

# Opioid State Targeted Response (STR) Evaluation

Community/Program Final Survey

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 three (3) 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. Questions in this survey focus on opioid use disorder\* services and activities in your community/program 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 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;
- Client-level service records;
- Intervention implementation materials (curricula, programs, etc.);
- Evaluation findings and reports; and
- Organizational policies.

## Background Information

Did you complete the first community/program director survey in October 2017?

Yes

No **GO TO QUESTION 3**

Has your position changed since that time?

Yes **→ GO TO QUESTION 4**

No **GO TO QUESTION 6**

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.

How much Opioid STR funding has your community/program received as of May 1, 2019?

\$

How long will your community/program be funded through the Opioid STR grant?

---

---

What services were being provided with the Opioid STR funds, as of May 1, 2019?

---

---

---

---

---

What training was being provided with the Opioid STR funds, as of May 1, 2019?

---

---

---

---

---

**How many full-time staff (clinical or other staff) were funded with Opioid STR funds, as of May 1, 2019?**

STAFF

**Are any other activities being funded with Opioid STR funds, besides services/training or staff positions? If so, please specify below:**

**Did your community/program 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?**

- Yes → GO TO QUESTION 13
- No → GO TO QUESTION 14

**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, 2018 and April 30, 2019. 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, 2018 and April 30, 2019. (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, 2019. 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, 2019. Provide the data source(s) used to make this determination.**

|   | Total number trained to provide MAT services as of May 1, 2019. | Total number providing MAT services as of May 1, 2019. | 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, 2019, and B) whether your community/program expanded/enhanced/developed (or passed new legislation for) any of these activities or programs to address opioid use disorder between May 1, 2018 and April 30, 2019.**

|  | A                                  |                                    | B  |   |  |
|--|------------------------------------|------------------------------------|--|---|--|
|  | SELECT ONE                         |                                    | SELECT ALL THAT APPLY  |   |  |
|  | YES                                | NO                                 | EXPANDED, ENHANCED, OR DEVELOPED/PASSED USING OPIOID STR FUNDING | EXPANDED, ENHANCED, OR DEVELOPED/PASSED <u>NOT</u> USING OPIOID STR FUNDING | <b>DID NOT EXPAND, ENHANCE OR DEVELOP/PASS</b> |
| 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 has received training and technical assistance (T/TA) related to evaluating your efforts related to addressing opioid use disorder or whether T/TA was needed. 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 between May 1, 2018 and April 30, 2019.**

| Evaluation Training/Technical Assistance (T/TA) Areas   | Did you receive T/TA in this area? |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|
|   | YES                                | NO                                 | TA NOT NEEDED                      |
| a. Completing of needs and resource assessment  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</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> | <input type="radio"/> <sub>2</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> | <input type="radio"/> <sub>2</sub> |
| d. Developing an evaluation plan  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| e. Finding data sources   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| f. Collecting data  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| g. Analyzing data   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| h. Training staff about evaluation activities   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| i. Building collaborative relationships with stakeholders and partner agencies                | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| j. Recruiting participants  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| k. Conducting culturally competent evaluation   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| l. Using data to understand and address health disparities                                    | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| m. Identifying evaluation goals and outcomes  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| n. Other (specify)  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| <input type="text"/>  |                                    |                                    |                                    |
| o. Other (specify)  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</sub> |
| <input type="text"/>  |                                    |                                    |                                    |
| p. Other (specify)  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>2</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.

Between May 1, 2018 and April 30, 2019, did your community/program collect data on how it implements prevention strategies that address opioid use disorders?

- Yes  
 No

Between May 1, 2018 and April 30, 2019, 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, 2018 and April 30, 2019, 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, 2018 and April 30, 2019, 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 were accessed as of May 1, 2019.

