Form Approved

 OMB No. 0930-####

 Expiration Date: ##/##/##

**Opioid State Targeted Response (STR) Evaluation**

State/Territory STR Director Final Survey

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| Public Burden Statement: 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 0930-0xxx. Public reporting burden for this collection of information is estimated to average four (4) hours per respondent, per year, 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, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857. |

Information and Directions

The purpose of this evaluation is to collect important grantee-level information about the implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response (STR) grant. Survey questions focus on opioid use disorder\* services and activities in your state/territory using Opioid STR funds. Survey results will be aggregated to protect anonymity. It will take approximately four (4) hours to complete this survey, including the time for reviewing instructions, searching existing data sources, gathering the data needed to answer questions, and answering the questions. The survey does not need to be completed in one sitting, and will automatically save your answers as you enter them.

\*Except where noted, all questions in this survey refer to prevention strategies, treatment and/or recovery services for opioid use disorder and related conditions (e.g., non-medical use of prescription pain medication, heroin users, one-time users, overdose) in your state/territory one year since you completed the last survey in the spring of 2018. For the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) definition of opioid use disorder, please refer to the attached glossary.

Helpful Materials

Before completing the survey, it may be helpful to gather the following materials to help answer questions:

* Funding and budget information;
* Intervention implementation materials (curricula, programs, etc.);
* Evaluation findings and reports; and
* Organizational policies.

Background Information

Please provide your contact information and information about your current position and role on the Opioid STR grant below.

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| **Name** |  |
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| **Work Street Address** |  |
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| **Work City, State, Zip** |  |
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| **Work Phone** |  |
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| **Work Email** |  |

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|  | What is your current employment position? |
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| How long have you been in this position? |
|  |  |
| 1 | Years |
| 2 | Months |

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|  | What is your role in the Opioid STR grant? |
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Needs & Resources

This section focuses on your state/territory’s needs related to addressing opioid use disorder, and the resources available to your state/territory to address opioid use disorder.

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|  | Describe the geographic areas/locations in your state/territory where opioid use disorder was most prevalent as of May 1, 2019. Provide the data source used to make this determination. |
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| --- | --- | --- |
|  | **Geographic Areas/Locations** | **Data Source** |
| a. |  |  |
| b. |  |  |
| c. |  |  |
| d. |  |  |
| e. |  |  |

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|  | Describe the geographic areas/locations in your state/territory where opioid-related deaths were the highest as of May 1, 2019. Provide the data source used to make this determination. |
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|  | **Geographic Areas/Locations** | **Data Source** |
| a. |  |  |
| b. |  |  |
| c. |  |  |
| d. |  |  |
| e. |  |  |

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| Did your state/territory receive any funding (other than the Opioid STR grant) that you used for opioid use disorder prevention strategies, treatment, and/or recovery services (including any federal, state, local, foundation, or private funding) between May 1, 2018 and April 30, 2019? |
| 1 | Yes **GO TO QUESTION 8** |
| 0 | No **GO TO QUESTION 9** |

