

## RCORP-MAT Access Measures (Draft – Pending OMB Approval)

### SERVICE AREA AND CONSORTIUM

#	Measure Instructions	Measure
1	Identify the number and types of partner organizations participating in the RCORP-MAT Access project	<ul style="list-style-type: none"> <li>• Hospital - Critical Access Hospital (CAH)</li> <li>• Hospital - Small Rural (49 beds or less, non-CAH) or other (e.g., Sole Community, Rural Referral Center, etc.)</li> <li>• Emergency medical services entity</li> <li>• Federally Qualified Health Center (FQHC)</li> <li>• HIV and HCV prevention, testing, or treatment organization</li> <li>• First responder – Law enforcement/ EMT</li> <li>• Criminal justice entity (e.g., Court system, Prison, Probation and parole)</li> <li>• Local or state health department</li> <li>• Mental and behavioral health organization, practice, or provider</li> <li>• Primary care practice or provider</li> <li>• Rural Health Clinic</li> <li>• Ryan White HIV/AIDS clinic</li> <li>• Substance abuse treatment provider – Methadone clinic</li> <li>• Substance abuse treatment provider – Opioid treatment program (OTP - non-methadone)</li> <li>• Substance abuse treatment provider – Other</li> <li>• Recovery Community Organization (RCO)</li> <li>• Maternal, Infant, and Early Childhood organization</li> <li>• Pharmacy</li> <li>• Faith-based organization</li> <li>• Community Based Organization</li> <li>• Single State Agency (SSA)</li> <li>• State Office of Rural Health (SORH)</li> <li>• Tribe/Tribal organization</li> <li>• Maternal, Infant, and Early Childhood Home Visiting Program local implementation agency</li> <li>• Research / Academic Organization</li> <li>• School system</li> <li>• Other agency or organization, Type 1- Specify:</li> <li>• Other agency or organization, Type 2- Specify</li> </ul>

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		<ul style="list-style-type: none"> <li>• Other agency or organization, Type 3- Specify</li> </ul>
2	Select the option that best describes your project's service area	<ul style="list-style-type: none"> <li>• Single County</li> <li>• Multiple Counties</li> <li>• State</li> <li>• Multiple States</li> <li>• National</li> </ul>
3	Please report the total number of people that live in the project's rural service area.	<ul style="list-style-type: none"> <li>• Total population in the project's rural service area</li> </ul>
4	Please report the total unduplicated number of service delivery sites <b><u>within applicant organization and any partner organization</u></b> in the target rural service area offering at least one prevention, treatment and/or recovery service within the current reporting period.	<ul style="list-style-type: none"> <li>• Total number of unduplicated service delivery sites offering at least one prevention, treatment and/or recovery service</li> </ul>
5	For each of the following services, please report the total number of service delivery sites <b><u>within the applicant organization and any partner organization</u></b> in the target rural service area that offered that service within the current reporting period. If no service delivery sites offered the service, please input 0.	<ul style="list-style-type: none"> <li>• Prevention services</li> <li>• Screening and/or assessment services</li> <li>• Medication-Assisted Treatment (with or without psychosocial)</li> <li>• SUD/OD treatment other than MAT</li> <li>• Infectious disease testing (i.e., HIV or HCV)</li> <li>• Recovery support services</li> <li>• Mental health treatment</li> <li>• Other - specify</li> </ul>
6	Report the total unduplicated number of service delivery sites <b><u>within the applicant organization and any partner organization</u></b> in the target rural service area offering at least one harm reduction service within the current reporting period.	<ul style="list-style-type: none"> <li>• Total number of unduplicated service delivery sites offering at least one harm reduction service</li> </ul>
7	For each of the following harm reduction services, please report the total number of service delivery sites <b><u>within the applicant organization and any partner organization</u></b> in the target rural service area that offered that service within the current reporting period. If no service delivery sites offered the	<ul style="list-style-type: none"> <li>• Naloxone access</li> <li>• Syringe services</li> <li>• Fentanyl test strips</li> <li>• Safe smoking kits</li> <li>• Sex worker services</li> <li>• Other - specify</li> </ul>