|  | Did your agency access community-level data? |                                    |                                    |
|--|--|------------------------------------|------------------------------------|
|  | YES  | NO                                 | DON'T KNOW                         |
| a. Rates of prescription drug misuse in the past 30 days   | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| b. Rates of lifetime prescription drug misuse (ever misused)   | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| c. Rates of high dose opioid prescribing (e.g., >90MME/day)  | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| d. Rates of opioid and benzodiazepine co-prescribing   | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| e. Rates of multiple prescriber episodes for opioid pain medication (as indicator of possible “doctor shopping”) | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| f. Rates of multiple pharmacy episodes for opioid pain medication  | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| g. Mortality rates due to prescription drug/opioid overdose  | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| h. Emergency room visits/hospital admissions related to prescription drug/opioid use disorder                    | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| i. Calls to poison center related to prescription drug/opioid use disorder                                       | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| j. Local data on geographic patterns of opioid overdoses   | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |
| k. Other (specify)   | <input type="radio"/> <sub>1</sub>           | <input type="radio"/> <sub>0</sub> | <input type="radio"/> <sub>d</sub> |

As of May 1, 2019, did your state/territory have an active Prescription Drug Monitoring Program (PDMP)?

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

**As of May 1, 2019, did your community/program have access to the PDMP to extract and use the data?**

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

**Did your community/program use PDMP data for the following purposes between May 1, 2018 and April 30, 2019?**

|  | 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 Q23 AND Q24 ARE "YES"**

**Which PDMP data management and data use activity or activities has your community/program completed between May 1, 2018 and April 30, 2019?**

**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.

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, 2018 and April 30, 2019. Please provide the total number who received these services as a result of Opioid STR funding.

|   | 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.  |       |

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, 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.

|    | 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? |                       |
|----|---------------------|--|---|--|-----------------------|
|    |                     |  |   | YES  | NO                    |
| a. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |
| b. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |
| c. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |
| d. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |
| e. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |
| f. |                     |  |   | <input type="radio"/>                              | <input type="radio"/> |



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, 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.

|    | Treatment service | Total number of people that received the strategy (if able to obtain) | Was strategy implemented using Opioid STR funding? |                       |
|----|-------------------|---|--|-----------------------|
|    |                   |   | <i>SELECT ONE</i>                                  |                       |
|    |                   |   | YES  | NO                    |
| a. |                   |   | <input type="radio"/>                              | <input type="radio"/> |
| b. |                   |   | <input type="radio"/>                              | <input type="radio"/> |
| c. |                   |   | <input type="radio"/>                              | <input type="radio"/> |
| d. |                   |   | <input type="radio"/>                              | <input type="radio"/> |
| e. |                   |   | <input type="radio"/>                              | <input type="radio"/> |
| f. |                   |   | <input type="radio"/>                              | <input type="radio"/> |

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, 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.

|    | Recovery service | Total number of people that received the strategy (if able to obtain) | Was strategy implemented using Opioid STR funding? |                                    |
|----|------------------|---|--|------------------------------------|
|    |                  |   | <i>SELECT ONE</i>                                  |                                    |
|    |                  |   | YES  | NO                                 |
| a. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |
| b. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |
| c. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |
| d. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |
| e. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |
| f. |                  |   | <input type="radio"/> <sub>1</sub>                 | <input type="radio"/> <sub>0</sub> |





**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, 2018 and April 30, 2019. 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)<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |       |



**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 community/program: (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.**

| <b>MARK ONE FOR EACH ROW</b>   |                                    |  |  |  |                |
|--|------------------------------------|--|--|--|----------------|
|  | NOT<br>IMPLEMENTED                 | EXPANDED/<br>ENHANCED<br>USING NON-<br>OPIOID STR<br>FUNDING | IMPLEMENTED<br>USING OPIOID<br>STR FUNDING | EXPANDED/<br>ENHANCED<br>USING OPIOID<br>STR FUNDING | #<br>NEW CASES |
| <b>PREVENTION CONTINUUM OF CARE</b>  |                                    |  |  |  |                |
| a. Primary or Secondary Prevention (e.g., universal school-based prevention)     | <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. Outreach, Information, and Referral   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| c. Screening Brief Intervention and Referral to Treatment (SBIRT)                | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| d. Early Intervention (e.g., .5 ASAM level of 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>                   |                |
| <b>TREATMENT CONTINUUM OF CARE</b>   |                                    |  |  |  |                |
| e. Detoxification  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| f. Outpatient (e.g., treatment that occurs once a week in an outpatient setting) | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| g. Intensive Outpatient  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| h. Day Treatment   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| i. Inpatient/Hospital (Other Than Detox)   | <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>RECOVERY CONTINUUM OF CARE</b>  |                                    |  |  |  |                |
| j. Continuing Care (e.g., step-down treatment 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>                   |                |
| k. Practitioner Recovery Supports  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub>                           | <input type="radio"/> <sub>3</sub>         | <input type="radio"/> <sub>4</sub>                   |                |
| l. Peer Recovery Support 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>                   |                |