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| In the table below, indicate whether your state/territory used each funding source for opioid use disorder prevention strategies, treatment, and/or recovery services between May 1, 2018 and April 30, 2019. Where possible, estimate the amount of funding your state/territory has received and used for opioid use disorder prevention strategies, treatment, and/or recovery services between May 1, 2018 and April 30, 2019. (If grant program spans two fiscal years, please include funding received and used during both fiscal years.) |
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Funding Source | Check if funding received | Total amount received |  | Total amount used for opioid preventionstrategies |  | Total amount used for opioid treatment, and/or recovery services |
| a. | SPF-Partnerships for Success (PFS) (SAMHSA) |  |  |  |  |  |  |
| b. | Substance Abuse Prevention and Treatment Block Grant (SAMHSA) |  |  |  |  |  |  |
| c. | SAMHSA Prescription Drug Overdose |  |  |  |  |  |  |
| d. | SAMHSA Medical-Assisted Treatment (MAT) |  |  |  |  |  |  |
| e. | CDC Prevention for States (PfS) |  |  |  |  |  |  |
| f. | CDC PDO Data-Driven Prevention Initiative (DDPI) |  |  |  |  |  |  |
| g. | SAMHSA Minority HIV/AIDS Initiative |  |  |  |  |  |  |
| h. | HRSA Rural Opioid Overdose Reversal (ROOR) |  |  |  |  |  |  |
| i. | Drug-Free Communities (DFC) grant |  |  |  |  |  |  |
| j. | Other Federal funds (Specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| k. | Other state/tribal/jurisdiction funds (Specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| l. | Other local government funds (Specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| m. | Foundations/nonprofit organizations |  |  |  |  |  |  |
| n. | Corporate/business entities |  |  |  |  |  |  |
| o. | Individual donations/funding from fundraising events |  |  |  |  |  |  |
| p. | Other funding source (Specify) |  |  |  |  |  |  |
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|  | Approximately how many state-sponsored trainings on opioid use disorder prevention strategies, treatment, and recovery services were delivered in your state from May 1, 2018 and April 30, 2019? This may include trainings conducted using funding received through state, federal, or other sources (e.g., state general funds, SAMHSA block grants, and others).  |
|  | Training Topic |  | Number of trainings |
| a. | Prevention of Opioid Use Disorder |  |  |
|  |  |  |  |
| b. | Treatment and/or Recovery Services for Opioid Use Disorder |  |  |
|  |  |  |  |
| c. | Both (Prevention and Treatment and/or Recovery Services for Opioid Use Disorder) |  |  |
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| In the table below, indicate the total number of practitioners/staff in your state/territory’s behavioral health care workforce that provide prevention strategies, treatment, and/or recovery services for opioid use disorder as of May 1, 2019. Provide the data source(s) used to make this determination. |
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|  |  |  | For opioid use disorder, total number of practitioners/staff providing prevention strategies, treatment and/or recovery services  |  | Data Sources |
| a. | Physicians (excluding Psychiatrists) |  |  |  |  |
| b. | Psychiatrists |  |  |  |  |
| c. | Nurse Practitioners |  |  |  |  |
| d. | Psychologists |  |  |  |  |
| e. | Counselors |  |  |  |  |
| f. | Social Workers |  |  |  |  |
| g. | Paid Peer Specialists |  |  |  |  |
| h. | Volunteer Peer Specialists |  |  |  |  |
| i. | Others (Specify) |  |  |  |  |
|  |  |  |  |  |  |
| j. | Total |  |  |  |  |

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| In the list below, identify A) if the following activities or programs were present in your state/territory as of May 1, 2019, and B) whether your state/territory expanded/enhanced/developed (or passed new legislation for) any of these activities or programs to address the opioid use disorder in your state between May 1, 2018 and April 30, 2019. |
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|  |  |  |  |  |  |
|  |  | A | B |  |
|  |  | SELECT ONE | SELECT ALL THAT APPLY |  |
|  |  | YES | NO | EXPANDED, ENHANCED, OR DEVELOPED/PASSED USING OPIOID STR FUNDING | EXPANDED, ENHANCED, OR DEVELOPED/PASSED **NOT** USING OPIOID STR FUNDING  | **DID NOT** EXPAND, ENHANCE OR DEVELOP/PASS |  |
| a. | Alcohol/Drug Testing Programs | 1 | 0 | 1 | 2 | 0 |  |
| b. | Alcohol/Drug-free Support Centers (e.g., clubhouses, drop in centers) | 1 | 0 | 2 | 3 | 0 |  |
| c. | Drug Take-Back Program | 1 | 0 | 2 | 3 | 0 |  |
| d. | Good Samaritan Law | 1 | 0 | 2 | 3 | 0 |  |
| e. | Governor’s Cabinet-Level Opioid Council/Team | 1 | 0 | 2 | 3 | 0 |  |
| f. | Integrated Community Care Models | 1 | 0 | 2 | 3 | 0 |  |
| g. | MAT Collaboratives | 1 | 0 | 2 | 3 | 0 |  |
| h. | Naloxone Access Laws | 1 | 0 | 2 | 3 | 0 |  |
| i. | Naloxone Distribution | 1 | 0 | 2 | 3 | 0 |  |
| j. | Opioid Prescribing Guidelines | 1 | 0 | 2 | 3 | 0 |  |
| k. | Opioid-Specific Community Trainings (e.g., first responders) | 1 | 0 | 2 | 3 | 0 |  |
| l. | Pain Management Services | 1 | 0 | 2 | 3 | 0 |  |
| m. | “Pill Mill” Laws | 1 | 0 | 2 | 3 | 0 |  |
| n. | Prescription Drug Monitoring Program | 1 | 0 | 2 | 3 | 0 |  |
| o. | Public Information Campaigns | 1 | 0 | 2 | 3 | 0 |  |
| p. | Substance Abuse Education | 1 | 0 | 2 | 3 | 0 |  |
| q. | Syringe Services Including Distribution Sites | 1 | 0 | 2 | 3 | 0 |  |
| r. | Telehealth | 1 | 0 | 2 | 3 | 0 |  |
| s. | Other (Specify) | 1 | 0 | 2 | 3 | 0 |  |
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Data Use

