

# Opioid State Targeted Response (STR) Evaluation

Community/Program Baseline Survey

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## 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. Questions in this survey focus on opioid use disorder\* services and activities in your community/program before receiving Opioid STR funding, and planned services and activities to address opioid use disorder using Opioid STR funds. Survey results will be aggregated to protect anonymity. It will take approximately three (3) 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 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 community/program one year before receiving Opioid STR funding. 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;
- Client-level service records;
- 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.

Name

Work Street  
Address

Work Street  
Address

Work City,  
State, Zip

Work Phone

Work Email

What is your current employment position?

How long have you been in this position?

- Years
- Months

## Needs & Resources

This section focuses on your needs related to addressing opioid use disorder, and the resources available to your community/program to address opioid use disorder before receiving Opioid STR funding.

Please provide a brief description (1-2 sentences) of the types of services your program provides.

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Please provide a brief description (1-2 sentences) of the individuals your program serves.

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Did your community/program receive any funding for opioid use disorder prevention strategies, treatment, and/or recovery services (including any federal, state, local, foundation, or private funding) between May 1, 2016 and April 30, 2017?

- Yes → GO TO QUESTION 7
- No → GO TO QUESTION 8

**In the table below, indicate whether your community/program used each funding source for opioid use disorder prevention strategies, treatment, and/or recovery services between May 1, 2016 and April 30, 2017. Where possible, estimate the amount of funding your community/program has received and used for opioid use disorder prevention strategies, treatment, and/or recovery services between May 1, 2016 and April 30, 2017. (If grant program spans two fiscal years, please include funding received and used during both fiscal years.)**

Funding Source	Check if funding received	Total amount received	Total amount used for opioid prevention	Total amount used for opioid treatment, and/or recovery services
a. SPF-Partnerships for Success (PFS) (SAMHSA)	<input type="checkbox"/>			
b. Substance Abuse Prevention and Treatment Block Grant (SAMHSA)	<input type="checkbox"/>			
c. SAMHSA Prescription Drug Overdose	<input type="checkbox"/>			
d. SAMHSA Medical-Assisted Treatment (MAT)	<input type="checkbox"/>			
e. CDC Prevention for States (PfS)	<input type="checkbox"/>			
f. CDC PDO Data-Driven Prevention Initiative (DDPI)	<input type="checkbox"/>			
g. SAMHSA Minority HIV/AIDS Initiative	<input type="checkbox"/>			
h. HRSA Rural Opioid Overdose Reversal (ROOR)	<input type="checkbox"/>			
i. Drug-Free Communities (DFC) grant	<input type="checkbox"/>			
j. Other Federal funds (Specify)	<input type="checkbox"/>			
k. Other state/tribal/jurisdiction funds (Specify)	<input type="checkbox"/>			
l. Other local government funds (Specify)	<input type="checkbox"/>			
m. Foundations/nonprofit organizations	<input type="checkbox"/>			
n. Corporate/business entities	<input type="checkbox"/>			
o. Individual donations/funding from fundraising events	<input type="checkbox"/>			
p. Other funding source (Specify)	<input type="checkbox"/>			

**In the table below, indicate the total number of practitioners/staff in your community/program that provide prevention strategies, treatment, and/or recovery services for opioid use disorder as of May 1, 2017. Provide the data source(s) used to make this determination.**

		For opioid use disorder, total number of practitioners/staff providing:		Data Sources
		Prevention strategies	Treatment and/or recovery services	
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			

**In the table below, indicate the total number of providers in your community/program by category who have been trained to implement Medication Assisted Therapy (MAT) and the total number of providers in your community/program that provided MAT services as of May 1, 2017. Provide the data source(s) used to make this determination.**

	Total number trained to provide MAT services as of May 1, 2017.	Total number providing MAT services as of May 1, 2017.	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			

**In the list below, identify A) if the following activities or programs were present in your community/program as of May 1, 2017, and B) whether your community/program plans to expand/enhance/develop (or pass new legislation for) any of these activities or programs to address opioid use disorder.**

