![MN Management and Budget logo]

Sample output and outcome measures for grants that seek to prevent, treat, and aid in recovery from opioid use disorder.

As part of receiving opioid-related grants, you're asked to report on the impact of the services you provide. This helps state and local governments better understand what's working, what needs remain, and how to allocate resources appropriately in future grant cycles.

While the reporting requirements are specific to each grant, the best practice is to include a mix of well-developed output and outcome measures. **Output** measures track the quantity and quality of goods or services produced. **Outcome** measures track the impact of a program on the wellbeing of participants or the community. Put another way, output measures assess *how much* you've done, while outcome measures assess *if anyone is better off*. It's also important to track and report measures by specific target populations, including by demographics, setting, region, and/or characteristics of substance use.

This guide provides a set of high-quality *sample* measures drawn from past grants. Grantees can and should tailor these measures to their specific context and/or develop their own measures. This sheet is a supplement to—not a replacement of—required reporting in your specific grant contract. You should think carefully about the data you would need to create and collect to create a comprehensive picture.

If you'd like assistance considering the appropriate measures, contact your grant manager or the Results Management team at Minnesota Management & Budget (ResultsManagement@state.mn.us).

Examples of Output Measures

1. **Screened for Substance Use Disorder (SUD) and/or Opioid Use Disorder (OUD):** This measures the total number of individuals the grantee screened for SUD using a validated assessment.

2. **SBIRT:** This measures the number of individuals referred to treatment from providers trained in Screening, Brief Intervention, and Referral to Treatment (SBIRT) services using grant funding. This measure could be further broken down by the clinical setting or provider type.

3. **Culturally-informed prevention programming:** This measures the number of youth that completed programming that draws on cultural and traditional knowledge to increase protective factors and reduce risk for substance use disorder.

4. **Participate in counseling:** This measures the total number of individuals referred to and completing counseling services, such as individual or group therapy, as part of their treatment plan.

5. **Naloxone kits and training:** This measures the number of kits distributed and the number of individuals trained in the appropriate use of these kits.

6. **Community education and awareness events hosted:** This measures the total number of attendees at events hosted by the grantee to educate the community about OUD and the available prevention, treatment, and recovery services.

7. **Peer support services or other recovery services:** This measures the total number of individuals and number of sessions received of peer support services.

8. **Case management services:** This measures the total number of individuals and number of sessions received of case management services, such as assistance with healthcare, housing, or legal issues.

9. **Medication take-back programs:** This measures the total number of new locations with medication take-back programs, indicating the grantee's efforts to promote and expand safe medication disposal resources and reduce the risk of diversion or misuse.

10. **Healthcare providers trained in prescribing guidelines:** This measures the total number of healthcare providers trained by the grantee in opioid or Medications for Opioid Use Disorder (MOUD) prescribing guidelines, indicating the grantee's efforts to promote safe and responsible prescribing practices.

11. **Medical providers awarded scholarships:** This measures the number of medical providers who were awarded scholarships to complete training or education in OUD prevention, treatment, or recovery.

12. **Interviews of those in active use:** This measures the number of individuals in active opioid use who were interviewed by the grantee to better understand system needs and how to better serve individuals in need.

13. **Community partnerships established:** This measures the grantee's success in forging collaborations with community organizations, healthcare providers, law enforcement agencies, and other partners to promote system changes aimed at mitigating the harm of OUD.

14. **Harm reduction and syringe services:** This measures the number of syringes distributed and referrals to other harm reduction and treatment and recovery services.

15. **Health Insurance:** This measures the number of individuals in active use or recovery that the grantee successfully assisted in attaining healthcare through public or private insurance.

Examples of Outcome Measures

1. **Retention in treatment:** This measures the percentage of individuals who remain in treatment for a specified period (e.g., 90 days) after initiating treatment. It can also be broken down to measure retention rates for specific treatments (e.g., % of people who receive MOUD for at least six months).

2. **Employment:** This measures the percentage of individuals in recovery from substance use disorder who obtained and maintained employment for a specified period after receiving job training or placement services from the grantee.

3. **Family reunification:** This measures the number or percent of children who were placed outside of the home due to safety concerns but were later reunited with their families after receiving services from the grantee, indicating the grantee's success in promoting family stability and reunification.

4. **Recidivism:** This measures the percentage decrease in the rate of individuals who return to criminal activity or incarceration after receiving reentry services from the grantee.

5. **Participant satisfaction:** This measures (often by survey) participant satisfaction with the grantee's services, such as treatment, counseling, or peer support, indicating the grantee's ability to provide patient-centered care that meets the needs and preferences of those served.

6. **Reduction in use:** This measure tracks reduction of reported substance misuse during treatment. We recommend using a validated assessment to track use, and breaking it down by type of drug.

7. **Housing stability:** This measures the percentage of individuals who maintained stable housing for a period after receiving housing assistance from the grantee.

8. **Overdoses:** This measure tracks the number or change in the likelihood of future overdose events (fatal and non-fatal) among individuals receiving treatment for OUD. This can help to identify areas where interventions are needed to prevent overdoses.

9. **Emergency room visits:** This measures the number of or change in likelihood of emergency department visits among individuals receiving treatment for OUD. It can help to identify areas where interventions are needed to reduce emergency services.

10. **Connection to treatment for those released from incarceration:** This measures the percent of criminal-justice system involved individuals with OUD who receive care after release. This can identify areas where improvements are needed to ensure individuals receive care and support after treatment.

11. **Connection to treatment for those who visited the ER**: This measures the percent of people who receive follow-up care for an SUD within 7 days and within 30 days, after a SUD-related ER visit.

12. **Recovery outcomes:** This measures the degree to which individuals can maintain abstinence from opioids and other substances, as well as improvements in quality of life, social functioning, and other recovery outcomes. We recommend a validated assessment for recovery outcomes.

13. **Reduction in pain:** This measures the degree to which clients experience a reduction in pain intensity after receiving alternative pain management services from the grantee, indicating the grantee's effectiveness in promoting safe and effective pain management strategies that improve clients' quality of life. We recommend using a validated assessment of pain.

14. **Health equity:** This measures the degree to which prevention, treatment, and recovery services for OUD are provided equitably across different populations, including race, ethnicity, gender, age, and socioeconomic status.

15. **Stigma reduction:** This measures the degree to which stigma associated with OUD is reduced among individuals, their families, and the broader community. This can help to identify areas where education and awareness campaigns are needed to reduce stigma and improve access to care. We recommend a validated survey of participants.

16. **Staff training and education:** This measures the degree to which staff members are trained and educated on evidence-based practices for the prevention, treatment, and recovery of OUD. We recommend a validated assessment of knowledge.

17. **Medications for Opioid Use Disorder (MOUD):** This measures the percent of individuals with clinical need that are prescribed MOUDs.

18. **Treatment engagement after Narcan administration**: This measures the grantee's impact in promoting treatment engagement among individuals who have been administered Narcan (naloxone) during an opioid overdose reversal. It tracks the number of individuals who, following the administration of Narcan, successfully engage in formal treatment services for OUD.