This section focuses on data sources available to your state/territory and data management strategies used to address opioid use disorder.

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| Between May 1, 2018 and April 30, 2019, did your state/territory collect information on how it implements prevention strategies that address opioid use disorder (e.g., what prevention approaches are implemented, who implements them, what population(s) and/or geographic areas are targeted, how many dollars are spent, who monitors reach and/or impact)?  |
| 1 | Yes |
| 0 | No |

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| Between May 1, 2018 and April 30, 2019, did your state/territory collect information on how it implements treatment and/or recovery services interventions that address opioid use disorder (e.g., what treatment/recovery services are implemented, who implements them, what population(s) and/or geographic areas are targeted by type, how many dollars are spent, who monitors impact)?  |
| 1 | Yes |
| 0 | No |

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| Between May 1, 2018 and April 30, 2019, did your state/territory integrate opioid use disorder data (such as data that must be reported for the Opioid STR grant) with data from other agencies/groups to address opioid use disorder (e.g., data from pharmacies, poison control, first responders, etc.)? |
| 1 | Yes |
| 0 | No |

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| Between May 1, 2018 and April 30, 2019, did your state/territory share state/territory-level data with key stakeholders to address opioid use disorder? |
| 1 | Yes |
| 0 | No |

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| In the table below, indicate whether your agency had access to the following community-level and state-level data elements as of May 1, 2019.  |
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| --- | --- | --- | --- | --- | --- |
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|  |  | **Data Access** |
|  |  | **Did your agency have access to these data at the state-level?** | **Did your agency have access to these data at the community-level?** |
|  |  | YES | NO | DON’T KNOW | YES | NO | DON’T KNOW |
| a. | Rates of prescription drug misuse in the past 30 days  | 1 | 0 | d | 1 | 0 | d |
| b. | Rates of lifetime prescription drug misuse (ever misused) | 1 | 0 | d | 1 | 0 | d |
| c. | Rates of high dose opioid prescribing (e.g., >90MME/day) | 1 | 0 | d | 1 | 0 | d |
| d. | Rates of opioid and benzodiazepine co-prescribing | 1 | 0 | d | 1 | 0 | d |
| e. | Rates of multiple prescriber episodes for opioid pain medication (as indicator of possible “doctor shopping”) | 1 | 0 | d | 1 | 0 | d |
| f. | Rates of multiple pharmacy episodes for opioid pain medication | 1 | 0 | d | 1 | 0 | d |
| g. | Mortality rates due to prescription drug/opioid overdose | 1 | 0 | d | 1 | 0 | d |
| h. | Emergency room visits/hospital admissions related to prescription drug/opioid use disorder | 1 | 0 | d | 1 | 0 | d |
| i. | Calls to poison center related to prescription drug/opioid use disorder | 1 | 0 | d | 1 | 0 | d |
| j. | Local data on geographic patterns of opioid overdoses | 1 | 0 | d | 1 | 0 | d |
| k. | Other (specify) | 1 | 0 | d | 1 | 0 | d |
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**Prescription Drug Monitoring Program (PDMP) Data**

GO TO QUESTION 21

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| As of May 1, 2019, did your state/territory have an active Prescription Drug Monitoring Program (PDMP)? |
| 1 | Yes |
| 0 | No |
| d | Don’t know |

GO TO QUESTION 21

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| As of May 1, 2019, did your state/territory have access to the PDMP to extract and use data? |
| 1 | Yes |
| 0 | No  |
| d | Don’t know |
|  |  |

