Division of State Programs–Management Reporting Tool (DSP-MRT)

DSP-MRT Supplement for OD Treatment and Related Grants

OMB No: 0930-0354

Expiration Date: 11/30/2021

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Note: This document is intended as a supplement to the Division of State Programs–Management Reporting Tool (DSP-MRT). Please refer to the DSP-MRT document where applicable.

Administration

Throughout the progress report, **grantee** refers to the Federally Qualified Health Center (FQHC), opioid treatment program (as defined under part 8 of title 42, Code of Federal Regulations), practitioner dispensing narcotic drugs, or other entity receiving the award from the Substance Abuse and Mental Health Services Administration (SAMHSA). **Community** refers to the grantee's selected High-Need communities, and **subrecipient** indicates the grantee's subawardees funded to lead the grant in the selected communities. Some grantees refer to their subrecipients as subgrantees. Some grantees may not have a subrecipient responsible for leading the grant in each of the selected communities.

Grantee Information

See DSP-MRT.

Sub-State

See DSP-MRT.

Subrecipient

See DSP-MRT.

High-Need Community

See DSP-MRT.

Needs Assessment

Assessment involves the systematic gathering and examination of data about alcohol and drug problems, related conditions, and consequences in the area of concern in your community(ies). Assessing the issues means pinpointing where the problems are in the community and the populations impacted. It also means examining the conditions within the community that put its populations at risk for the problems and identifying conditions that—now or in the future—could protect the population against the problems.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Capacity

Capacity refers to the various types and levels of resources available to establish and maintain a community overdose prevention system. This prevention system can identify and leverage resources that will support an effective strategy aimed at the priority problems and identified risk factors in the community at the appropriate population level. Capacity to carry out strategies depends not only upon the resources of the community organizations and their function as a cohesive problem-solving group, but also upon the readiness and ability of the larger community to commit its resources to addressing the identified problems.

Membership

See DSP-MRT.

Advisory Council and Other Workgroup Meetings

See DSP-MRT.

Grantee Funding Resources

See DSP-MRT.

Training and Technical Assistance (TA)

See DSP-MRT.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Planning

Planning involves following logical sequential steps designed to produce specific results. The desired results (Outcomes) are based upon data obtained from a formal assessment of needs and resources. Thus, the plan outlines what will be done over time to create the desired change.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Behavioral Health Disparities

SAMHSA defines behavioral health as mental/emotional well-being and/or actions that affect wellness. The phrase "behavioral health" is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Healthy People 2020 defines **health disparity** as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

In this section, we would like you to describe the efforts and activities that your state, tribe, or jurisdiction has undertaken in the project to address Behavioral Health Disparities related to substance use disorders risks, prevalence, and outcomes.

Disparities Impact Statement

See DSP-MRT.

Population(s) Experiencing the Disparity

See DSP-MRT.

Focus and Data Gaps

See DSP-MRT.

Access to Prevention Efforts

See DSP-MRT.

Use and Reach of Prevention Efforts

See DSP-MRT.

Outcomes of Prevention Efforts

See DSP-MRT.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Implementation

Implementation is the point at which you or your subrecipient communities conduct your intervention activities.

Subrecipient Progress

See DSP-MRT.

Promising Approaches and Innovations

See DSP-MRT.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Naloxone Distribution

Costs

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	Response Options
Total amount of grant funds spent on the purchase of naloxone products during this reporting period.	Currency

Item	Response Options	Response Options
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)	Funds Spent (currency)	Number of Kits (numerical)
Nasal spray kits, 4 mg (Adapt/Narcan)	Funds Spent (currency)	Number of Kits (numerical)
Injectable (intramuscular), .4 mg/10 ml vial kits (Hospira)	Funds Spent (currency)	Number of Kits (numerical)
Injectable (intramuscular), .4 mg/1 ml vial kits (Mylan or West-Ward)	Funds Spent (currency)	Number of Kits (numerical)
Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum)	Funds Spent (currency)	Number of Kits (numerical)
Auto-injector kits (Kaleo/Evzio)	Funds Spent (currency)	Number of Kits (numerical)
Other (Specify)	Checkbox	
Specify name of kit	Free text and Funds Spent (currency)	Number of Kits (numerical)
Other (Specify)	Checkbox	
Specify name of kit	Free text and Funds Spent (currency)	Number of Kits (numerical)
Total amount spent on the purchase of naloxone products during this reporting period using funds from other sources (if known).	Funds Spent (currency) and Don't Know checkbox	Number of Kits (numerical)
Comments	Free text	

