

Attachment 3 Program Evaluation for Prevention: SPF-Rx

Community-Level Outcomes Module

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Information and Directions

In this Community-Level Outcomes Module, grantees report outcome data each year for their subrecipient communities. Grantee-level outcome data are reported in the Grantee-Level Outcomes Module.

Grantee is used to indicate the state/tribal entity/jurisdiction receiving the award from the Substance Abuse and Mental Health Services Administration (SAMHSA). Note that *grantee-level data* refers to the *entire* state (or tribal area or jurisdiction). “**Subrecipient community**” refers to the community entities that receive funds from the grantee to carry out SPF-Rx activities at the community level.

Data submission deadlines are November 15 of each year. Report data for the prior calendar year. You will also be asked to provide baseline data for 2 years prior to the start of the grant, if available.

The Outcome Requirements at a Glance provides a summary of the reporting requirements. See the *Outcomes Module Guidance Manual* for more detailed instructions on how to report data and complete this module.

This module is divided into three main sections for reporting key SPF-Rx outcomes:

1. Opioid overdose morbidity and mortality (hospital and vital statistics data);
2. Opioid prescribing patterns and prescriber use of Prescription Drug Monitoring Program (PDMP data); and
3. Consumption: Prescription drug misuse and abuse (survey data).

1. Opioid Overdose Morbidity and Mortality

Use this section to report **annual** numbers of opioid-related overdoses and overdose deaths at the community level. The guidance manual provides you with the relevant ICD-10 codes for your morbidity and mortality data. For morbidity data from hospital emergency department visits, you will first provide the data aggregated for *all* types of opioids except heroin. Then you will provide the data for heroin separately. If you cannot report the data broken out this way, please explain in the Data Comments section below.

Note that grantees do not need to report any opioid overdose death data for counties because these data will be pulled from the Centers for Disease Control and Prevention's (CDC's) WONDER database. If you will be providing mortality data for a non-county subrecipient community, please see the guidance manual for specific instructions. **Note:** The instructions and ICD-10 codes differ between morbidity and mortality data.

1.1 Hospital Data for Opioid Overdoses

Grantees are required to report opioid overdose data for subrecipient communities, including data on emergency department visits involving opioid overdose. If emergency department data are not available, please provide hospital admissions data. If no hospital data are available, submit a substitute data request for alternative overdose data you may have (e.g., emergency medical service data).

Data Source Time Frame (Start Date and End Date)

Indicate the time frame during which data for this measure were collected. Enter the start date and end date for the time period of the data you are submitting.

Start Date: _____(month/day/year)

End Date: _____(month/day/year)

Types of Opioid

For which types of opioid are you submitting data now? (You are asked to provide data for all opioids excluding heroin, and then separately for heroin. Please see the guidance manual for details on how to report your data, including the specific ICD-10 codes.) If you cannot provide the data broken out as requested, choose “other,” and specify the types of opioids that are included in your data. Provide any additional relevant information about the data in the Data Comments section below.

(Select One)

- Opioids excluding heroin
- Heroin
- Other (Specify types of opioids that are included:_____)

Hospital Data for Opioid Overdoses

	Population (Denominator)	Emergency Department Visits Involving Opioid Overdose	Total Emergency Department Visits (Denominator)	Hospitalizations Involving Opioid Overdose	Total Hospitalizations (Denominator)
Total	Numerical	Numerical	Numerical	Numerical	Numerical

Data Source(s): List all data sources for your data.

Data Comments

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

Data	Additional Information
Population	Free text
Emergency Department Visits Involving Opioid Overdose	Free text
Hospitalizations Involving Opioid Overdose	Free text

1.2 Other Opioid Overdose Events (for Approved Substitute Data Source)

This is where you report any alternative opioid overdose data for your subrecipient communities if you do not have access to hospital data. First, you would need to submit a substitute data request and get it approved.

Substitute Data Source

[Dropdown box that lists all the approved Substitute Data Source Requests for this grantee]

Data Source Time Frame (Start Date and End Date)

Indicate the time frame during which data for this measure were collected. Enter the start date and end date for the time period of the data you are submitting.

Start Date: _____(month/day/year)

End Date: _____(month/day/year)

Types of Opioid

For which types of opioid are you submitting data now? (You are asked to provide data for all opioids excluding heroin, and then separately for heroin. Please see the guidance manual for details on how to report your data, including the specific ICD-10 codes.) If you cannot provide the data broken out as requested, choose “other,” and specify the types of opioids that are included in your data. Provide any additional relevant information about the data in the Data Comments section below. *(Select One)*

- Opioids excluding heroin
- Heroin
- Other (Specify types of opioids that are included:_____)

Other Opioid Overdose Events (for Approved Substitute Data Source)

	Population (Denominator)	Other Opioid Overdose Events (optional)	Total Number of Events (Denominator)
Total	Numerical	Numerical	Numerical

Data Comments

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

Data	Additional Information
Population	Free text
Other Opioid Overdose Events	Free text

1.3 Opioid Overdose Deaths

In this section, grantees report data on opioid overdose deaths for any subrecipients that are not counties. Grantees do not need to report any opioid overdose death data for counties because these data will be pulled from the CDC WONDER database. Report at the closest available substate geographic unit for each non-county subrecipient community (e.g., community or district), if available.