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| --- | --- |
|  | Did your state/territory use PDMP data for the following purposes between May 1, 2018 and April 30, 2019? |
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| --- | --- | --- |
|  |  | **MARK ONE FOR EACH ROW** |
|  |  | YES | NO |
| a. | Help select and implement strategies and services to address opioid use disorder | 1 | 0 |
| b. | Help make decisions about selecting providers and organizations that receive Opioid STR funding (that is, Opioid STR sub-recipients) | 1 | 0 |
| c. | Extract and report rates of physician registration with prescription drug monitoring program | 1 | 0 |
| d. | Extract and report use of PDMP by physicians (number of queries; percentage of physicians making queries) | 1 | 0 |
| e. | Extract and report opioid prescribing rates | 1 | 0 |

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**ASK ONLY IF Q17 AND Q18 ARE “YES”**

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| Which PDMP data management and data use activity or activities has your state/territory completed between May 1, 2018 and April 30, 2019?*SELECT ALL THAT APPLY* |
| 1 | Increased access to PDMP data at the grantee/state/territory level |
| 2 | Increased access to PDMP data at the sub-recipient level |
| 3 | Increased usage of PDMP data at the grantee/state/territory level |
| 4 | Increased usage of PDMP data at the sub-recipient level |
| 5 | Increased the quality of PDMP data collected |
| 6 | Increased registration for the PDMP |
| 7 | Increased voluntary PDMP enrollment |
| 8 | Increased mandatory PDMP enrollment |
| 9 | Increased timely data upload by pharmacists to the PDMP |
| 10 | Integrated PDMPs with electronic health records |
| 11 | Integrated PDMPs with health information exchanges |
| 12 | Integrated PDMP data with vital records (e.g., deaths) |
| 13 | Increased reports to prescribers |
| 14 | Increased reports to dispensers |
| 15 | Increased reports to licensing boards |
| 16 | Any other efforts to improve data infrastructure (Specify) |
|  |  |

Infrastructure

One of the goals of the Opioid STR program is to understand and support the infrastructure at the state/territory and community levels needed to address opioid use disorder. This section focuses on ways in which your state has used and leveraged structures, processes, and policies to address opioid use disorder in your state.

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| Which of the following guidelines and regulations existed in your state/territory as of May 1, 2019?*SELECT ALL THAT APPLY* |
| 1 | Required universal registration with the Prescription Drug Monitoring Program (PDMP) |
| 2 | Doctors can assign authorized delegates to access the PDMP |
| 3 | Requirements for prescribers to query PDMP before prescribing opioids in certain conditions (e.g., for more than short-term use) |
| 4 | Pharmacists have a set timeframe for uploading opioid dispensing data |
| 5 | Using PDMP data for public health surveillance and prevention |
| 6 | Inter-state agreements to share PDMP data |
| 7 | Requirements for prescribers to receive training on safe opioid prescribing  |
| 8 | Limit to dose of opioid prescription without special approval  |
| 9 | Limit to the duration of opioid prescription without special approval  |
| 10 | Limit to the duration of opioid prescription for non-cancer patients without special approval  |
| 11 | Requirements to regularly certify pain clinics by the state medical board  |
| 12 | Requirements that pain clinics must be owned and operated by a licensed physician |
| 13 | Other relevant PDMP guidelines or regulations not captured above (Specify) |
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| Did your state/territory create a state-level workgroup to address opioid use disorder that met regularly (e.g., every two weeks, monthly, quarterly) between May 1, 2018 and April 30, 2019? |
| 1 | Yes, my state/territory created a workgroup that met regularly |
| 2 | No, my state/territory did not create a workgroup because we already had one that met regularly |
| 3 | No, my state/territory did not create – nor did we have - a workgroup |

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| Did your state/territory create a statewide/territory-wide strategic plan to address opioid use disorder, including prevention of overdose and misuse, treatment and recovery services between May 1, 2018 and April 30, 2019? |
| 1 | Yes, my state/territory created a strategic plan |
| 2 | No, my state/territory did not create a strategic plan because we already had a strategic plan. |
| 3 | No, my state/territory did not create – nor did we have - a strategic plan. |

Addressing Opioid Use Disorder

This section focuses on opioid use disorder prevention strategies, treatment, and/or recovery services available in your state/territory.

