This instrument is not OMB approved and is provided for informational purposes only while the instrument is under OMB review. The final items are subject to change as part of the OMB approval process.

SAMHSA Strategic Prevention Framework for Prescription Drugs (SPF Rx) Evaluation Plan Checklist

This checklist serves multiple purposes: (1) It provides guidelines for developing a well-rounded evaluation plan; (2) it specifies evaluation design elements that are required for the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant program; and (3) it provides SAMHSA and the national cross-site evaluation team with information about each grantee's evaluation design. Design elements that are not required are noted. However, if an optional item is included in your evaluation, it should be addressed in the plan. Please note that the evaluation plan is intended as a stand-alone document—that is, information included in other documents submitted to SAMHSA, such as grant proposals and impact statements, should be discussed in the plan as appropriate.

Note that tribal and jurisdiction grantees who decide to define themselves as single-community grantees need this decision approved by their CSAP Project Officer and should make this clear in their evaluation plans. In the items below, instructions specific to single-community grantees are provided where relevant.

I. SPF-Rx Evaluation Goals

The goals should address the CSAP grant program requirements as well as any other goals specific to your State, jurisdiction, or tribal organization. Do the evaluation goals address...

				Page
Qu	estions	Yes	No	Reference
1.	Preventing the onset and reducing the progression of prescription drug misuse, or illicit opioid misuse? Please specify the targeted substance (check all that apply): Prescription drugs Illicit opioids			
2.	Reducing prescription drug-related consequences among adolescents and adults? Please specify the targeted age range (check all that apply): 12 to 17 18 to 20 21 to 25 26 to 34 35 to 44 45 to 54 55 to 64 65 and over Other (optional)			
3.	Assessing the current use of PDMP and its component as it relates to accessibility of data, usage by communities, and outcomes related to previous PDMP use.			
4.	Conducting continuous strategic planning, including assessment, monitoring, and analysis of the program to meet the desire outcomes.			
5.	Coordinating funding streams by leveraging funds from other sources (including, for states, the prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant (SABG).			
6.	Implementing organizational/structural changes that create focus of responsibility for specific PDMP issues/populations, address behavioral health disparities, or increase access to, or efficiency of, services			

			Page
Questions	Yes	No	Reference
 Developing interagency coordination mechanisms that improve the effectiveness of the partnerships between PDMPs; federal, state, tribal, regional, and local agencies; private and non-profit organizations; hospitals; pharmacies; and health professional and advocacy groups 			
8. Adopting and implementing policy (i.e. programs and guidelines) that facilitate establishment of standards of care, adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, and development/revision of credentialing, licensure, or accreditation requirements			
 Demonstrating measurable quality improvement on all aspects of access to, and usage of the PDMP data, as well as coordination with high need communities to achieve the goals and objectives of the program. 			
 Strengthening workforce development around activities to ensure use of PDMP data (i.e., training, support for licensure, credentialing, and accreditation). 			
11. Other goals? (optional)			

Comments related to Goals:

II. Evaluation Questions

Do the evaluation questions address...

Qu	estions	Yes	No	Page Reference
1.	Process by describing how the grantee progressed through the SPF steps; which promising or evidence-based programs, policies, and practices (EBPPP) were implemented; how fidelity of implementation was ensured; and how changes from the original plan affected performance?			
2.	Process by describing how the grantee developed a community-based social marketing/public education plan to increase awareness of prescription drug misuse issues, the need for a coordinated approach, and promote increased use of PDMP data?			
3.	Outcomes by reporting on the effects of the SPF Rx initiative on the consumption, intervening variables, and consequences as listed in the Required Outcome Measures Section (IV)?			

Comments related to the Evaluation Questions:

III. Required Performance Measures

Grantees are required to report certain data so that SAMHSA can monitor performance and evaluate its programs. Note that single-community grantees without subrecipient communities will skip question 2 below. Single-community grantees without subrecipients are grantees for whom the SPF process occurs at the grantee level, not at the level of smaller areas within the grantee's jurisdiction. While such grantees may contract with community agencies to implement the selected interventions, the planning and interventions affect the community as a whole. See the Single-Community Grantee Supplement to decide whether you are considered a single-community grantee with or without subrecipients.

