

Program Evaluation for Prevention: SPF-Rx

Grantee-Level Outcomes Module

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Information and Directions

The Grantee-Level Outcomes Module collects outcome data annually from SPF-Rx grantees. Grantees will report outcome data for the subrecipient communities in the Community-Level Outcomes Module.

Grantee is used to indicate the state/tribal entity/jurisdiction receiving the award from the Substance Abuse and Mental Health Administration (SAMHSA). Note that *grantee-level data* refers to the *entire* state (or tribal area or jurisdiction). It does not refer to the aggregate of the funded communities.

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 grantee level. You will report data on these outcomes in two ways. First, provide the data aggregated for all types of opioids except heroin. Second, provide the data for heroin separately. (The relevant ICD-10 codes are provided in the instruction manual.) If you cannot report the data broken out this way, please explain in the Data Comments section below.

1.1 Hospital Data for Opioid Overdoses

Grantees are required to report 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).

Report data by age group and sex. If you cannot obtain outcomes by age and sex, provide an explanation after the table. If feasible, please provide information on ethnicity and race.

State grantees do not need to report information in the Population (Denominator) field, as these data will be pulled from the Centers for Disease Control and Prevention's (CDC's) WONDER database. Tribal and nonstate jurisdiction grantees are asked to provide the total number of residents for the Population (Denominator) field.

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 except for heroin, and then separately for heroin.) 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)*

- All opioids except for heroin
- Heroin
- Other (Specify types of opioids that are included:_____)
- Other (Specify types of opioids that are included:_____)

Hospital Data for Opioid Overdoses

Demographic Group	Population (Denominator)	Emergency Department Visits Involving Opioid Overdose	Total Emergency Department Visits (Denominator)	Hospitalizations Involving Opioid Overdose	Total Hospitalizations (Denominator)
Total					
Total		Numerical	Numerical	Numerical	Numerical
By age					
<18 yr	State grantees do not need to provide population data, as they will be pulled from CDC WONDER	Numerical	Numerical	Numerical	Numerical
18–24 yr		Numerical	Numerical	Numerical	Numerical
25–34 yr		Numerical	Numerical	Numerical	Numerical
35–44 yr		Numerical	Numerical	Numerical	Numerical
45–54 yr		Numerical	Numerical	Numerical	Numerical
55–64 yr		Numerical	Numerical	Numerical	Numerical
65+		Numerical	Numerical	Numerical	Numerical
Unavailable		Numerical	Numerical	Numerical	Numerical
Sex					
Male		Numerical	Numerical	Numerical	Numerical
Female		Numerical	Numerical	Numerical	Numerical
Other		Numerical	Numerical	Numerical	Numerical
Unavailable		Numerical	Numerical	Numerical	Numerical
By ethnicity (if available)					
Hispanic or Latino		Numerical	Numerical	Numerical	Numerical
Not Hispanic or Latino		Numerical	Numerical	Numerical	Numerical
Unavailable		Numerical	Numerical	Numerical	Numerical
By race (if available)					
White	State grantees do not need to provide population data, as they will be	Numerical	Numerical	Numerical	Numerical
Black or African American		Numerical	Numerical	Numerical	Numerical
Asian		Numerical	Numerical	Numerical	Numerical

Demographic Group	Population (Denominator)	Emergency Department Visits Involving Opioid Overdose	Total Emergency Department Visits (Denominator)	Hospitalizations Involving Opioid Overdose	Total Hospitalizations (Denominator)
Native Hawaiian or Other Pacific Islander	pulled from CDC WONDER	Numerical	Numerical	Numerical	Numerical
American Indian or Alaska Native		Numerical	Numerical	Numerical	Numerical
Two or more races		Numerical	Numerical	Numerical	Numerical
Unavailable		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(s) 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 if you do not have access to hospital data. First, you would need to submit a substitute data source 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 except for heroin, and then separately for heroin.) 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)*

- All opioids except for heroin
- Heroin
- Other (Specify types of opioids that are included:_____)
- Other (Specify types of opioids that are included:_____)

Other Opioid Overdose Events (for Approved Substitute Data Source)

Demographic Group	Population (Denominator)	Other Opioid Overdose Events (optional)	Total Number of Events (Denominator)
Total			
Total		Numerical	Numerical
By age			
<18 yr	State grantees do not need to provide population data, as they will be pulled from CDC WONDER	Numerical	Numerical
18–24 yr		Numerical	Numerical
25–34 yr		Numerical	Numerical
35–44 yr		Numerical	Numerical
45–54 yr		Numerical	Numerical
55–64 yr		Numerical	Numerical
65+ yr		Numerical	Numerical
Unavailable		Numerical	Numerical
By sex			
Male		Numerical	Numerical
Female		Numerical	Numerical
Other		Numerical	Numerical
Unavailable		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 that are tribes or nonstate jurisdictions report data on opioid overdose deaths. State grantees do not need to report opioid overdose deaths because these data will be pulled from CDC's WONDER database.

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 except for heroin, and then separately for heroin.) 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)*

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

In the table below, provide the number of opioid deaths by age and gender. If you cannot obtain outcomes by age and gender, provide an explanation after the table.

Opioid Overdose Deaths

Demographic Group	Population (Denominator)	Opioid Overdose Deaths	Total Deaths
Total			
Total	State grantees do not need to provide these data, as they will be pulled from CDC WONDER		
By age			
<18 yr	State grantees do not need to provide these data, as they will be pulled from CDC WONDER		
18–24 yr			
25–34 yr			
35–44 yr			
45–54 yr			
55–64 yr			
65+ yr			
Unavailable			
By sex			
Male	State grantees do not need to provide these data, as they will be pulled from CDC WONDER		
Female			
Other			
Unavailable			

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

Data Comments

Please any additional provide 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 your state, tribal area, or jurisdiction during the 12-month reporting period.

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.

PDMP Indicators for Opioid Prescribing Patterns

Required Indicators	
Population (total number of residents in the state, tribal area, or jurisdiction)	(State grantees do not need to provide population 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	
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)	
Optional Indicators	
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. If relevant to your jurisdiction, you may also report on the number of pharmacists registered with the PDMP.

Prescriber Use of PDMP

Required Indicators for Prescribers	
Total number of prescribers who prescribed a schedule II–IV controlled substance during this annual reporting period, based on PDMP data (Denominator)	
Total number of prescribers 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 nonmedical use of prescription drugs. These data are intended to reflect changes at the grantee level in the consumption variable(s) targeted by the SPF-Rx grant.

Note that state grantees do not need to report any state-level National Survey on Drug Use and Health (NSDUH) data. The PEP-C evaluation team already has access to state-level NSDUH data to measure nonmedical use of prescription drugs and prescription pain relievers among individuals age 12 and over. These NSDUH data will be available to state grantees through the PEP-C MRT. State grantees do have the option to report other available survey data (e.g., from schools) that may be relevant to their states' SPF-Rx goals.

If tribes or nonstate jurisdictions have access to existing survey data (e.g., from community or school surveys), report that survey data for your consumption indicator(s) for your target population.

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 your survey is measuring.

Prescription Drug Misuse/Abuse

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

Prescription Pain Reliever Misuse/Abuse

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

Other Targeted Outcome Measure (Need substitute data source request approval)

- 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 nonmedical use 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 nonmedical use 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.
