Form Approved
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Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

Government Performance and Results Acts (GPRA)

State Opioid Response (SOR)/Tribal Opioid Response (TOR)

Program Instrument

Public reporting burden for this collection of information is estimated to average between 33 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0384); 5600 Fishers Lane, Rockville, MD 20857.An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0384.

A. PROGRAM-SPECIFIC QUESTIONS

1. How many kits of opioid overdose reversal medication has your state/territory/Tribal entity **purchased** since the last reporting period?

   - ○ Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray) |___|___|___||_____|_____|
   - ○ Nalmefene nasal spray (Opvee®) ||___|___|___|___|___|
   - ○ Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi- dose vials, Zimhi®) |___|___|___|___||_____|
   - ○ Other opioid overdose reversal medications |___|___|___|___|___|_|
     (please specify) _____

   ☐ Check here if this information is unavailable

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   - ○ Planned activity was completed/targets were met in a previous period
   - ○ Other *(please specify)* _____

2. How many kits of opioid overdose reversal medication has your state/territory/Tribal entity **distributed** since the last reporting period?

   - ○ Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray) |___|___|___||_____|_____|
   - ○ Nalmefene nasal spray (Opvee®) ||___|___|___|___|___|
   - ○ Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi- dose vials, Zimhi®) |___|___|___|___||_____|
   - ○ Other opioid overdose reversal medications |___|___|___|___|___|_|
     (please specify) _____

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3. Which entities did your state/territory/Tribal entity distribute opioid overdose reversal medication kits to since the last reporting period? *(select all that apply)*

   - □ Schools, colleges, and universities
   - □ Community-based overdose and infectious disease prevention organizations
   - □ Community-based organizations (e.g., veteran organizations, libraries, community coalitions)
   - □ Shelters or agencies that provide services to people experiencing homelessness
   - □ Faith-based organizations
   - □ First responders (e.g., police departments, fire departments, and emergency medical services)
   - □ Criminal justice settings (e.g., courts, jails, prisons, probation, and parole)
   - □ Local health departments or county health departments
   - □ Substance use disorder (SUD) treatment facilities (e.g., SUD outpatient, opioid treatment programs, and residential treatment facilities)
   - □ Mental health treatment facilities (e.g., certified community behavioral health clinics and other community mental health centers)
   - □ Recovery facilities (e.g., recovery community organizations, recovery housing, and sober living homes)
   - □ Community health centers or federally qualified health centers
   - □ Hospitals/emergency departments
   - □ Pharmacies
   - □ Tribal government entities (e.g., education, human services, or public works department)
   - □ Tribally run businesses (e.g., casinos, hotels, and stores)
   - □ Commercial business entities (e.g., restaurants, construction companies, and retail business establishments)
   - □ Other types of entities *(please specify)* _____

   ☐ Check here if NO opioid overdose reversal medication kits were distributed since the last reporting period.

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   - ○ Other (*please specify*) _____

4. Of the opioid overdose reversal medication kits distributed, how many overdose reversals occurred in your state/territory/Tribal entity since the last reporting period?

   - ○ Number of overdoses reversed |_|_|_|_|_|_|

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- ○ Other *(please specify)* _____
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- ○ Other *(please specify)* _____

5. How many first responders and individuals in key community sectors has your state/territory/Tribal entity trained on recognizing an opioid overdose and appropriate use of opioid overdose reversal medications since the last reporting period?

   - ○ Number of first responders (e.g., law enforcement, emergency medical services, and fire departments) |___|___|___|___|___|___|
   - ○ Number of individuals in key community sectors (e.g., family members, peers, military, criminal justice, community groups, and coalitions) |___|___|___|___|___|___|

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   - ○ Other *(please specify)* _____

6. How many individuals in your state/territory/Tribal entity were educated on the consequences of opioid and/or stimulant misuse through the following activities since the last reporting period?

   - ○ Number of individuals educated using strategic messaging (e.g., media campaigns, targeted social media content, and other similar strategies) |___|___|___|___|___|___|
   - ○ Number of individuals educated through prevention and education activities (e.g., implementation of evidence-based curriculum, training events, and youth-led activities)
     |___|___|___|___|___|___|

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- ○ Other *(please specify)* _____

7. How many individuals in your state/territory/Tribal entity were trained to provide school-based prevention and education activities to school-aged children since the last reporting period?

   - ○ Number of individuals |__|__|__|__|__|__|

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   - ○ Other *(please specify)* _____

8. How many school-aged children in your state/territory/Tribal entity have received school- based prevention and education activities on the consequences of opioid and/or stimulant misuse since the last reporting period?

   - ○ Number of school-aged children |__|__|__|__|__|__|

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9a. How many unduplicated individuals received treatment services for opioid use disorder (OUD) since the last reporting period?

- ○ Number of unduplicated individuals |__|___|___|___|___|___|

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9b. Of the number of unduplicated individuals in question 11a, how many received the following medication for OUD (MOUD) since the last reporting period?

- ○ Methadone only |__|___|___|___|___|___|
- ○ Buprenorphine only |__|___|___|___|___|___|
- ○ Injectable Naltrexone only |__|___|___|___|___|___|
- ○ More than one MOUD |__|___|___|___|___|___|

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- ○ Other *(please specify)* _____

10a. How many unduplicated individuals received treatment services for stimulant use disorder since the last reporting period?

- ○ Number of unduplicated individuals |__|___|___|___|___|___|

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10b. Of the number of unduplicated individuals in question 12a, how many received contingency management since the last reporting period?

- ○ Number of unduplicated individuals |_|___|___|___|___|___|

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11a. How many unduplicated individuals received recovery support services since the last reporting period?

- ○ Number of unduplicated individuals |_|___|___|___|___|___|

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11b. Of the number of individuals in question 13a, how many received the following recovery support services since the last reporting period?

- ○ Recovery housing |_|___|___|___|___|___|
- ○ Recovery coaching or peer coaching |___|___|___|___|___|
- ○ Employment support |_|___|___|___|___|___|
- ○ Other recovery support services ||___|___|___|___|___|
  (please specify) _____

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