	A		B		
	SELECT ONE		SELECT ALL THAT APPLY		
	YES	NO	PLANS TO EXPAND, ENHANCE, OR DEVELOP/PASS USING OPIOID STR FUNDING	PLANS TO EXPAND, ENHANCE, OR DEVELOP/PASS <b>NOT</b> USING OPIOID STR FUNDING	<b>NO</b> PLANS TO EXPAND, ENHANCE OR DEVELOP/PASS
a. Alcohol/Drug Testing Programs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
b. Alcohol/Drug-free Support Centers (e.g., clubhouses, drop in centers)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
c. Drug Take-Back Program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
d. Good Samaritan Law	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
e. Governor's Cabinet-Level Opioid Council/Team	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
f. Integrated Community Care Models	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
g. MAT Collaboratives	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
h. Naloxone Access Laws	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
i. Naloxone Distribution	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
j. Opioid Prescribing Guidelines	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
k. Opioid-Specific Community Trainings (e.g., first responders)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
l. Pain Management Services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
m. "Pill Mill" Laws	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
n. Prescription Drug Monitoring Program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
o. Public Information Campaigns	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
p. Substance Abuse Education	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
q. Syringe Services Including Distribution Sites	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
r. Telehealth	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>
s. Other (Specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>0</sub>

In the table below, select the area(s) in which your community/program would benefit from training and technical assistance (T/TA) related to evaluating your efforts related to addressing opioid use disorder. We are specifically asking about guidance and T/TA related to evaluation activities that support and/or inform your response to the opioid abuse crisis.

Evaluation Training/Technical Assistance (T/TA) Areas	Do you need T/TA in this area?	
	MARK ONE FOR EACH ROW	
	YES	NO
a. Completing of needs and resource assessment	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
b. Using data for prevention, treatment, and/or recovery assessment, planning, and monitoring	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
c. Using opioid addiction and epidemiology data, including risk and protective factors	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
d. Developing an evaluation plan	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
e. Finding data sources	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
f. Collecting data	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
g. Analyzing data	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
h. Training staff about evaluation activities	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
i. Building collaborative relationships with stakeholders and partner agencies	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
j. Recruiting participants	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
k. Conducting culturally competent evaluation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
l. Using data to understand and address health disparities	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
m. Identifying evaluation goals and outcomes	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
n. Other (specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
<input type="text"/>		
o. Other (specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
<input type="text"/>		
p. Other (specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
<input type="text"/>		

## Data Use

This section focuses on data sources available to you and data management strategies used to address opioid use disorder in the year prior to receiving Opioid STR funding.

In the table below, list all sources of community/program-level data relevant to opioid use disorder that your community/program has used to monitor opioid use disorder as of May 1, 2017. (Possible data sources include the Youth Risk Behavior Surveillance System (YRBSS), the Behavioral Risk Factor Surveillance System (BRFSS), other statewide school or adult state surveys, arrest data, and emergency room overdose data).

	Data Source	Frequency of data collection <b>SELECT ONE ONLY</b>	Most recent data collection time point (Year)	Geographic level of data availability <b>SELECT ALL THAT APPLY</b>	Subgroup level of data availability <b>SELECT ALL THAT APPLY</b>	Respondents/population <b>SELECT ALL THAT APPLY</b>
a.		<input type="radio"/> Semi-annual <input type="radio"/> Annual <input type="radio"/> Every 2 years <input type="radio"/> Other (Specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/> State <input type="checkbox"/> Tribal entity <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Region <input type="checkbox"/> County <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Other (Specify) <input type="text"/>
b.		<input type="radio"/> Semi-annual <input type="radio"/> Annual <input type="radio"/> Every 2 years <input type="radio"/> Other (Specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/> State <input type="checkbox"/> Tribal entity <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Region <input type="checkbox"/> County <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Other (Specify) <input type="text"/>
c.		<input type="radio"/> Semi-annual <input type="radio"/> Annual <input type="radio"/> Every 2 years <input type="radio"/> Other (Specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/> State <input type="checkbox"/> Tribal entity <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Region <input type="checkbox"/> County <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Other (Specify) <input type="text"/>	<input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Other (Specify) <input type="text"/>
d.		<input type="radio"/> Semi-annual <input type="radio"/> Annual <input type="radio"/> Every 2 years	<input type="text"/>	<input type="checkbox"/> State <input type="checkbox"/> Tribal entity <input type="checkbox"/> Jurisdiction	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Gender	<input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Other (Specify)

**Between May 1, 2016 and April 30, 2017, did your community/program collect data on how it implements prevention strategies that address opioid use disorders?**

- Yes
- No

**Between May 1, 2016 and April 30, 2017, did your community/program collect data on how it implements treatment and/or recovery services interventions that address opioid use disorders?**

- Yes
- No

**Between May 1, 2016 and April 30, 2017, did your community/program 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.)?**

- Yes
- No

**Between May 1, 2016 and April 30, 2017, did your community/program share data with key stakeholders to address opioid use disorder?**

- Yes
- No

In the table below, indicate whether the following community-level data elements were available as of May 1, 2017 and, if so, whether your agency had access to these data elements as of May 1, 2017.