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	service, please input 0.	
8	For each service listed, select whether it was newly established with or without RCORP- MAT Access funds, expanded with or without RCORP-MAT Access funds, remained the same, or did not exist in the current reporting period (dropdown).	<ul style="list-style-type: none"> <li>• Prevention service (any except naloxone)</li> <li>• Naloxone access</li> <li>• Screening and/or assessment service</li> <li>• MAT (with or without psychosocial therapy)</li> <li>• SUD/ODU treatment other than MAT</li> <li>• Mental health treatment</li> <li>• Infectious disease testing (i.e., HIV or HCV)</li> <li>• Recovery support services (any)</li> <li>• Harm reduction services (any except naloxone)</li> <li>• Other – please specify</li> </ul>
9	Please report the number and type of MAT access points established and/or supported by RCORP-MAT Access funding during this current reporting period	<input type="text"/> Correctional Facility <input type="text"/> Federally Qualified Health Center (FQHC) <input type="text"/> Health Clinic (not an FQHC or Rural Health Clinic) <input type="text"/> Hospital (not including emergency rooms) <input type="text"/> Emergency Department <input type="text"/> Mobile Unit <input type="text"/> Outpatient Substance Use Treatment <input type="text"/> Parole and Reentry Agency <input type="text"/> Pharmacy <input type="text"/> Primary Care Practice <input type="text"/> Rural Health Clinic <input type="text"/> Other-please specify <ul style="list-style-type: none"> <li>•</li> </ul>
10	<p><b>NOTE: Sustainability measures only reported in final reporting period of the grant (Sept. 2024)</b></p> <p>Will MAT <b>services</b> be sustained after the RCORP <b>MAT Access</b> grant ends?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
11	If you selected <b>yes</b> , how will the activity or activities be sustained? (check all that apply)	<ul style="list-style-type: none"> <li>• Absorption of services or other means of in- kind support</li> <li>• Reimbursement by third party payers</li> <li>• RCORP grant funding</li> <li>• HRSA grant funding (not including RCORP grants)</li> <li>• Other grant funding (not including HRSA and RCORP grant funding)</li> </ul>

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		<ul style="list-style-type: none"> <li>• Fees</li> <li>• Applying for an 11-15 waiver</li> <li>• Changing Medicaid formularies</li> <li>• Increasing insurance reimbursement (both costs covered and new insurance payers)</li> <li>• Becoming a line item in a state or local budget</li> <li>• Creating certification/licensing programs to facilitate workforce payments (e.g., peer recovery specialists)</li> <li>• Other: please describe (text box)</li> </ul>
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### DIRECT SERVICES

#	Measure Instructions	Measure
12	Please report the total number of individuals who have been screened for substance use disorder (SUD) in the current reporting period.	Total number of individuals screened for SUD
13	Please report the total number of individuals who <b>screened positive</b> for SUD, or at risk for overuse/misuse, in the current reporting period.	Total number of individuals who screened positive for SUD

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<b>14</b>	Please report the total number of individuals who were screened for mental health disorders using an age-appropriate standardized tool	Total number of individuals who were screened for mental health disorder
<b>15</b>	Please report the total number of individuals who were tested for HIV/AIDS	Total number of individuals who were tested for HIV/AIDS
<b>16</b>	Please report the total number of individuals who were tested for HCV	Total number of individuals who were tested for HCV

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<p><b>17</b></p>	<p>Please report the total number of individuals who received recovery support services in the current reporting period.</p>	<p>Total number of individuals who received recovery support services</p>
<p><b>18</b></p>	<p>Please report the number of individuals who were referred to treatment and/or support services.</p>	<p>Total number of individuals who were referred to treatment and/or support services _____</p> <ul style="list-style-type: none"> <li>• Number of individuals who were referred to SUD treatment</li> <li>• Number of individuals referred to childcare services</li> <li>• Number of individuals referred to employment services</li> <li>• Number of individuals referred to recovery housing services</li> <li>• Number of individuals referred to prenatal/postpartum care services</li> <li>• Number of individuals referred to transportation to treatment</li> <li>• Number of individuals referred to trauma-informed services</li> <li>• • Other – specify</li> </ul>
<p><b>19</b></p>	<p>For each MAT access point type you established and/or supported during this reporting period, report the total number of patients who received MAT services at each site.</p>	<p>_____ Correctional Facility</p> <p>_____ Federally Qualified Health Center (FQHC)</p> <p>_____ Health Clinic (not an FQHC or Rural Health Clinic)</p> <p>_____ Hospital (not including emergency rooms)</p> <p>_____ Emergency Department</p> <p>_____ Mobile Unit</p> <p>_____ Outpatient Substance Use Treatment</p> <p>_____ Parole and Reentry Agency</p> <p>_____ Pharmacy</p> <p>_____ Primary Care Practice</p>

