

Attachment A

| State Targeted Response to the Opioid Crisis<br>(Opioid STR)<br>Obligation and Expenditure Report |                                  |                                   |
|---|----------------------------------|-----------------------------------|
| Table A   | FY 2017 Opioid STR<br>Obligation | FY 2017 Opioid STR<br>Expenditure |
| State Identifier:   |                                  |                                   |
| Expenditure Category  |                                  |                                   |
|   |                                  |                                   |
| 1. Opioid Use Disorder Prevention Activities  |                                  |                                   |
| 2. Opioid Use Disorder Treatment Services   |                                  |                                   |
| 3. Opioid Use Disorder Recovery Support Services  |                                  |                                   |
| 5. Administration (excluding program / provider level)  |                                  |                                   |
| 6. Total  |                                  |                                   |

| State Targeted Response to the Opioid Crisis<br>(Opioid STR)<br>Obligation and Expenditure Report |                                  |                                   |
|---|----------------------------------|-----------------------------------|
| Table A   | FY 2018 Opioid STR<br>Obligation | FY 2018 Opioid STR<br>Expenditure |
| State Identifier:   |                                  |                                   |
| Expenditure Category  |                                  |                                   |
|   |                                  |                                   |
| 2. Opioid Use Disorder Prevention Activities  |                                  |                                   |
| 2. Opioid Use Disorder Treatment Services   |                                  |                                   |
| 4. Opioid Use Disorder Recovery Support Services  |                                  |                                   |
| 5. Administration (excluding program / provider level)  |                                  |                                   |
| 6. Total  |                                  |                                   |



| Opioid STR Table C | Opioid State Targeted Response to the Opioid Crisis<br>(Opioid STR)<br>Statewide Entity Inventory – Treatment and Recovery |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|--------------------|--|------------|-------------|--|---------|-----------------------|----------------|-------|----------|------------------|---|---------------------|-----------------------|-----------------|-----------|--|---|---|---|---|---------------------------------|-------------------------------------|---------------------------|---------------------------|-------------|--|--|--|
|                    | State/Jurisdiction   | HHS Region | Report Year | Area Served (Statewide or Sub-state Planning Area) | IBHS-ID | Provider/Program Name | Street Address | State | Zip Code | Opioid STR Funds | Medication Assisted Treatment<br>(Drop down menu) |                     |                       |                 |           | Type of Treatment Service/Setting <sup>1</sup><br>(drop down menu) |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  | Buprenorphine-Mono                                | Buprenorphine-Combo | Naltrexone-Injectable | Naltrexone-Oral | Methadone | Detoxification-24 hour-service Hospital Inpatient                  | Detoxification-24 hour service, Free-Standing Residential | Rehabilitation/Residential-Hospital (other than Detoxification) | Rehabilitation/Residential -Short term (<30 days) | Rehabilitation/Residential =Long term (>30days) | Ambulatory-Intensive Outpatient | Ambulatory-Non-Intensive Outpatient | Ambulatory-Detoxification | Recovery Support Services | Tele-Health |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |
|                    |  |            |             |  |         |                       |                |       |          |                  |   |                     |                       |                 |           |  |   |   |   |   |                                 |                                     |                           |                           |             |  |  |  |

<sup>1</sup> Treatment Episode Data Set (TEDS)/Minimum Data Set (MDS)

Attachment D

| Non-direct Services/Systems Development                  |               |              |             |                        |
|--|---------------|--------------|-------------|------------------------|
| Table D1   |               |              |             |                        |
| State:   |               |              |             |                        |
| Report Period- From: To::                                |               |              |             |                        |
| Activity   | A. Prevention | B. Treatment | C. Recovery | D. Opioid STR Combined |
| 1. Information Systems                                   | \$            | \$           | \$          | \$                     |
| 2. Infrastructure support**                              | \$            | \$           | \$          | \$                     |
| 3. Partnerships, community outreach and needs assessment | \$            | \$           | \$          | \$                     |
| 4. Quality assurance and improvement                     | \$            | \$           | \$          | \$                     |
| 5. Research and evaluation                               | \$            | \$           | \$          | \$                     |
| 6. Training and education*                               | \$            | \$           | \$          | \$                     |
| 7. Total   |               |              |             |                        |