	Were data available at the community-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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Rates of lifetime prescription drug misuse (ever misused)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Rates of high dose opioid prescribing (e.g., >90MME/day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rates of opioid and benzodiazepine co-prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Rates of multiple prescriber episodes for opioid pain medication (as indicator of possible "doctor shopping")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rates of multiple pharmacy episodes for opioid pain medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Mortality rates due to prescription drug/opioid overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Emergency room visits/hospital admissions related to prescription drug/opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Calls to poison center related to prescription drug/opioid use disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Local data on geographic patterns of opioid overdoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**As of May 1, 2017, did your state/territory have an active Prescription Drug Monitoring Program (PDMP)?**

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>0</sub> Don't know

**As of May 1, 2017, did your community/program have access to the PDMP to extract and use the data?**

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>0</sub> Don't know

**Did your community/program use PDMP data for the following purposes between May 1, 2016 and April 30, 2017?**

	MARK ONE FOR EACH ROW	
	YES	NO
a. Help select and implement strategies and services to address opioid use disorder	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
b. Extract and report rates of physician registration with prescription drug monitoring program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
c. Extract and report use of PDMP by physicians (number of queries; percentage of physicians making queries)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
d. Extract and report opioid prescribing rates	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>

**ASK ONLY IF Q18 AND Q19 ARE “YES”**

**Which PDMP data management and data use activity or activities has your community/program completed between May 1, 2016 and April 30, 2017?**

***SELECT ALL THAT APPLY***

- <sub>1</sub> Increased access to PDMP data among program staff
- <sub>2</sub> Increased usage of PDMP data among program staff
- <sub>3</sub> Increased the quality of PDMP data collected
- <sub>4</sub> Increased registration for the PDMP
- <sub>5</sub> Increased voluntary PDMP enrollment
- <sub>6</sub> Increased mandatory PDMP enrollment
- <sub>7</sub> Increased timely data upload by pharmacists to the PDMP
- <sub>8</sub> Integrated PDMPs with electronic health records
- <sub>9</sub> Integrated PDMPs with health information exchanges
- <sub>10</sub> Integration of PDMP data with vital records (e.g., deaths)
- <sub>11</sub> Increased reports to prescribers
- <sub>12</sub> Increased reports to dispensers
- <sub>13</sub> Increased reports to licensing boards
- <sub>14</sub> Any other efforts to improve data infrastructure (Specify)

## Addressing Opioid Use Disorder

This section focuses on opioid use disorder prevention strategies, treatment, and/or recovery services available in your community/program before receiving Opioid STR funding.

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 community/program between May 1, 2016 and April 30, 2017.

	TOTAL
a. Total number of people who received treatment services between May 1, 2016 and April 30, 2017.	
b. Total number of people who received recovery services between May 1, 2016 and April 30, 2017.	

In the table below, to the best of your knowledge, list all of the opioid-specific prevention strategies that your community/program has delivered between May 1, 2016 and April 30, 2017, 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.

	Prevention strategy	Type of prevention strategy (Primary or Secondary)	Total number of people that received the strategy (if able to obtain)
a.			
b.			
c.			
d.			
e.			
f.			

**In the table below, to the best of your knowledge, list all of the opioid-specific treatment services that your community/program has delivered between May 1, 2016 and April 30, 2017 and the total number of people that received each strategy.**

	Treatment service	Total number of people that received the service (if able to obtain)
a.		
b.		
c.		
d.		
e.		
f.		

**In the table below, to the best of your knowledge, list all of the opioid-specific recovery services that your community/program has delivered between May 1, 2016 and April 30, 2017 and the total number of people that received each strategy.**

	Recovery service	Total number of people that received the service (if able to obtain)
a.		
b.		
c.		
d.		
e.		
f.		





In the table below, provide the total number of those people in the following specific target populations who have received opioid use disorder treatment from your community/program between May 1, 2016 and April 30, 2017. Please only report the number of people who met DSM criteria for opioid use disorder.

Target Population	TOTAL
a. Children (< 12)	
b. Adolescents (12-18)	
c. Adults aged 65+	
d. Military/Veterans	
e. LGBTQ	
f. People living in poverty	
g. People whose primary language is not English (LEP population)	
h. People with co-occurring mental illness	
i. Reentry Populations	
j. Homeless	
k. Other (specify)	



## Plans to Address Opioid Use Disorder Using Opioid STR

This section focuses on plans to provide opioid use disorder prevention strategies, treatment, and/or recovery services in your community/program using Opioid STR funding.