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		<input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> Other-please specify
<b>20</b>	Please report the total number of patients who have received MAT (including medication AND psychosocial therapy) for a period of three months or more without interruption	Number of patients who have received MAT for three months or more without interruption
21	What MAT medications (drug name and form) have you prescribed/distributed through your organization or at least one partner in your HRSA-designated rural service area during the current reporting period? (select all that apply)	<input type="checkbox"/> Acamprosate (delayed-release tablets) <input type="checkbox"/> Buprenorphine, sublingual tablets (e.g., Subutex) <input type="checkbox"/> Buprenorphine, extended-release subcutaneous injection (e.g., Sublocade) <input type="checkbox"/> Buprenorphine, implant for subdermal administration (e.g., Probuphine) <input type="checkbox"/> Buprenorphine with Naloxone, sublingual film (e.g., Suboxone film, Cassipa) <input type="checkbox"/> Buprenorphine with Naloxone, buccal film (e.g., Bunavail) <input type="checkbox"/> Buprenorphine with Naloxone, sublingual tablets (e.g., Zubsolv) <input type="checkbox"/> Disulfiram <input type="checkbox"/> Methadone, oral tablets (e.g., Dolophine) <input type="checkbox"/> Methadone, oral concentrate (e.g., Methadose) <input type="checkbox"/> Naltrexone, oral tablets (e.g., ReVia, Depade) <input type="checkbox"/> Naltrexone, extended-release injection (e.g., Vivitrol) <input type="checkbox"/> Other (please specify): _ <input type="checkbox"/> None of the above

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### DEMOGRAPHICS

These tables collect demographic information for all individuals who have received direct services for SUD/ODU use disorder, within the current reporting period in the project's rural service area. The total number of each sub-section should equal the total number of individuals who have received direct services within the current reporting period. **Each sub-section should total to the same amount.** Please do not leave any sections blank or use N/A (not applicable) since the measures are applicable to all RCORP grantees providing direct services. If the number for a particular category is zero (0), please put zero in the appropriate section (e.g., if the total number that is Hispanic or Latino is zero (0), enter zero in that section). If data are incomplete or have other limitations, please enter the data you have, indicate the data have limitations, and explain those limitations in the comments box below.

#	Measure Instructions	Measure
22	Please report the number of individuals served, by ethnicity, during the current reporting period.	<ul style="list-style-type: none"> <li>• Hispanic or Latino</li> <li>• Not Hispanic or Latino</li> <li>• Unknown</li> <li>• Total</li> </ul>
23	Please report the number of individuals served, by race, during the current reporting period.	<ul style="list-style-type: none"> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• More than one race</li> <li>• Unknown</li> <li>• Total</li> </ul>
24	Please report the number of individuals served, by age, during the current reporting period.	<ul style="list-style-type: none"> <li>• 0-12</li> <li>• 13-17</li> <li>• 18-24</li> <li>• 25-34</li> <li>• 35-44</li> <li>• 45-54</li> <li>• 55-64</li> <li>• 65 and over</li> <li>• Total</li> </ul>
25	Please report the number of individuals served, by insurance status, during the current reporting period.	<ul style="list-style-type: none"> <li>• Self-pay</li> <li>• None/Uninsured</li> <li>• Dual Eligible (covered by both Medicaid and Medicare)</li> <li>• Medicaid/CHIP only</li> <li>• Medicare only</li> <li>• Medicare plus supplemental</li> <li>• TriCARE</li> <li>• Other third party (e.g., privately insured)</li> </ul>



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		<ul style="list-style-type: none"> <li>• Unknown Total</li> </ul>
26	Please report the number of individuals served, by sex, during the current reporting period	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Unknown</li> <li>• Total</li> </ul>
27	Please report the number of individuals served, by LGBTQI+, during the current reporting period	<ul style="list-style-type: none"> <li>• LGBTQI+</li> <li>• Non-LGBTQI+</li> <li>• Unknown</li> <li>• • Total</li> </ul>