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| --- | --- |
|  | In the table below, provide the total number of a) people who received opioid use disorder-specific treatment services, and b) people who received opioid use disorder-specific recovery services in your state/territory between May 1, 2018 and April 30, 2019. Please provide the total number who received these services as a result of Opioid STR funding. |
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|  |  |  |
| --- | --- | --- |
|  |  | TOTAL |
| a. | Total number of people who received treatment services between May 1, 2018 and April 30, 2019.  |  |
|  |  |  |
| b. | Total number of people who received recovery services between May 1, 2018 and April 30, 2019. |  |

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| In the table below, to the best of your knowledge, list all of the opioid-specific prevention strategies that your state/territory delivered between May 1, 2018 and April 30, 2019, the type of prevention strategy delivered, and the total number of people that received each strategy. Primary prevention refers to preventing new cases of opioid use disorder, while secondary prevention refers to identifying and treating opioid use disorder early on. Please indicate whether any of these strategies were a result of Opioid STR funding. |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Prevention strategy |  | Type of prevention strategy (Primary or Secondary) |  | Total number of people that received the strategy (if able to obtain) |  | Was strategy implemented using Opioid STR funding? |
|  | ***SELECT ONE*** |
|  | YES | NO |
| a. |  |  |  |  |  |  | 1 | 0 |
| b. |  |  |  |  |  |  | 1 | 0 |
| c. |  |  |  |  |  |  | 1 | 0 |
| d. |  |  |  |  |  |  | 1 | 0 |
| e. |  |  |  |  |  |  | 1 | 0 |
| f. |  |  |  |  |  |  | 1 | 0 |

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| In the table below, to the best of your knowledge, list all of the opioid-specific treatment strategies that your state/territory delivered between May 1, 2018 and April 30, 2019 and the total number of people that received each strategy. Please indicate whether any of these strategies were a result of Opioid STR funding. |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Treatment strategy |  | Total number of people that received the strategy (if able to obtain) | Was strategy implemented using Opioid STR funding? |
| ***SELECT ONE*** |
| YES | NO |
| a. |  |  |  | 1 | 0 |
| b. |  |  |  | 1 | 0 |
| c. |  |  |  | 1 | 0 |
| d. |  |  |  | 1 | 0 |
| e. |  |  |  | 1 | 0 |
| f. |  |  |  | 1 | 0 |

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| In the table below, to the best of your knowledge, list all of the opioid-specific recovery strategies that your state/territory delivered between May 1, 2018 and April 30, 2019 and the total number of people that received each strategy. Please indicate whether any of these strategies were a result of Opioid STR funding. |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Recovery strategy |  | Total number of people that received the strategy (if able to obtain) | Was strategy implemented using Opioid STR funding? |
| ***SELECT ONE*** |
| YES | NO |
| a. |  |  |  | 1 | 0 |
| b. |  |  |  | 1 | 0 |
| c. |  |  |  | 1 | 0 |
| d. |  |  |  | 1 | 0 |
| e. |  |  |  | 1 | 0 |
| f. |  |  |  | 1 | 0 |