**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 community/program: (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.**

**MARK ONE FOR EACH ROW**

|  | NOT<br>IMPLEMENTED                 | EXPANDED/<br>ENHANCED<br>USING NON-<br>OPIOID STR<br>FUNDING | IMPLEM<br>ENTED USING<br>OPIOID STR<br>FUNDING | EXPAND<br>ED/<br>ENHANC<br>ED USING<br>OPIOID STR<br>FUNDING | #<br>NEW CASES |
|--|------------------------------------|--|--|--|----------------|
| <b>SPECIFIC SERVICE COMPONENTS w/in CONTINUUM OF CARE</b>  |                                    |  |  |  |                |
| <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>                           |                |
| <b>Treatment Services</b>  |                                    |  |  |  |                |
| 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>                           |                |



**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 community/program: (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.**

**MARK ONE FOR EACH ROW**

|                       |  | NOT<br>IMPLEMENTED                 | EXPANDED/<br>ENHANCED<br>USING NON-<br>OPIOID STR<br>FUNDING | IMPLEMENTED<br>USING OPIOID<br>STR FUNDING | EXPANDED/<br>ENHANCED<br>USING OPIOID<br>STR FUNDING | #<br>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>                   |                |
|                       | <input type="text"/>   |                                    |  |  |  |                |
| <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>                   |                |
|                       | <input type="text"/>   |                                    |  |  |  |                |

In the table below, indicate the population(s) that your community/program 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.)*

| Check if you targeted this population for  | MARK ONE OR MORE FOR EACH ROW         |                                       |                                       |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
|  | 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 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.)*

MARK ONE OR MORE FOR EACH ROW

| Check if you targeted 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> |
|  |                                       |                                       |                                       |
| f. Other target population (Specify)   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| f  |                                       |                                       |                                       |
| .  |                                       |                                       |                                       |

**Which of the following community or communities did you target for your Opioid STR treatment and/or recovery services between May 1, 2018 and April 30, 2019?**

**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)

**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**

- <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 has your community/program 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**

- <sub>1</sub> Completed a Disparities Impact Statement
- <sub>2</sub> Identified high-needs/low capacity communities
- <sub>3</sub> Identified populations that experience health disparities
- <sub>4</sub> Requested training/technical assistance (T/TA) about delivering services or strategies to high-needs communities
- <sub>5</sub> Received training/technical assistance (T/TA) about delivering services or strategies to high-needs communities
- <sub>6</sub> Requested training/technical assistance (T/TA) about delivering services or strategies to populations that experience health disparities
- <sub>7</sub> Received training/technical assistance (T/TA) about delivering services or strategies to populations that experience health disparities
- <sub>8</sub> Monitored and/or evaluated approaches used to address health disparities populations
- <sub>9</sub> Measured outcomes of health disparities populations
- <sub>10</sub> Other (Specify)

## Sustainability

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

Which of the following activities did your community/program start or conduct to sustain current efforts to address opioid use disorder between May 1, 2018 and April 30, 2019?

**SELECT ALL THAT APPLY**

- <sub>1</sub> Diversifying funding streams
- <sub>2</sub> Fostering community involvement and ownership
- <sub>3</sub> Creating partnerships
- <sub>4</sub> Institutionalizing policies
- <sub>5</sub> Building a data infrastructure
- <sub>6</sub> Developing a training plan
- <sub>7</sub> Participating in sustainability training
- <sub>8</sub> Building public awareness
- <sub>9</sub> Seeking additional Federal funds
- <sub>10</sub> Developing a sustainability action plan
- <sub>11</sub> Establishing data monitoring to assess sustainability in an ongoing way
- <sub>12</sub> Evaluating progress to improve and adapt programs over time
- <sub>13</sub> Obtaining differential reimbursement rates for use of evidence-based practices
- <sub>14</sub> Other (specify)
- <sub>15</sub> Sustainability has not been addressed

**Thank you for your participation!**

*Placeholder for return instructions*