply for who implemented this intervention. |
| Information dissemination to pharmacists on naloxone dispensing  | Radio buttons: Y/N |
| Other effort related to information dissemination to prescribers/pharmacists. If checked, a free text “specify” field will appear. | Radio buttons: Y/N |

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| **Item** | **Type of Item/ Response Options** | **Technical Notes** |
| Information Dissemination to Community Members |
| Media campaigns and community information dissemination about overdose, naloxone drugs, Good Samaritan laws | Radio buttons: Y/N | If *Yes* is checked, a prepopulated list including the grantee and communities will appear, and the grantee will mark all that apply for who implemented this intervention. |
| Messaging to pharmacy patients | Radio buttons: Y/N |
| Other effort related to information dissemination to community members. If checked, a free text “specify” field will appear. | Radio buttons: Y/N |
| Treatment and Recovery Access |
| Efforts or services to facilitate access to treatment and recovery | Radio buttons: Y/N | If *Yes* is checked, a prepopulated list including the grantee and communities will appear, and the grantee will mark all that apply for who implemented this intervention. |
| System changes for post-overdose or high-risk treatment/referral | Radio buttons: Y/N |
| Other effort related to treatment and recovery access. If checked, a free text “specify” field will appear. | Radio buttons: Y/N |

# Evaluation

## Evaluation Plan

**GATHERED IN THE MRT—NO UNIQUE ITEMS**

## Evaluation Report

**GATHERED IN THE DSP MRT—NO UNIQUE ITEMS**

## Other Document Upload

**GATHERED IN THE DSP MRT—NO UNIQUE ITEMS**

## Accomplishments and Barriers/Challenges

**GATHERED IN THE DSP MRT—NO UNIQUE ITEMS**

# Sustainability

## Accomplishments and Barriers/Challenges

**Grantee**

**GATHERED IN THE DSP MRT—NO UNIQUE ITEMS**

# Overdose Outcomes

**Community**

**Grantee**

Use this section to report **annual** numbers of opioid-related overdose and overdose deaths. The numbers should be aggregated across **all types of opioids**, whether opioid pain relievers or illicit opioids (e.g., heroin). This section will only appear on the progress report due following the end of the federal fiscal year. You will report any data/time points that have become available prior to the report deadline.

**Grantee** is used to indicate the state/tribal entity/jurisdiction receiving the award from SAMHSA/CDC. **High-Need** **Community** is used to indicate the grantee’s selected high-need communities.

## Grantee-Level Overdose Data

**Grantee**

First, you will report grantee-level adult (age 18+) data on deaths related to opioid overdose, and emergency department and other hospital visits involving opioid overdose. Note that grantee-level data refers to the *entire* state (or tribal area or jurisdiction). It does not refer to the aggregate of the selected high-need communities.

State grantees do not need to report information in the Population (Denominator) and Opioid Overdose Deaths fields, as these data will be pulled from CDC’s WONDER database. Tribal and jurisdiction grantees are asked to provide data for these fields.

Grantees are asked to report both emergency department and hospitalization data if available, but we are aware that some grantees may not have access to both or either type of data. Grantees may also report opioid overdose events from a different data source if desired, or if emergency department or hospitalizations data are not available.

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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| 2015 | Link | Each year will appear as a link that takes the user to the data entry screens below, **where grantees will provide data for each selected year**. Next to each link, there will be a row of check boxes that indicates whether the data entry for that year has been completed for each of the data sources. |
| 2016 | Link |
| 2017, etc. | Link |

|  |  |  |  |  |  |
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| **Demo-graphic group** | **Population (Denominator)** | **Opioid Overdose Deaths** | **Emergency Department Visits Involving Opioid Overdose** | **Hospitalizations Involving Opioid Overdose** | **Other Opioid Overdose Events (optional)** |
| Total: |
| **Total** | State grantees do not need to provide these data, as they will be pulled from CDC WONDER | Numerical | Numerical | Numerical |
| Age: |
| 15-24 yr | State grantees do not need to provide these data, as they will be pulled from CDC WONDER | Numerical | Numerical | Numerical |
| 25-34 yr | Numerical | Numerical | Numerical |
| 35-44 yr | Numerical | Numerical | Numerical |
| 45-54 yr | Numerical | Numerical | Numerical |
| 55-64 yr | Numerical | Numerical | Numerical |
| 65+ yr | Numerical | Numerical | Numerical |
| Age Not Available | Numerical | Numerical | Numerical |
| Sex: |
| Males | State grantees do not need to provide these data, as they will be pulled from CDC WONDER | Numerical | Numerical | Numerical |
| Females | Numerical | Numerical | Numerical |
| Sex Not Available | Numerical | Numerical | Numerical |

Note: The values entered for the age groups and the sexes must each total the values entered in the total line. Users will get an error message if the totals do not match.

Please provide information about the data source, any additional information that would be useful in understanding the overdose data you have provided, or both.

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| **Data** | **Data Source and Additional Information** |
| Data source: Population  | Free text; State grantees do not need to provide this information |
| Data source: Opioid Overdose Deaths | Free text; State grantees do not need to provide this information |
| Data source: Emergency Department Visits Involving Opioid Overdose | Free text |
| Data source: Hospitalizations Involving Opioid Overdose | Free text |
| Data source: Other Opioid Overdose Events  | Free text |

## High-Need Community-Level Overdose Data

**Community**

Next, you will report any community-level data that are available on opioid-related overdose deaths and events in your selected high-need communities.

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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| High-Need Community | Dropdown list* Community 1
* Community 2
* Etc.
 | The dropdown list is populated from the data the grantee enters in Section 1.2. The grantee will submit data for each community in this section by selecting a community from the dropdown list, entering and saving data, and then selecting the next community from the dropdown list.  |

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| **Item** | **Type of Item/** **Response Options** | **Technical Notes** |
| 2015 | Link | Each year will appear as a link that takes the user to the data entry screens below for the given year. Next to each link there will be a row of check boxes that indicates whether the data entry for that year has been completed for each of the data sources. |
| 2016 | Link |
| 2017, etc. | Link |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Population (Denominator)** | **Opioid Overdose Deaths** | **Emergency Department Visits Involving Opioid Overdose** | **Hospitalizations Involving Opioid Overdose** | **Other Opioid Overdose Events (optional)** |
| Number | Numerical | Numerical | Numerical | Numerical | Numerical |
| Data source and any additional information | Free text | Free text | Free text | Free text | Free text |

1. From the Network for Public Health Law (<https://www.networkforphl.org/_asset/qz5pvn/legal-interventions-to-reduce-overdose.pdf>) and the Policy Surveillance Program’s Law Atlas Project (<http://lawatlas.org/query?dataset=laws-regulating-administration-of-naloxone#.U3YljijzDEU>) [↑](#footnote-ref-1)