| Non-direct Services/Systems Development |              |              |              |              |
|---|--------------|--------------|--------------|--------------|
| Table D2                                |              |              |              |              |
| State:                                  |              |              |              |              |
| Report Period- From: To::               |              |              |              |              |
| Activity                                | E. Quarter 1 | F. Quarter 2 | G. Quarter 3 | H. Quarter 4 |
| Training and education                  |              |              |              |              |
| a. Physicians                           |              |              |              |              |
| b. Physicians Assistants                |              |              |              |              |
| c. Nurse/Nurse Practitioners            |              |              |              |              |
| d. Social Workers                       |              |              |              |              |
| e. Addiction Counselors                 |              |              |              |              |
| f. Peer Recovery                        |              |              |              |              |
| g. Prevention                           |              |              |              |              |
| h. Other, please specify                |              |              |              |              |
| 8. Total                                |              |              |              |              |

| Non-direct State Targeted Response to the Opioid Crisis<br>(Opioid STR) |   |                           |          |          |
|---|---|---------------------------|----------|----------|
| Table D3  |   |                           |          |          |
| State:  |   |                           |          |          |
| Report Period- From: To::   |   |                           |          |          |
| Activity  | I. Overdose Education and Naloxone Distribution | J. Prescribing Guidelines | K. Other | L. Other |
| 9. Training and education   |   |                           |          |          |
| i. Physicians   |   |                           |          |          |
| j. Physicians Assistants  |   |                           |          |          |
| k. Nurse/Nurse Practitioners  |   |                           |          |          |
| l. Social Workers   |   |                           |          |          |
| m. Addiction Counselors   |   |                           |          |          |
| n. Peer Recovery  |   |                           |          |          |
| o. Prevention   |   |                           |          |          |
| p. Other, please specify  |   |                           |          |          |
| 10. Total   |   |                           |          |          |

Attachment E

**Table E**

**Please respond to the following questions:**

1. Opioid Treatment Program (OTP) Patient New Admissions:

a. Has your state utilized Opioid STR funds to expand the number of newly admitted Opioid Use Disorder (OUD) patients served in Opioid Treatment Programs (OTP) with methadone, buprenorphine, or naltrexone?

Yes  No

b. If "Yes", approximately how many newly admitted OUD patients have been served to date in OTPs using Opioid STR funds?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have any other activities related to OTPs that you would like to highlight?

2. Buprenorphine Waiver Office-Based Opioid Treatment (OBOT) Patient New Admissions:

a. Has your state utilized Opioid STR funds to expand the number of newly admitted Opioid Use Disorder (OUD) patients served in Buprenorphine Waiver Office-Based Opioid Treatment (OBOT) practice settings?

Yes  No

b. If "Yes", approximately how many newly admitted OUD patients have been served to date in OBOTs using Opioid STR funds?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have any other activities related to OBOTs that you would like to highlight?

3. Naltrexone Treatment Patient New Admissions:

a. Has your state utilized Opioid STR funds to expand the number of Opioid Use Disorder (OUD) patients served with naltrexone in settings other than OTPs or OBOTs?

Yes  No

b. If "Yes", approximately how many newly admitted OUD patients have been served to date with naltrexone in settings other than OTPs or OBOTs using Opioid STR funds?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have any other activities related to the use of naltrexone in settings other than OTPs or OBOTs that you would like to highlight?

4. Naloxone Overdose Reversal Kit Distribution and Utilization:

a. Has your state utilized Opioid STR funds to expand the availability, distribution, and use of naloxone overdose reversal kits (Narcan, Evzio, and others)?

Yes  No

b. If "Yes", approximately how many naloxone overdose reversal kits purchased and distributed to date with Opioid STR funds?

1 - 249 kits

250 - 499 kits

500 - 999 kits

1000 - 2499 kits

2500 - 4999 kits

5000 - 9999 kits

10,000 or more kits

c. If available, provide the number of overdose reversals during the reporting period.

d. Does the state have any other activities related to the availability, distribution, and use of naloxone that you would like to highlight?

5. MAT Patient Admissions from Hospital Emergency Departments or Hospital Inpatient Treatment Units:

a. Has your state utilized Opioid STR funds to admit new patients to Medication-Assisted Treatment of those who were identified as having an OUD in Hospital Emergency Departments or Hospital Inpatient Treatment Units?