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|  | For the Opioid STR funding period between May 1, 2018 and April 30, 2019, identify the opioid use disorder treatment and/or recovery services that your state/territory: (1) has not implemented; (2) implemented prior to the grant and expanded or enhanced using non-Opioid-STR funding; (3) implemented using Opioid STR funding; or (4) implemented prior to the grant and expanded or enhanced using Opioid STR funding. Where possible, estimate the number of new cases (i.e., individuals who had not previously received service) you served with these services using Opioid STR funding between May 1, 2018 and April 30, 2019.  |
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|  |  | **MARK ONE FOR EACH ROW** |
|  |  | **NOT IMPLEMENTED** | **EXPANDED/****ENHANCED USING NON-OPIOID STR FUNDING** | **IMPLEMENTED USING OPIOID STR FUNDING** | **EXPANDED/****ENHANCED USING OPIOID STR FUNDING** | **# NEW CASES** |
| PREVENTION CONTINUUM OF CARE |  |  |  |  |  |
| a. | Primary or Secondary Prevention (e.g., universal school-based prevention) | 1 | 2 | 3 | 4 |  |
| b. | Outreach, Information, and Referral | 1 | 2 | 3 | 4 |  |
| c. | Screening Brief Intervention and Referral to Treatment (SBIRT) | 1 | 2 | 3 | 4 |  |
| d. | Early Intervention (e.g., .5 ASAM level of care)  | 1 | 2 | 3 | 4 |  |
| TREATMENT CONTINUUM OF CARE |  |  |  |  |  |
| e. | Detoxification  | 1 | 2 | 3 | 4 |  |
| f. | Outpatient (e.g., treatment that occurs once a week in an outpatient setting) | 1 | 2 | 3 | 4 |  |
| g. | Intensive Outpatient | 1 | 2 | 3 | 4 |  |
| h. | Day Treatment | 1 | 2 | 3 | 4 |  |
| i. | Inpatient/Hospital (Other Than Detox) | 1 | 2 | 3 | 4 |  |
| RECOVERY CONTINUUM OF CARE |  |  |  |  |  |
| j. | Continuing Care (e.g., step-down treatment service)  | 1 | 2 | 3 | 4 |  |
| k. | Practitioner Recovery Supports | 1 | 2 | 3 | 4 |  |
| l. | Peer Recovery Support Services | 1 | 2 | 3 | 4 |  |

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|  | For the Opioid STR funding period between May 1, 2018 and April 30, 2019, identify the opioid use disorder treatment and/or recovery services that your state/territory: (1) has not implemented; (2) implemented prior to the grant and expanded or enhanced using non-Opioid-STR funding; (3) implemented using Opioid STR funding; or (4) implemented prior to the grant and expanded or enhanced using Opioid STR funding. Where possible, estimate the number of new cases (i.e., individuals who had not previously received service) you served with these services using Opioid STR funding between May 1, 2018 and April 30, 2019.  |
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| --- | --- | --- |
|  |  | **MARK ONE FOR EACH ROW** |
|  | **NOT IMPLEMENTED** | **EXPANDED/****ENHANCED USING NON-OPIOID STR FUNDING** | **IMPLEMENTED USING OPIOID STR FUNDING** | **EXPANDED/****ENHANCED USING OPIOID STR FUNDING** | **# NEW CASES** |
| SPECIFIC SERVICE COMPONENTS w/in CONTINUUM OF CARE |  |  |  |  |  |
| Pharmacological Interventions |  |  |  |  |  |
| m. | Methadone | 1 | 2 | 3 | 4 |  |
| n. | Buprenorphine | 1 | 2 | 3 | 4 |  |
| o. | Naltrexone (Oral) | 1 | 2 | 3 | 4 |  |
| p. | Naltrexone (Extended-release injectable) | 1 | 2 | 3 | 4 |  |
| Treatment Services |  |  |  |  |  |
| q. | Case Management | 1 | 2 | 3 | 4 |  |
| r. | Co-Occurring Treatment Services (i.e., mental health and substance abuse services) | 1 | 2 | 3 | 4 |  |
| s. | Infectious Disease (e.g., HIV/AIDS, Hepatitis) Services | 1 | 2 | 3 | 4 |  |
| t. | Trauma-focused/informed Services | 1 | 2 | 3 | 4 |  |
| u. | Education/Support Groups (patients/families) | 1 | 2 | 3 | 4 |  |
| v. | Other Enhanced Services That Address Psychosocial Problems Concomitant with the OUD (Specify) | 1 | 2 | 3 | 4 |  |
|  |  |  |  |  |  |  |