Evaluation

The **Evaluation** Step is comprised of conducting, analyzing, reporting on, and using the results of outcome evaluation. **Outcome evaluation** involves collecting and analyzing information about whether the intended Goals and Objectives were achieved. **Evaluation results** identify areas where modifications to prevention strategies may be needed and can be used to help plan for sustaining the prevention effort as well as future endeavors.

Evaluation Plan

See DSP-MRT.

Evaluation Report

See DSP-MRT.

Other Document

See DSP-MRT.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Sustainability

Sustainability is the process of ensuring an adaptive and effective system that achieves and maintains long-term results. Sustainability efforts may include the institutionalization of policies and practices, the acquisition of stable funding for training and prevention efforts, continued workforce development, and other efforts.

Accomplishments and Barriers/Challenges

See DSP-MRT.

Overdose Outcomes

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). You will report any data/time points that have become available prior to the report deadline.

In this section, **grantee-level** refers to the state or tribal area or jurisdiction within which your grant program is funded. **High-need community** is used to indicate the grantee's selected high-need communities.

Grantee-Level Overdose Data

First, you will report grantee-level adult (age 18+) data on deaths related to opioid overdose and on emergency department and other hospital visits involving opioid overdose. Note that **grantee-level data** refer 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 types or either type of data. Grantees may also report opioid overdose events from a different data source, if desired, or if emergency department or hospitalization data are not available.

Item	Response Options
2016	"Edit Overdose Data" link
2017	"Edit Overdose Data" link
2018, etc.	"Edit Overdose Data" link

Item	Population (Denominator)	Opioid Overdose Deaths	Emergency Department Visits Involving Opioid Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
Data Source and Comments: Please provide information about the data source, any additional information that would be useful in understanding the overdose data you have provided, or both.					
Total	State grantees do not need to provide these data because they will be pulled from CDC WONDER. Tribal and jurisdiction grantees are asked to provide data for these fields.		Numerical	Numerical	Numerical
Data source			Free text	Free text	Free text
Additional Information			Free text	Free text	Free text
Age Note: Please complete the fields below, leaving fields blank if data are unknown. If the age ranges from your data source do not match the age ranges in the table, please report the figures under "Not Available."					
15–24 yr	State grantees do not need to provide these data because they will be pulled from CDC WONDER. Tribal and jurisdiction grantees are asked to provide data for these fields.		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
Not Available			Numerical	Numerical	Numerical
Sex Note: The values entered for the age groups and the sexes must each total the values entered in the total line.					
Male	State grantees do not need to provide these data because they will be pulled from CDC WONDER. Tribal and jurisdiction grantees are asked to provide data for these fields.		Numerical	Numerical	Numerical
Female			Numerical	Numerical	Numerical
Sex Not Available			Numerical	Numerical	Numerical

High-Need Community-Level Overdose Data

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

Item	Response Options
2016 • High-Need Community 1 • High-Need Community 2 • Etc.	"Edit Overdose Data" button
2017 • High-Need Community 1 • High-Need Community 2 • Etc.	"Edit Overdose Data" button
2018, etc. • High-Need Community 1 • High-Need Community 2 • Etc.	"Edit Overdose Data" button

Item	Population (Denominator)	Opioid Overdose Deaths	Emergency Department Visits Involving Opioid Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
Data Source and Comments Please provide information about the data source, any additional information that would be useful in understanding the overdose data you have provided, or both.					
Total	Numerical	Numerical	Numerical	Numerical	Numerical
Data Source	Free text	Free text	Free text	Free text	Free text
Additional Information	Free text	Free text	Free text	Free text	Free text