Yes  No

b. If "Yes", approximately how many admitted OUD patients have been admitted to date to Medication-Assisted Treatment using Opioid STR funds?

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment from Hospital Emergency Departments or Hospital Inpatient Treatment Units that you would like to highlight?

6. Patient Admissions from Detoxification Services (Hospital Withdrawal Management Services or Residential Withdrawal Management Services):

a. Has your state utilized Opioid STR funds to admit new OUD patients to Medication-Assisted Treatment of those patients who were served for OUD in Detoxification Services (Hospital Withdrawal Management Services or Residential Withdrawal Management Services)?

- Yes  No

b. If "Yes", approximately how many newly admitted OUD patients have been admitted to date to Medication-Assisted Treatment using Opioid STR funds?

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment from Detoxification Services that you would like to highlight?

7. Patient Admissions from Substance Abuse Residential Services (Any Level of Residential Services):

a. Has your state utilized Opioid STR funds to admit new OUD patients to Medication-Assisted Treatment of those Opioid Use Disorder (OUD) patients who were served in any level of Substance Abuse Residential Services?

- Yes  No

b. If "Yes", approximately how many of these new OUD patients have been admitted to date to Medication-Assisted Treatment using Opioid STR funds?

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons

- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c.

Does the state have any other activities related to patient admissions to Medication-Assisted Treatment from any level of Substance Abuse Residential Services that you would like to highlight?

8. Patient Admissions from Correctional or Detention Facilities:

a. Has your state utilized Opioid STR funds to admit new OUD patients to Medication-Assisted Treatment who were transitioned to the community or were recently released (in the previous 30 days) to the community from a state or local correctional or detention facility?

- Yes  No

b. If "Yes" approximately how many of these new OUD patients have been admitted to date to Medication-Assisted Treatment using Opioid STR funds?,

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment of those Opioid Use Disorder patients who were transitioned to the community or recently released from a correctional or detention facility that you would like to highlight?

9. Patient Admissions of Pregnant Women with Opioid Use Disorders:

a. Has your state utilized Opioid STR funds to admit to Medication-Assisted Treatment (methadone and buprenorphine) of Opioid Use Disorder (OUD) patients who are pregnant?

- Yes  No

b. If "Yes", approximately how many newly pregnant new OUD patients have been admitted to date to Medication-Assisted Treatment using Opioid STR funds?

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons



1000 or more persons

c. Approximately what is the % of the state's successes (if known) in actively maintaining these pregnant women in MAT for the duration of their pregnancies?

1 - 10% of admissions

11 - 24% of admissions

25 - 39% of admissions

40 - 59% of admissions

60 - 74% of admissions

75 - 89% of admissions

90% or more of admissions

Unknown % of admissions

d. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment of pregnant women that you would like to highlight?

10. Patient Admissions of Veterans, Service Members, or Their Family Members with Opioid Use Disorders:

a. Has your state utilized Opioid STR funds to admit new OUD patients to Medication-Assisted Treatment who are veterans, service members, or members of the immediate families of these individuals?

Yes  No

b. If "Yes" approximately how many veterans, service members, or members of the immediate families of these individuals have been newly admitted to date to Medication-Assisted Treatment using Opioid STR funds?,

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment of veterans, service members, or members of the immediate families of these individuals that you would like to highlight?

11. Patient Admissions of Members of Tribal Communities with Opioid Use Disorders:

a. Has your state utilized Opioid STR funds to admit new OUD patients to Medication-Assisted Treatment who are members of tribal communities?

Yes  No

b. If "Yes", approximately how many members of tribal communities have been newly admitted to date to Medication-Assisted Treatment using Opioid STR funds?

1 - 24 persons

- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c. Does the state have any other activities related to patient admissions to Medication-Assisted Treatment of members of tribal communities that you would like to highlight?

12. Patient Admissions Facilitated through the Use of Peer Recovery Support Specialists:

a. Has your state utilized Opioid STR funds for the support of Peer Recovery Support Specialists to improve treatment access and retention and support long-term recovery of newly admitted Opioid Use Disorder (OUD) patients who are identified, engaged, and served in Medication-Assisted Treatment?

- Yes  No

b. If "Yes", approximately how many new admissions of OUD patients to date can be attributed, in whole or in part, to the facilitation efforts of Peer Recovery Support Specialists supported with Opioid STR funds?