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|  | For the Opioid STR funding period between May 1, 2018 and April 30, 2019, identify the opioid use disorder treatment and/or recovery services that your state/territory: (1) has not implemented; (2) implemented prior to the grant and expanded or enhanced using non-Opioid-STR funding; (3) implemented using Opioid STR funding; or (4) implemented prior to the grant and expanded or enhanced using Opioid STR funding. Where possible, estimate the number of new cases (i.e., individuals who had not previously received service) you served with these services using Opioid STR funding between May 1, 2018 and April 30, 2019.  |
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|  |  |  | **MARK ONE FOR EACH ROW** |
|  | **NOT IMPLEMENTED** | **EXPANDED/****ENHANCED USING NON-OPIOID STR FUNDING** | **IMPLEMENTED USING OPIOID STR FUNDING** | **EXPANDED/****ENHANCED USING OPIOID STR FUNDING** | **# NEW CASES** |
| w. | Wrap-Around Services (If possible, provide additional information about specific wrap-around services below in rows x through cc)) | 1 | 2 | 3 | 4 |  |
| x. | Child Care | 1 | 2 | 3 | 4 |  |
| y. | Employment Services | 1 | 2 | 3 | 4 |  |
| z. | Housing | 1 | 2 | 3 | 4 |  |
| aa. | Individual Services Coordination | 1 | 2 | 3 | 4 |  |
| bb. | Transportation | 1 | 2 | 3 | 4 |  |
| cc. | Other (specify) | 1 | 2 | 3 | 4 |  |
|  |  |  |  |  |  |  |
| INFRASTRUCTURE |  |  |  |  |  |
| dd. | Health Information Technology Systems | 1 | 2 | 3 | 4 |  |
| ee. | Data Extraction for Real Time Reporting | 1 | 2 | 3 | 4 |  |
| ff. | Secured Physical Space (e.g., purchased building) | 1 | 2 | 3 | 4 |  |
| gg. | Opioid-Specific Practitioner Trainings | 1 | 2 | 3 | 4 |  |
| OTHER  |  |  |  |  |  |
| hh. | Other (specify) | 1 | 2 | 3 | 4 |  |
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| In the table below, indicate the population(s) that your state/territory targeted for your Opioid STR prevention strategies, treatment, and/or recovery services between May 1, 2018 and April 30, 2019. For example, if you targeted all pregnant women for a treatment intervention, you would select “Females”; you would not have to select all the possible race/ethnicity categories that might be pregnant. If, however, you targeted African American and Hispanic pregnant women, then you would select “Hispanic/Latinos” and “African Americans” as well.*(These categories are not mutually exclusive. Use your judgment to select all responses that describe your target population.)* |
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|  |  | **MARK ONE OR MORE FOR EACH ROW** |
| Check if you targeted this population for | Prevention | Treatment | Recovery |
| a. | A specific population has not been identified to target for Opioid STR activities |  1 |  2 |  3 |
| b. | Males |  1 |  2 |  3 |
| c. | Females |  1 |  2 |  3 |
| d. | Hispanics/Latinos (Including those from Central America, Cuba, Dominican Republic, Mexico, Puerto Rico, and South American countries) |  1 |  2 |  3 |
| e. | African Americans |  1 |  2 |  3 |
| f. | Asians (Including those from Southeast Asia, China, the Philippines, Japan, Korea, Vietnam, and other Asian countries) |  1 |  2 |  3 |
| g. | Native Hawaiians or other Pacific Islanders |  1 |  2 |  3 |
| h. | Alaska Natives |  1 |  2 |  3 |
| i. | American Indians |  1 |  2 |  3 |
| j. | Caucasians |  1 |  2 |  3 |
| k. | Children (aged <12) |  1 |  2 |  3 |
| l. | Adolescents (12-17) |  1 |  2 |  3 |
| m. | Transitional Age Youth (18-25) |  1 |  2 |  3 |
| n. | Adults (26-64) |  1 |  2 |  3 |
| o. | Adults (aged 65+) |  1 |  2 |  3 |
| p. | Parents/caregivers |  1 |  2 |  3 |