					Page
Qu	estio	ns	Yes	No	Reference
1.	. Does the grantee represent a single community <u>without</u> subrecipients (and will therefore report data at only one level)? If yes, skip to Q3 in this section. ¹		Skip to Q3		
2.		es the evaluation plan include the following <u>required</u> grantee-level formance measures?			
	a.	Incorporation of PDMP data into your needs assessment in developing your strategic plan			
	b.	Measure of reductions in opioid overdoses			
3.		es the evaluation plan include the following required performance asures at the community level and program level where appropriate?			
	a.	Number of active collaborators/partners supporting the grantee's comprehensive prevention approach			
	b.	Number of people served and/or reached by Institute of Medicine (IOM) category (universal, selected, indicated), six strategies, and demographic group. (This should include target and numbers reached for public education programs.)			
	c.	Number and percent of promising or evidence-based programs, policies, and/or practices implemented by subrecipient communities			
	d.	Number of prevention activities at the subrecipient level that are supported by collaboration			
	e.	Number, type, and duration of promising or evidence-based interventions by prevention strategy implemented at the community level			

¹ Single-community grantees with subrecipients should complete questions 2 and 3 in this Required Performance Measures section.

Comments related to the Required Performance Measures:

IV. Required Outcome Measures

Which of the following outcome measures are included in the evaluation plan at both the grantee and subrecipient community levels (if different from the grantee)? Grantees and subrecipient communities must report all of the outcome measures below, with a couple of exceptions. Please note that NSDUH State-level consumption measures and CDC WONDER state and county overdose death data will be provided by the cross-site evaluation team.

Single-community grantees (with or without subrecipients) should respond only to the *Subrecipient Communities* column.

Outcom	nes	Grantee	Subrecipient Communities ¹	Not Applicable	Page Reference
a.	 Consumption (if survey data are available) Past-30-day nonmedical use of prescription 				
	drugsPast-12-month nonmedical use of				
	 prescription drugs Past-30-day nonmedical use of prescription 				
	 pain relievers Past-12-month nonmedical use of prescription pain relievers 				
b.	Proximal Outcomes: Prescribing Patterns ²				
	 Total number of unique residents prescribed opioid analgesics 				
	 Number of opioid analgesic prescriptions Number of high-dose opioid analgesic 				
	 prescriptions (>90 MME/day) 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 (indicator of possible doctor shopping) 				
	 Other optional indicator targeted by grantee or community (specify) 				
c.	Proximal Outcomes: Prescriber Use of PDMP				
	 Number of prescribers registered with the PDMP 				
	 Number of prescribers (or their delegates) who queried the PDMP 				
	 Number of queries by prescribers (or their delegates) to PDMP 				
	. ,			(cc	ontinued)

Outcon	Outcomes		Subrecipient Communities ¹	Not Applicable	Page Reference
d.	d. Consequences				
	 Opioid overdose emergency department (ED) visits 				
	 Opioid overdose-related hospital admissions (<i>if ED visits not available</i>) 				
	 Opioid overdose-related deaths (states and counties do not report deaths) 				

¹ Or single-community grantees.

² Grantees report on all 7 indicators for prescribing patterns, whereas subrecipient communities report on the first 5 and can choose one additional indicator, if feasible.

Comments related to the Required Outcome Measures:

V. Measurement

How will substance use, intervening variables, and consequences be measured?

				Page
Qu	estion	Yes	No	Reference
1.	For each measure, does the evaluation plan include the source of the data, the frequency, and the method of data collection? (See <i>Exhibits 1</i> and <i>2</i> for examples. Single-community grantees see <i>Exhibit 3</i> for examples.)			
2.	Is information provided about the sampling plan that was used to collect data? For example, were survey data collected from a random sample of individuals or were data collected from a census of all students in school on the day of survey administration?			
3.	Is information provided about the survey response rate? For example, if 100 students completed the survey from a school with 200 eligible students, the response rate would be 50%.			
4.	Is information provided about the reliability and validity of the measures? Please note whether the measure is based on a standard instrument (e.g., NSDUH, MTF, YRBS, CTCYS). If yes, please briefly note that fact. If the measure is being newly developed, please note how validity and reliability will be established.			