- 1 - 24 persons
- 25 - 49 persons
- 50 - 99 persons
- 100 - 249 persons
- 250 - 499 persons
- 500 - 999 persons
- 1000 or more persons

c. Does the state have any other activities related to the use of Peer Support Recovery Specialists in facilitating patient identification, admission, engagement, and retention in Medication-Assisted Treatment that you would like to highlight?

13. Prescription Drug Monitoring Program (PDMP) Support and Utilization:

a. Is your state using Opioid STR funds to promote and implement improvements in the design, structure, functioning, integration, and utilization of the state's Prescription Drug Monitoring Program (PDMP) and its available data in addressing individual patient clinical needs, and analyzing opioid prescriber patterns of prescribing medications and patient patterns of accessing medications?

- Yes  No

b. Does the state have particularly noteworthy activities related to the Prescription Drug Monitoring Program that you would like to highlight?

c. Did your state use PDMP Data to guide prevention activities?

- Yes  No

d. If "Yes", does the state have particularly noteworthy activities related to how the Prescription Drug Monitoring Program was used to guide prevention activities that you would like to highlight?

14. Providing Assistance to Patients with Treatment Costs, and Addressing Barriers to Receiving Prevention, Intervention, Treatment, and Recovery Support Services:

a. Is your state using Opioid STR funds to provide assistance to OUD patients with treatment costs or to eliminate or reduce treatment costs for under- and uninsured patients, and to address barriers to receiving OUD prevention, intervention, treatment, and recovery support services, in such activities as reducing the cost of services, developing systems of care to expand rapid access to services, successfully identifying, engaging and retaining patients in services, and addressing discrimination associated with accessing services, including discrimination that limits access to MAT?

Yes  No

b. Does the state have any particularly noteworthy activities related to providing assistance to patients with treatment costs and addressing barriers to receiving Opioid Use Disorder prevention, intervention, treatment, and recovery support services that you would like to highlight?

15. Implementation of Broad-Based Public Information, Education, Prevention, and Recovery Support Initiatives:

a. Is your state using Opioid STR funds to implement any broad-based public information, education, prevention, and recovery support initiatives, including media campaigns, the targeted use of social media, the promotion of statewide information and referral hotlines, or other similar strategies to address the state's opioid crisis?

Yes  No

b. If "Yes", approximately how many people were reached through the implementation of broad based information, education, prevention and recovery support initiatives?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have particularly noteworthy activities related to any of these activities that you would like to highlight?

16. Implementation of Prevention Interventions; Evidence based programs and Promising Practices:

a. Is your state using Opioid STR funds to implement evidence based programs and promising practices to achieve the prevention goals?

Yes  No

b. If "Yes", approximately how many people were served through the implementation of evidence based prevention programs and promising practices?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have particularly noteworthy activities related to naloxone awareness and overdose education and training that you would like to highlight?

17. Naloxone Awareness and Overdose Education and Training of First Responders and Other Key Community Sectors:

a. Has your state used Opioid STR funds to educate and train any of the following sectors?

Yes  No

Check all that apply.

- Fire fighters
- Law enforcement
- Paramedic
- EMTs
- Emergency medical staff
- Nurse practitioners
- Physician assistants
- Pharmacists
- Physicians
- Harm Reduction Clinics
- Family members
- Criminal justice
- Schools
- Coalitions
- Community groups
- Friends of OD victims
- Military
- Train the trainer
- Other (describe below)

b. If "Yes", approximately how many people were served?

1 - 24 persons

25 - 49 persons

50 - 99 persons

100 - 249 persons

250 - 499 persons

500 - 999 persons

1000 or more persons

c. Does the state have particularly noteworthy activities related to naloxone awareness and overdose education and training that you would like to highlight?

Attachment IV

| Table IV                                       |  |  |   |
|--|--|--|---|
| Recovery/After Care Services                   |  |  |   |
| Recovery/After Care Service                    | Number of Clients Offered recovery/after care services | Number of clients currently receiving recovery/after care services | Number of clients who have completed recovery/after care services |
| Relapse Prevention                             |  |  |   |
| Recovery Coaching, Peer Coaching, or Mentoring |  |  |   |
| Self-Help and Support Groups                   |  |  |   |
| Recovery Housing                               |  |  |   |
| Continuing Care                                |  |  |   |
| Other (specify)                                |  |  |   |