In the table below, identify the opioid use disorder prevention, treatment, and recovery services that your community/program: (1) had not implemented as of May 1, 2017 and does not plan to develop using Opioid STR funding; (2) had not implemented as of May 1, 2017 and plans to develop using Opioid STR funding, (3) has already implemented and plans to expand using Opioid STR funding; or (4) has already implemented and does not plan to expand using Opioid STR funding. Where possible, estimate how your capacity to treat will be improved by specifying the number of expected new cases (i.e., individuals who have not previously received service) you expect to serve with these services using Opioid STR funding. We will use these data to monitor capacity improvements over time.

MARK ONE FOR EACH ROW

	NOT IMPLEMENTED; NO PLANS TO DEVELOP	NOT IMPLEMENTED, PLANS TO DEVELOP	IMPLEMENTED; PLANS TO EXPAND	IMPLEMENTED, NO PLANS TO EXPAND	# EXPECTED NEW CASES
<b>PREVENTION CONTINUUM OF CARE</b>					
a. Primary or Secondary Prevention (e.g., universal school-based prevention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Outreach, Information, and Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Screening Brief Intervention and Referral to Treatment (SBIRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Early Intervention (e.g., .5 ASAM level of care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>TREATMENT CONTINUUM OF CARE</b>					
e. Detoxification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Outpatient (e.g., treatment that occurs once a week in an outpatient setting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Intensive Outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Day Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i. Inpatient/Hospital (Other Than Detox)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>RECOVERY CONTINUUM OF CARE</b>					
j. Continuing Care (e.g., step-down treatment services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k. Practitioner Recovery Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. Peer Recovery Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

In the table below, identify the opioid use disorder treatment and/or recovery services that your community/program: (1) had not implemented as of May 1, 2017 and does not plan to develop using Opioid STR funding; (2) had not implemented as of May 1, 2017 and plans to develop using Opioid STR funding, (3) has already implemented and plans to expand using Opioid STR funding; or (4) has already implemented and does not plan to expand using Opioid STR funding. Where possible, estimate how your capacity to treat will be improved by specifying the number of expected new cases (i.e., individuals who have not previously received service) you expect to serve with these services using Opioid STR funding. We will use these data to monitor capacity improvements over time.

MARK ONE FOR EACH ROW

	NOT IMPLEMENTED; NO PLANS TO DEVELOP	NOT IMPLEMENTED, PLANS TO DEVELOP	IMPLEMENTED; PLANS TO EXPAND	IMPLEMENTED, NO PLANS TO EXPAND	# EXPECTED NEW CASES
SPECIFIC SERVICE COMPONENTS w/in CONTINUUM OF CARE					
<u>Pharmacological Interventions</u>					
m. Methadone	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
n. Buprenorphine	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
o. Naltrexone (Oral)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
p. Naltrexone (Extended-release injectable)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
<u>Treatment Services</u>					
q. Case Management	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
r. Co-Occurring Treatment Services (i.e., mental health and substance abuse services)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
s. Infectious Disease (e.g., HIV/AIDS, Hepatitis) Services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
t. Trauma-focused/informed Services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
u. Education/Support Groups (patients/families)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
v. Other Enhanced Services that Address Psychosocial Problems Concomitant with the OUD (Specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	

In the table below, identify the opioid use disorder treatment and/or recovery services that your community/program: (1) had not implemented as of May 1, 2017 and does not plan to develop using Opioid STR funding; (2) had not implemented as of May 1, 2017 and plans to develop using Opioid STR funding, (3) has already implemented and plans to expand using Opioid STR funding; or (4) has already implemented and does not plan to expand using Opioid STR funding. Where possible, estimate how your capacity to treat will be improved by specifying the number of expected new cases (i.e., individuals who have not previously received service) you expect to serve with these services using Opioid STR funding. We will use these data to monitor capacity improvements over time.