Data Source Time Frame (Start Date and End Date)

Indicate the time frame during which data for this measure were collected. Enter the start date and end date for the time period of the data you are submitting.

Start Date: _____(month/day/year)

End Date: _____(month/day/year)

Types of Opioid

For which types of opioid are you submitting data now? (You are asked to provide data for all opioids excluding heroin, and then separately for heroin. Please see the guidance manual for details on how to report your data, including the specific ICD-10 codes.) If you cannot provide the data broken out as requested, choose “other,” and specify the types of opioids that are included in your data. Provide any additional relevant information about the data in the Data Comments section below.

(Select One)

- Opioids excluding heroin
- Heroin
- Other (Specify types of opioids that are included: _____)

Opioid Overdose Deaths

In the table below, provide the total population (total number of residents in the jurisdiction), the total number of opioid deaths, and the total number of deaths.

Opioid Overdose Deaths

	Population (Denominator)	Opioid Overdose Deaths	Total Deaths (Denominator)
Total	Numerical	Numerical	Numerical

Data Source(s): List all data sources for your data.

Data Comments

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

Data	Additional Information
Population	Free text
Opioid Overdose Deaths	State grantees do not need to provide this information

2. Opioid Prescribing Patterns and Prescriber Use of PDMP

In this section, grantees will use PDMP data to report on opioid prescribing patterns and prescriber use of PDMP in their subrecipient communities during the 12-month reporting period. Provide data for the closest available substate geographic unit (e.g., community, county, or district). Please see the guidance manual for further details on types of opioid prescriptions to be included.

Data Source Time Frame (Start Date and End Date)

Indicate the time frame during which data for this measure were collected. Enter the start date and end date for the time period of the data you are submitting.

Start Date: _____(month/day/year)

End Date: _____(month/day/year)

2.1 Opioid Prescribing Patterns (PDMP Data)

Here, you will enter the data for the PDMP indicators to measure opioid prescribing patterns in your subrecipient communities.

PDMP Indicators for Opioid Prescribing Patterns in Subrecipient Community

Required Indicators	
Population (total number of residents in the geographic area for which you are reporting subrecipient community PDMP data)	
Total number of unique residents prescribed opioid analgesics	
Total number of opioid analgesic prescriptions	
Total number of high-dose opioid analgesic prescriptions (>90 MME/day)	
Total number of opioid pills dispensed	
Average MME/day for all opioid prescriptions dispensed in this period	
Optional Indicators	
Percentage of patient prescription days with overlapping opioid and benzodiazepine prescriptions	
Number of multiple provider episodes (unique patients filling prescriptions from 5 or more prescribers and 5 or more pharmacies in a 6-month period)	
Percentage of patient prescription days with overlapping opioid prescriptions	
Total number of patients prescribed by a single provider >90 MME/day of opioids for 90 or more consecutive days	
Total number of prescribers who prescribed >90 MME/day of opioids for 90 or more consecutive days to any patients	

Changes in PDMP Linking Algorithm

For the reporting year, did your PDMP change its algorithm for how it aggregates or links patients?

- Yes (Explain) _____
- No

Data Comments

Please provide any additional information that would be useful in understanding the PDMP data you have provided related to opioid prescribing practices. Please note any changes that might have affected data quality for the reporting year and any changes to the algorithm to aggregate or link patients.

Data	Additional Information
PDMP indicators for opioid prescribing patterns	Free text

2.2 Prescriber Use of PDMP (PDMP data)

Here you will enter the data to measure prescriber use of PDMP in your subrecipient communities. If relevant to your subrecipient communities, you also have the option to report on the number of pharmacists registered with the PDMP. Provide data for the closest available substate geographic unit (e.g., community, county, or district). Use the same unit you reported for item 2.1.

Prescriber Use of PDMP in Subrecipient Community

Required Indicators for Prescribers	
Total number of prescribers in the subrecipient community who prescribed a schedule II–IV controlled substance during this annual reporting period, based on PDMP data (Denominator)	
Total number of prescribers in the subrecipient community who are registered with the PDMP	
Total number of prescribers (or their delegates) who queried the PDMP	
Total number of queries by prescribers (or their delegates) to PDMP	
Optional Indicator for Pharmacists/Dispensers	
Total number of pharmacists registered with the PDMP	
Total number of licensed pharmacists in the state (Denominator)	

Data Comments

Please provide any additional information that would be useful in understanding the PDMP data you have provided related to prescriber use of PDMP. Please note any changes that might have affected data quality for the reporting year.