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| In the table below, indicate the population(s) that your state/territory targeted for your Opioid STR prevention strategies, treatment, and/or recovery services between May 1, 2018 and April 30, 2019. For example, if you targeted all pregnant women for a treatment intervention, you would select “Females”; you would not have to select all the possible race/ethnicity categories that might be pregnant. If, however, you targeted African American and Hispanic pregnant women, then you would select “Hispanic/Latinos” and “African Americans” as well. |
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|  |  | **MARK ONE OR MORE FOR EACH ROW** |
| Check if you targeted this population for | Prevention | Treatment | Recovery |
| q. | Physicians/health care providers/prescribers |  1 |  2 |  3 |
| r. | Pharmacists/dispensers |  1 |  2 |  3 |
| s. | Current or former military or military families |  1 |  2 |  3 |
| t. | Lesbian/gay/bisexual/transgender/questioning (LGBTQ) |  1 |  2 |  3 |
| u. | People living in poverty |  1 |  2 |  3 |
| v. | People whose primary language is other than English (or who are have limited English proficiency (LEP)) |  1 |  2 |  3 |
| w. | People with mental illness |  1 |  2 |  3 |
| x. | People with disabilities (e.g., hearing, visually, or physically impaired) |  1 |  2 |  3 |
| y. | People who are reentering the community |  1 |  2 |  3 |
| z. | Homeless |  1 |  2 |  3 |
| aa. | People living with HIV/AIDS |  1 |  2 |  3 |
| bb. | Injection Drug Users |  1 |  2 |  3 |
| cc. | Other target population (Specify) |  1 |  2 |  3 |
|  |  |  |  |  |
| dd. | Other target population (Specify) |  1 |  2 |  3 |
|  |  |  |  |  |
| ee. | Other target population (Specify) |  1 |  2 |  3 |
|  |  |  |  |  |
| ff. | Other target population (Specify) |  1 |  2 |  3 |
|  |  |  |  |  |
| gg. | Will target all populations for Opioid STR activities |  1 |  2 |  3 |

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| Which of the following community or communities did you target for your Opioid STR treatment and/or recovery services May 1, 2018 and April 30, 2019?*SELECT ALL THAT APPLY* |
|  1 | Large urban area (population of more than 500,000) |
|  2 | Smaller urban area (population of 50,000 to 500,000) |
|  3 | Small town or urban cluster (population or 2,500 to 49,999) |
|  4 | Rural |
|  5 | Entire state |
|  6 | Other (specify) |
|  |  |

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| Which of the following community or communities did you target for your Opioid STR prevention strategies between May 1, 2018 and April 30, 2019?*SELECT ALL THAT APPLY* |
|  1 | Large urban area (population of more than 500,000) |
|  2 | Smaller urban area (population of 50,000 to 500,000) |
|  3 | Small town or urban cluster (population or 2,500 to 49,999) |
|  4 | Rural |
|  5 | Entire state |
|  6 | Other (specify) |
|  |  |

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| How has your state/territory increased access to opioid use disorder prevention strategies, treatment, and/or recovery services using Opioid STR funding for underserved populations (which may include racial/ethnic minority populations, individuals who are difficult to engage in services, or other populations in your state) between May 1, 2018 and April 30, 2019?*SELECT ALL THAT APPLY* |
|  1 | Completed a Disparities Impact Statement |
|  2 | Identified high-needs/low capacity communities |
|  3 | Identified populations that experience health disparities |
|  4 | Requested training/technical assistance (T/TA) about delivering services or strategies to high-needs communities |
|  5 | Received training/technical assistance (T/TA) about delivering services or strategies to high-needs communities |
|  6 | Requested training/technical assistance (T/TA) about delivering services or strategies to populations that experience health disparities |
|  7 | Received training/technical assistance (T/TA) about delivering services or strategies to populations that experience health disparities |
|  8 | Monitored and/or evaluate approaches used to address health disparities populations |
|  9 | Measured outcomes of health disparities populations |
|  10 | Other (specify) |
|  |  |

Sustain

Sustainability

**This section focuses on how your state/territory is implementing efforts to sustain systems, processes, or approaches to address opioid use disorder.**

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| Which of the following activities did your state/territory start or conduct to sustain current efforts to address opioid use disorder between May 1, 2018 and April 30, 2019? *SELECT ALL THAT APPLY* |
|  1 | Diversifying funding streams |
|  2 | Fostering community involvement and ownership |
|  3 | Creating partnerships |
|  4 | Institutionalizing policies |
|  5 | Building a data infrastructure |
|  6 | Developing a training plan |
|  7 | Participating in sustainability training |
|  8 | Building public awareness |
|  9 | Seeking additional Federal funds |
|  10 | Developing a sustainability action plan |
|  11 | Establishing data monitoring to assess sustainability in an ongoing way |
|  12 | Evaluating progress to improve and adapt programs over time |
|  13 | Obtaining differential reimbursement rates for use of evidence-based practices (EBPs) |
|  14 | Other (specify) |
|  |  |
|  15 | Sustainability has not been addressed |

**Thank you for your participation!**

# *Placeholder for return instructions*