MARK ONE FOR EACH ROW

		NOT IMPLEMENTED; NO PLANS TO DEVELOP	NOT IMPLEMENTED, PLANS TO DEVELOP	IMPLEMENTED; PLANS TO EXPAND	IMPLEMENTED, NO PLANS TO EXPAND	# EXPECTED NEW CASES
w.	Wrap-Around Services (If possible, provide additional information about wrap-around services below in rows x through cc)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
x.	Child Care	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
y.	Employment Services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
z.	Housing	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
aa.	Individual Services Coordination	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
bb.	Transportation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
cc.	Other (specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
<b>INFRASTRUCTURE</b>						
dd.	Health Information Technology Systems	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
ee.	Data Extraction for Real Time Reporting	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
ff.	Secured Physical Space (e.g., purchased building)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
gg.	Opioid-Specific Practitioner Trainings	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	
<b>OTHER</b>						
hh.	Other (specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	

In the table below, indicate the population(s) that your community/program plans to target for your Opioid STR prevention strategies, treatment, and/or recovery services. For this question, we would like to know if your community/program plans to target specific groups of people for these treatment and recovery interventions. For example, if you are delivering a treatment intervention designed to target all pregnant women in an area, then you would select only “Females”; you would not have to select all the possible race/ethnicity categories that might be pregnant. If, however, you are delivering a treatment specifically designed to target 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.)*

**MARK ONE OR MORE FOR EACH ROW**

Check if you will be targeting this population for	Prevention	Treatment	Recovery
a. A specific population has not been identified to target for Opioid STR activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Males	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Females	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Hispanics/Latinos (Including those from Central America, Cuba, Dominican Republic, Mexico, Puerto Rico, and South American countries)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. African Americans	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Asians (Including those from Southeast Asia, China, the Philippines, Japan, Korea, Vietnam, and other Asian countries)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Native Hawaiians or other Pacific Islanders	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Alaska Natives	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. American Indians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Caucasians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Children (aged <12)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. Adolescents (12-17)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. Transitional Age Youth (18-25)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
n. Adults (26-64)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
o. Adults (aged 65+)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
p. Parents/caregivers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

In the table below, indicate the population(s) that your community/program plans to target for your Opioid STR prevention strategies, treatment, and/or recovery services. For this question, we would like to know if your community/program plans to target specific groups of people for these treatment and recovery interventions. For example, if you are delivering a treatment intervention designed to target all pregnant women in an area, then you would select only “Females”; you would not have to select all the possible race/ethnicity categories that might be pregnant. If, however, you are delivering a treatment specifically designed to target 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.)*

**MARK ONE OR MORE FOR EACH ROW**

Check if you will be targeting this population for	Prevention	Treatment	Recovery
q. Physicians/health care providers/prescribers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
r. Pharmacists/dispensers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
s. Current or former military or military families	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
t. Lesbian/gay/bisexual/transgender/questioning (LGBTQ)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
u. People living in poverty	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
v. People whose primary language is other than English (or who are have limited English proficiency (LEP))	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
w. People with mental illness	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
x. People with disabilities (e.g., hearing, visually, or physically impaired)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
y. People who are reentering the community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
z. Homeless	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
aa. People living with HIV/AIDS	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
bb. Injection Drug Users	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
cc. Other target population (Specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
dd. Other target population (Specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
ee. Other target population (Specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
ff. Other target population (Specify)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
gg. Will target all populations for Opioid STR	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**How would you describe the community or communities that you plan to target for your Opioid STR treatment and/or recovery services?**

***SELECT ALL THAT APPLY***

- <sub>1</sub> Large urban area (population of more than 500,000)
- <sub>2</sub> Smaller urban area (population of 50,000 to 500,000)
- <sub>3</sub> Small town or urban cluster (population or 2,500 to 49,999)
- <sub>4</sub> Rural
- <sub>5</sub> Entire state
- <sub>6</sub> Other (specify)

**How would you describe the community or communities that you plan to target for your Opioid STR prevention strategies?**

***SELECT ALL THAT APPLY***

- <sub>1</sub> Large urban area (population of more than 500,000)
- <sub>2</sub> Smaller urban area (population of 50,000 to 500,000)
- <sub>3</sub> Small town or urban cluster (population or 2,500 to 49,999)
- <sub>4</sub> Rural
- <sub>5</sub> Entire state
- <sub>6</sub> Other (specify)

**How will your community/program increase 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)?**

***SELECT ALL THAT APPLY***

- <sub>1</sub> Complete a Disparities Impact Statement
- <sub>2</sub> Identify high-needs/low capacity communities
- <sub>3</sub> Identify populations that experience health disparities
- <sub>4</sub> Request training/technical assistance (T/TA) about delivering services or strategies to high-needs communities
- <sub>5</sub> Request training/technical assistance (T/TA) about delivering services or strategies to populations that experience health disparities
- <sub>6</sub> Monitor and/or evaluate approaches used to address health disparities populations
- <sub>7</sub> Measure outcomes of health disparities populations
- <sub>8</sub> Other (specify)

**Thank you for your participation!**

*Placeholder for return instructions*