

State Opioid Response (SOR) Tier Award Program (TAP) Data Definitions

This document contains definitions for terms describing data reporting expectations for SOR TAP 4.A, 4.B, and 4.C subrecipients. All subrecipients are required to report on the universal measures for the tier they are awarded. This document provides definitions to support the development of unique measures but does not provide definitions for specific performance measures, given that those are unique to each subrecipient.

Tier 4.A Universal Measures					
Due	Screened	Positive	Referred	Follow-up	Engaged
Number of unduplicated clients who were due for a screening in the last month.	Number of unduplicated clients who were due for a screening in the last month who were screened.	Of those screened in the last month, the unduplicated count of those who were positive.	Of those that screened positive in the last month, the unduplicated count of those who were referred to treatment.	Of those that were referred to treatment in the last month, the unduplicated number of those who received follow-up to ensure a successful connection to treatment. <ul style="list-style-type: none"> • Follow-up 1st attempt success rate between 1-14 days • Follow-up 2nd attempt success rate between 15-30 days • Referral refused 	Of those that screened positive in the month before last, the unduplicated number of those who were connected/engaged in treatment in the last month.
How Much	How Much	How Much	How Much	How Well	How Well
Definitions <ul style="list-style-type: none"> • Unduplicated: unique number of clients (not counted more than once). • Screening: the use of a validated screening instrument to identify a client’s need for targeted intervention and/or treatment. • In the last month: within the prior calendar month. • Positive: when a client is identified as having substance use issues that require further intervention (i.e., brief intervention, referral to 					

treatment), based on a validated screening instrument’s scoring methodology.

- Brief intervention: when a client is offered an intervention strategy to facilitate behavior change to reduce substance use.
- Referred to treatment: when a client is offered a referral for further assessment at an internal or external SUD treatment and/or recovery program.
- Follow-up: when outreach is made to a client by the referring provider to determine if the referral to treatment was successful and to offer assistance.
- Connected to/engaged in treatment: when a client attends first appointment at an internal or external SUD treatment and/or recovery program.

Tier 4.B & 4.C Universal Measures – How Much

Naloxone	SDOH Referral	MOUD	MOUD Referral	Medicaid Enrollment	Intervention
<p>Number of naloxone prescriptions written and provided to clients in the last month.</p> <p><i>Note: this measure specifies the number of prescriptions and NOT the number of naloxone kits. Please report the number of prescriptions.</i></p>	<p>Of those that screened positive for an SDOH in the last month, the unduplicated number of those who were referred to community partners.</p>	<p>Number of unduplicated clients who were prescribed or administered each of the following MOUD in the last month through this TAP-funded project.</p> <ul style="list-style-type: none"> • Buprenorphine • Long-acting, injectable naltrexone • Methadone <p><i>Note: oral naltrexone is not FDA-approved for the treatment of OUD; SOR funds cannot be used to pay for it.</i></p>	<p>Number of unduplicated clients who were referred internally (within your agency) and externally (outside your agency) to MOUD treatment in the last month.</p>	<p>In the last month, the number of times that clients were linked to Medicaid enrollment services.</p>	<p>Number of unduplicated clients receiving intervention in the last month.</p>
Definitions					

- SDOH: social determinants of health, also known as social drivers of health, are non-medical factors that influence health and health outcomes (e.g., education, employment, environment, housing).
- Community partners: an organization or program that can provide direct support for identified SDOH needs.
- MOUD: provision, through prescription or direct administration, of an FDA-approved medication for opioid use disorder (i.e., methadone, buprenorphine, and naltrexone).
- Prescribed: a clinician provided a prescription to a client for an FDA-approved medication (i.e., limited to buprenorphine or naltrexone since methadone is not prescribed for opioid use disorder).
- Administered: a clinician directly gave a client at least one dose of an FDA-approved medications (i.e., methadone, buprenorphine, or naltrexone).
- Linked to Medicaid enrollment services: when a client is referred to an individual or program that is capable of enrolling the client into Medicaid.
- Receiving intervention: when the TAP program provides a clinical intervention (i.e., evidence-based practice, promising practice, or innovation) to a client. Examples:
 - Use of MI in individual and group sessions to support initiation and continuation of MOUD
 - Peer-led recovery support to help maintain engagement in treatment
 - Evidence based outpatient therapy sessions such as CBT or DBT
 - Motivational interviewing to engage client in treatment plan activities
 - Evidence based group therapy sessions
 - Case management activity to connect an individual with an appropriate service
 - Provision of a medication for opioid use disorder, including coaching on its use and impact on treatment

Tier 4.B & 4.C Universal Measures – How Much

GPRA* <i>For treatment providers only</i>	BARC-10** <i>For CBOs only</i>
The Center for Substance Abuse Treatment (CSAT) Government Performance Results and Modernization Act (GPRA) Client-Level data collection at baseline, follow-up, and discharge is required for individuals receiving treatment AND/OR recovery support services.	The Brief Assessment of Recovery Capital (BARC-10) is a strengths-based assessment of an individual’s recovery capital and is designed to track improvements, identify barriers, and be responsive to an individual’s evolving needs in their recovery journey.
<ul style="list-style-type: none"> • Baseline: first or initial assessment (often called “intake”) that a client participates in as part of the TAP program. <ul style="list-style-type: none"> ○ GPRA is expected to be performed within 3 days of initial contact for Inpatient/Residential Treatment Services, and within 4 days for Outpatient Treatment Services. ○ Providers should follow best practices for conducting baseline assessments as there is no requirement for when the BARC-10 should be administered. 	

- Follow-up: an assessment that is conducted a period of time after the baseline was administered. Follow-up assessments are typically conducted at standard intervals.
 - GPRA is expected to be performed 6 months after the baseline was administered. The window for 6-month follow-ups opens one month before and two months after the 6-month mark. Follow-ups are also due regardless of discharge status.
 - There is no requirement for how frequently the BARC-10 should be administered; however, it should be consistent and align with the client’s recovery plan.
- Discharge: when a client has been discharged, transferred, or has otherwise left the program.

**For more information on GPRA-related requirements: DHSS_DSAMH_GrantData@delaware.gov*

***For more information on BARC-10: <https://pennsylvaniarecoverycenter.org/barc-10-assessing-treatment-outcomes/>;
<https://clinicom.com/assessments/brief-assessment-of-recovery-capital-barc-10/>*

Tier 4.B & 4.C Universal Measures – How Well

Time to Treatment Initiation	Engagement in Treatment
Percentage of individuals who initiate SUD treatment within 14 days of an SUD diagnosis.	Rate of individuals who had two or more additional SUD services within 30 days of the initiation of a SUD treatment encounter.

Tier 4.A, 4.B, & 4.C Unique Measures – Is Anyone Better Off

Subrecipients will select a unique performance measure to assess if their clients are “better off” following participation in the TAP program. The performance measure should align with the goals and programming of each project. As this will be unique to each subrecipients, definitions are provided below for the terms used in the application form to support the development of unique performance measures, but not for specific measures.

Definitions

- Performance measure: the outcome metric that will be measured for each client to assess changes and/or improvement in quality of life (e.g., reduced substance use, improved social determinants of health) following engagement in TAP program.
- Target/benchmark: the goal for change and/or improvement in the selected performance measure among clients assessed (e.g., 60% of clients show improvement in reduced substance use).
- Tool: the validated measurement tool or instrument that is used to assess clients’ changes in outcomes for the selected performance measure.
- Measurement interval: the frequency at which clients will be assessed using the selected measurement tool.