### WORKFORCE

#	Measure Instructions	Measure
28	Please report the total number of unduplicated providers <b><u>within the applicant organization and any partner organization</u></b> who provided SUD/ODU treatment services, behavioral health services, and/or recovery support services in the target rural service area in the current reporting period. Of the total number of providers, please also report how many were newly hired with grant funds (e.g., their salary was paid for in full or in part with RCORP-MAT Access grant funds) during the current reporting period.	<ul style="list-style-type: none"> <li>• Total number of unduplicated providers (i.e., individuals) <b><u>within the applicant organization and any partner organization</u></b> who provided SUD/ODU treatment services, behavioral health services, and/or recovery support services in the target rural service area in the current reporting period.</li> <li>• Total number of providers newly hired with RCORP-MAT Access grant funds</li> </ul>
29	Please report the total number of providers (i.e., individuals) <b><u>within the applicant organization and any partner organization</u></b> who have a DATA waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT) within the target rural service area	Total number of providers (i.e., individuals) who have a DATA waiver
30	Please report the total number of providers (i.e. individuals) <b><u>within the applicant organization and any partner organization</u></b> who have prescribed medications used to treat OUD and/or AUD during the current reporting period.	<ul style="list-style-type: none"> <li>• Total number of providers (i.e., individuals) who have prescribed medications used to treat OUD</li> <li>• Total number of providers (i.e., individuals) who have prescribed medications used to treat AUD</li> </ul>

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<p><b>31</b></p>	<p>Please report the total number of providers (i.e., individuals) <b><u>within the applicant organization and any partner organization</u></b> who have provided SUD/ODU treatment services, including MAT, during the current reporting period in the target rural service area. Of those providers, please specify how many were medical providers, non-medical counseling staff, peer recovery support specialists, or other (specify).</p>	<ul style="list-style-type: none"> <li>• Total Number of Providers</li> <li>• Number of Medical Providers</li> <li>• Number of Non-Medical Counseling Staff</li> <li>• Number of Peer Recovery Support Specialists</li> <li>• Other – specify</li> </ul>
<p><b>32</b></p>	<p>Report the total number of SUD and/or mental health disorder trainings conducted in the current reporting period as a result of RCORP funding in the target rural service area. For each topic area, please provide the number of trainings in each category.</p>	<ul style="list-style-type: none"> <li>• Number of ACES trainings</li> <li>• Number of contingency management trainings</li> <li>• Number of behavioral therapy trainings</li> <li>• Number of mental health first aid trainings</li> <li>• Number of Naloxone trainings</li> <li>• Number of Opioid prescribing guidelines trainings</li> <li>• Number of school-based evidence-based practices trainings</li> <li>• Number of stigma reduction trainings</li> <li>• Number of trauma-informed evidence-based practices trainings</li> <li>• Other - specify</li> </ul>
<p><b>33</b></p>	<p>Please report the percentage of MAT service costs (including medication, psychosocial therapy, and wrap-around services) covered through reimbursement (e.g. by Medicaid, Medicare, private insurance) or other non- grant funding sources during the past 6- months:</p> <ul style="list-style-type: none"> <li>• <b>Numerator:</b> all costs associated with MAT services that were reimbursed or paid for by other non-grant funding sources.</li> <li>• <b>Denominator:</b> total costs associated with MAT services.</li> </ul>	<p>Percentage of MAT services currently covered through reimbursement or other non-grant funding sources</p>

**PREVALENCE**

#	Measure Instructions	Measure
34	Using the following scale, please indicate the degree to which non-fatal overdoses have changed within the current reporting period.	<ul style="list-style-type: none"><li>• Significantly increased</li><li>• Increased</li><li>• Decreased</li><li>• Significantly Decreased</li><li>• No change</li></ul>
35	Using the following scale, please indicate the degree to which fatal overdoses have changed within the current reporting period.	<ul style="list-style-type: none"><li>• Significantly increased</li><li>• Increased</li><li>• Decreased</li><li>• Significantly Decreased</li><li>• No change</li></ul>

Public Burden Statement: The purpose of this activity is to collect information on Rural Communities Opioid Response Program grantees to provide HRSA with information on grant activities funded under this program. 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 information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (42 U.S.C. 912). Data will remain private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 1 hour and 22 minutes per response, including the time for reviewing instructions, searching existing data sources, 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 HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.