Data	Additional Information
Prescriber/dispenser use of PDMP	Free text

3. Consumption: Survey Estimates of Prescription Drug Misuse and Abuse

Use this section to report any available survey data on misuse of prescription drugs in your subrecipient communities. These data are intended to reflect changes at the community level in one or more consumption variables targeted by the SPF-Rx grant. Provide data for the closest available substate geographic unit (e.g., community, county, or district/region).

To report survey data, complete the following items, which ask for detailed survey information.

3.1 Targeted Outcome Measure of Consumption/Prescription Drug Misuse

Choose the relevant consumption outcome indicator that the survey is measuring.

Prescription Drug Misuse/Abuse

- Percentage of target population with *any* misuse of prescription drugs in the past 30 days
- Percentage of target population with *any* misuse of prescription drugs during the past 12 months

Prescription Pain Reliever Misuse/Abuse

- Percentage of target population with *any* misuse of prescription pain relievers in the past 30 days
- Percentage of target population with *any* misuse of prescription pain relievers during the past 12 months

Other Targeted Prescription Drug Outcome Measure

- Specify substance and measure: _____

Time Period (*Select one*):

- Past 30-day use
- Past 12-month use
- Other time period (Specify: _____)

3.2 Survey Information and Results

a. **Name of Survey:** _____

b. **Survey Item/Question:** Enter the source item verbatim, exactly as it appears on the survey instrument.

Response Option(s): Enter the entire set of response options verbatim, exactly as they appear on the survey instrument.

If applicable, provide the associated codes for each response that was used in analyses.

- c. **Reported Outcome Description:** Provide a description of the specific outcome you will be reporting for this measure; for example, the percentage of 9th grade students with any misuse of prescription drugs in the past 12 months.
-

- d. **Survey Population Age Range (or grades if school survey):** Indicate whether the survey population was defined by age or grade level, and provide the applicable age range or grades.

- Age Range.** Insert below the lower and upper bounds for the age range for the population represented by the survey. The possible values must fall between ages 1 and 99. For a community survey of adults, for example, you would enter age 18 as the lower bound and 99 as the upper bound. However, if you are reporting results for a subset of adults surveyed—e.g., ages 18 to 25—then you would enter age 18 as the lower bound and 25 as the upper bound.

Minimum _____ Maximum _____

- Grades.** Select the grade(s) of the population represented by the survey and for which you are reporting data. For example, if the survey was administered to grades 9 and 11, and the current data being reported are for grade 9 students, then select grade 9.

Select applicable grades:

- | | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | <input type="checkbox"/> College |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 | |

- e. **Other Sample Descriptors:** Describe any other distinguishing characteristics of the sample, if applicable. (For example, Latino students only.)
-

f. Description of Sampling Design: Indicate what type of sampling was used for the survey.

- Census
- Convenience sample
- Random sample
- Stratified random sample

g. Data Collection Date: Provide the month and year in which the survey was conducted. If the data collection took multiple months, the month at the middle of the period should be reported. If it took an even number of months, report the middle month closer to the end date. If multiple years of data were combined into a single estimate due to small sample size, insert the month and year of the most recent survey date and check “multiple year pooled estimate” below. [Note: Use of multiyear estimates must be preapproved by CSAP.]

Month/Year _____

Is this a *multiple year pooled estimate*?

- Yes If Yes: Report the data collection years for the multiyear pooled estimate you are reporting. For example, 2016; 2017.

- No

h. Value Type: Select the type of number you will report in the Calculated Value field. If you are reporting a value type other than those listed, select “Other,” and describe the value type.

- Percentage
- Mean
- Other (Describe) _____

- i. Calculated Value:** Enter your actual numeric result. For example, you may enter “10” to indicate that 10% of the target population reported misuse of prescription drugs in the past 12 months. _____
- j. Standard Error:** Enter the standard error for the calculated value, computed to take account of the sampling design (e.g., simple random or two-stage cluster design).

- k. Standard Deviation:** Enter the standard deviation for the calculated value, computed to take account of the sampling design (e.g., simple random or two-stage cluster design). _____
- l. Survey Item Valid N:** Provide the total number of respondents with a valid response (i.e., not missing) to the survey item (the denominator for the data you are reporting).

- m. Comments (Maximum 1,500 characters):** Provide any comments you feel may be helpful in understanding the data and information you have provided.