Comments related to Measurement:

Exhibit 1. Example Grantee-Level Measures for SPF-Rx

Measure	Source	Frequency Collected	Method of Collection	Level of Data
Consumption: Past-30-day nonmedical use of prescription drug	School survey	Annual	In-person collection in public schools	State
Proximal Outcomes: Opioid Prescribing Pattern	PDMP	Annual	Administrative Data	State
Consequence: Opioid Overdose	Emergency Room Data	Annual	Administrative data	State

Exhibit 2. Example Subrecipient Community-Level Measures for SPF-Rx

Measure	Source	Frequency Collected	Method of Collection	Level of Data
Consumption nonmedical use of prescription drug	School survey	Annual	In-person collection in public schools	All public schools in county
Proximal Outcomes: prescriber use of PDMP in their subrecipient communities	PDMP	Annual	Administrative Data	Community, County, or District
Consequence: Opioid Overdose	Emergency Room Data	Annual	Administrative data	County

Exhibit 3. Example Single-Community Grantee Measures for SPF-Rx

Measure	Source	Frequency Collected	Method of Collection	Level of Data
Consumption nonmedical use of prescription drug	School survey	Annual	In-person collection in public schools	All public schools in the grantee's jurisdiction or service area
Proximal Outcomes: prescriber use of PDMP in their subrecipient communities	PDMP	Annual	Administrative Data	Community, County, or District
Consequence: Opioid Overdose	Emergency Room Data	Annual	Administrative data	

VI. Behavioral Health Disparities

SAMHSA requests that grantees use their data to (1) identify subpopulations (e.g., racial, ethnic, sexual/gender minority groups) vulnerable to disparities; and (2) implement interventions to decrease the differences in availability of, access to, use of services, and health outcomes among these vulnerable subpopulations.

				Page
Qu	estion	Yes	No	Reference
1.	Does the plan address behavioral health disparities affecting any of the following? You must identify at least one disparate population. If your disparate population is not listed, please add as appropriate.			
	a. Racial/ethnic minority group			
	b. Sexual/gender minority group			
	c. A single tribe			
	d. Specific populations within a tribal or jurisdiction grantee			
	e. A specific community within a tribal or jurisdiction grantee			
	f. Tribal members in urban areas or reservations			
	g. Other vulnerable population (specify below)			
		- -		
2.	Does the evaluation plan discuss a clear measure of access to culturally and linguistically appropriate services (such as the level of adherence to the National CLAS standards [https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.p by service providers, percent of the population reached for each vulnerable group or number of interventions implemented by type for each vulnerable group)?			
3.	Does the evaluation plan include an assessment of outcomes for the identified vulnerable groups?			

Comments related to Behavioral Health Disparities:

VII. Analysis Plan

Does the evaluation plan include...

					Page
Qu	estio	ns	Yes	No	Reference
1.	De	scription of the analyses to be used for process evaluation questions.			
	a.	Do analyses include description of implementation?			
	b.	Do analyses include measures of fidelity?			
	c.	Do analyses include measures of dosage?			
2.	The	types of analyses to be used for outcome evaluation questions.			
	a.	Do the analyses include pre- and post-test comparisons? (optional)			
	b.	Do analyses include a control or comparison group? (optional)			
	c.	Do analyses explore differences in trends over time?			
	d.	Do analyses include statistical procedures to measure change?			
	e.	Do analyses provide the expected sample sizes for grantee and community-level measures?			

Comments related to the Analysis Plan:

VIII. Participation in SPF Rx National Cross-Site Evaluation

				Page
Qu	Questions		No	Reference
1.	Does the plan mention collection and submission of data via the cross-site evaluation instruments at the grantee and community levels?			

Comments related to the National Cross-Site Evaluation:

IX. Reporting Plan

(Note that a local evaluation report is required for SPF-Rx.) Does the evaluation plan include...

				Page
Question		Yes	No	Reference
1.	A plan for how the data will be disseminated to inform key stakeholders?			
2.	The frequency of communication?			
3.	A plan for collection and submission of data for the local evaluation at the grantee and community levels?			
4.	How you will use information from this evaluation plan to inform your local evaluation efforts?			

Comments related to the Reporting Plan: