

Thank you for participating in the National Council for Mental Wellbeing's Tools for Overdose Prevention Survey. This survey is being conducted in collaboration with the CDC. The purpose of the survey is two-fold: 1) to determine what general overdose prevention/substance use resources are helpful for the field and 2) to assess the utility of tools the National Council has previously developed and disseminated.

A preview of the survey is available by clicking the print icon on the top right of this page. We anticipate the survey will take 30-40 minutes to complete. You may stop the survey at any time and come back to it later.

Please feel free to contact Danielle Hornung at DanielleH@thenationalcouncil.org if you need assistance/accommodations to complete the survey.

The questions on this page are intended so that we can get to know you better. Thank you in advance for answering them as best as you can.

1. Please select your US HHS Region (designated by state): (Select one option)

- ☐ Region I: CT, ME, MA, NH, RI, VT
- ☐ Region II: NJ, NY, Puerto Rico, Virgin Islands
- ☐ Region III: DE, DC, MD, PA, VA, WV
- ☐ Region IV: AL, FL, GA, KY, MS, NC, SC, TN
- ☐ Region V: IL, IN, MI, MN, OH, WI
- ☐ Region VI: AR, LA, NM, OK, TX
- ☐ Region VII: IA, KS, MO, NE
- ☐ Region VIII: CO, MT, ND, SD, UT, WY
- ☐ Region IX: AZ, CA, HI, NV and the six U.S. Associated Pacific Jurisdictions
- ☐ Region X: AK, ID, OR, WA

2. What is your organization or agency type? *Select all that apply.*

- ☐ Certified Community Behavioral Health Clinic (CCBHC)
- ☐ Community-based Organization
- ☐ State Health Department
- ☐ Local Health Department
- ☐ Other (Please specify) _____

3. What is your position within your organization/agency?

4. What is your job title/role?

5. How would you best describe the geographic area that your health department serves? *Select all that apply.*

- ☐ Rural
- ☐ Suburban
- ☐ Urban
- ☐ Other (Please specify) _____

6. From your perspective, how easy or difficult has it been for programs to carry out services such as syringe services, naloxone or test strip distribution to people who use drugs (PWUD) or at high risk of overdose in your jurisdiction over the last year? (Select one option)

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult

7. Please explain your response regarding ease or difficulty in carrying out these services in your jurisdiction.

8. I am interested in participating in a follow-up interview based on my responses to the questions in the survey. (Select one option)

- ☐ Yes
- ☐ No

NOTE : Display this comment only if answer to((Q#8 is **Yes**))

If you selected "Yes" above, please provide your name and email in the text boxes below.

NOTE : Answer the below question only if answer to((Q#8 is **Yes**))

9. Your Name:

NOTE : Answer the below question only if answer to((Q#8 is **Yes**))

10. Your E-Mail Address:

Items 1-4 ask you about you/your organization and partners/grantees' awareness, access and use of specific tools for overdose prevention. For your reference, here is a link to relevant tools that the National Council for Mental Wellbeing has developed and disseminated in partnership with the CDC: [Tools_For_Overdose_Prevention](#)

11. (1/17). Does your organization/agency have partners/grantees? Note: a "partner/grantee" is an organization that your organization sends funds to for overdose prevention efforts in your jurisdiction." (Select one option)

- ☐ Yes
- ☐ No

(2/17). The following are tools for overdose prevention focused on "Intentionally Including People with Lived and Living Experience: A Series of Tools and Resources" as made available by the National Council for Mental Wellbeing (see [Tools_For_Overdose_Prevention](#)). Thinking about your organization/agency, please respond as best as you can: (Select all that apply)

12. My Organization/Agency and I...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool
(a) Ensuring the Inclusion of People with Lived and Living Experience in Health Departments' Overdose Surveillance and Prevention Efforts: An Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hiring People With Lived and Living Experience Within Local and State Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Engaging People with Lived and Living Experience in Overdose Data Collection, Interpretation and Dissemination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Meaningfully Partnering With Harm Reduction Organizations and Other Community-based Organizations That Serve People Who Use Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE : Answer the below question only if answer to (Q#11 is Yes)

Thinking about your partners/grantees (in general), please respond as best as you can: (Select all that apply)

13. My Partners/Grantees...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool	I Do Not Know
(a) Ensuring the Inclusion of People with Lived and Living Experience in Health Departments' Overdose Surveillance and Prevention Efforts: An Overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hiring People With Lived and Living Experience Within Local and State Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Engaging People with Lived and Living Experience in Overdose Data Collection, Interpretation and Dissemination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Meaningfully Partnering With Harm Reduction Organizations and Other Community-based Organizations That Serve People Who Use Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please use the space below to explain your response(s) to item (2/17).

(3/17). The following are tools for overdose prevention made available by the National Council for Mental Wellbeing (see [Tools_For_Overdose_Prevention](#)). Thinking about your organization/agency, please respond as best as you can: *(Select all that apply)*

15. My Organization/Agency and I...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool
(a) Enhancing Harm Reduction Services in Health Departments: Harm Reduction Vending Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Enhancing Harm Reduction Services in Health Departments: Fentanyl Test Strips and Other Drug Checking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE : Answer the below question only if answer to((Q#11 is Yes))

Thinking about your partners/grantees (in general), please respond as best as you can: *(Select all that apply)*

16. My Partners/Grantees...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool	I Do Not Know
(a) Enhancing Harm Reduction Services in Health Departments: Harm Reduction Vending Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Enhancing Harm Reduction Services in Health Departments: Fentanyl Test Strips and Other Drug Checking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please use the space below to explain your response(s) to item (3/17).

(4/17). The following are tools for overdose prevention focused on "Workforce Development Resources" as made available by the National Council for Mental Wellbeing (see [Tools_For_Overdose_Prevention](#)). Thinking about your organization/agency, please respond as best as you can: *(Select all that apply)*

18. My Organization/Agency and I...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool
(a) Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Overdose Response and Linkage to Care: A Roadmap for Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Linkage to Care to Prevent Overdose: Strategies from the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Establishing Culturally Centered Peer Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE : Answer the below question only if answer to((Q#11 is Yes))

Thinking about your partners/grantees, please respond as best as you can: (Select all that apply)

19. My Partners/Grantees...

	Are Aware of the Tool	Have Accessed the Tool	Have Used the Tool	I Do Not Know
(a) Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Overdose Response and Linkage to Care: A Roadmap for Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Linkage to Care to Prevent Overdose: Strategies from the Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Establishing Culturally Centered Peer Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please use the space below to explain your response(s) to item (4/17).

Items 5-11 ask you to give your thoughts on specific areas involving tools for overdose prevention.

21. (5/17). In general, what tools, training, and/or technical assistance focused on overdose prevention to do you find helpful to better understand overdose prevention and support you in your role? *Please explain.*

22. (6/17). What formats or types of tools are useful for you? *Select all that apply.*

- ☐ Briefings (e.g. brief resource documents)
- ☐ Templates (e.g. sample job descriptions or employee handbook policies)
- ☐ Webinars (provided live or recorded)
- ☐ Worksheets (e.g. organizational self-assessments)
- ☐ Other (Please specify) _____
- ☐ None of the above

23. (7/17). What topics in overdose prevention are you seeking? *Select all that apply.*

- ☐ Information on overdose prevention topics in which my jurisdiction is not effective or struggling.
- ☐ Information that is more setting specific (e.g., health systems, public safety, urban versus rural).
- ☐ Information on overdose prevention topics in which my jurisdiction is already working and would like to expand our knowledge base.
- ☐ Other (Please specify) _____
- ☐ None of the above

24. For items (6/17) and (7/17), are there other formats of tools or other topics that you are seeking? If so, please explain further.

25. (8/17). When accessing overdose prevention tools, do you have **at least some knowledge** about the following topic areas? *Select all that apply.*

- ☐ Primary prevention of substance use
- ☐ Secondary prevention
- ☐ Evidence-based treatment
- ☐ Medication for Addiction Treatment (MAT)
- ☐ Recovery and peer support
- ☐ Other (Please specify) _____
- ☐ None of the above

26. (9/17). When accessing overdose prevention tools, do you have **no knowledge at all** about the following topic areas? *Select all that apply.*

- ☐ Primary prevention of substance use
- ☐ Secondary prevention
- ☐ Evidence-based treatment
- ☐ Medication for Addiction Treatment (MAT)
- ☐ Recovery and peer support
- ☐ Other (Please specify) _____
- ☐ None of the above

27. Please use the space below to explain your response(s) to items (8/17) and (9/17).

28. (10/17). What are some ideal features of tools for you? (e.g., length, specific content areas). *Please explain.*

29. (11/17). How do you want resources and tools for overdose prevention to be shared with you? *Select all that apply.*

- ☐ Conferences
- ☐ E-Mail Listserv
- ☐ In-Person Meetings
- ☐ Virtual Meetings/Webinars
- ☐ Other (Please specify) _____
- ☐ None of the above

30. For item (11/17), is there anything else you want us to know about your reasoning for selecting those methods for sharing tools? If so, please explain.

Items 12-14 ask you provide information on how you share these tools with your jurisdiction and how those people and organizations use these tools for overdose prevention.

(12/17). Generally speaking, who is using the tools for the implementation of overdose prevention programs within your organization/agency? *If your organization does not have the staff position listed, select "N/A".*

31. Within Your Organization/Agency

	Yes	No	Not Sure	N/A
(a) Program Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Primary Investigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Administrator/Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Staff Working Directly with People Who Use Drugs (PWUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to (Q#11 is **Yes**)

Generally speaking, who is using the tools for the implementation of overdose prevention programs among your partners/grantees? *As a reminder, a "partner/grantee" is an organization that your organization sends fund to for overdose prevention efforts in your jurisdiction.*

32. Among Your Partners/Grantees

	Yes	No	Not Sure
(a) Program Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Administrator/Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Primary Investigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Staff Working Directly with People Who Use Drugs (PWUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. (13/17). How do you share tools for overdose prevention with your jurisdiction and/or with your partners/grantees? *Select all that apply.*

- ☐ Conferences
- ☐ E-Mail Listserv
- ☐ In-Person Meetings
- ☐ Virtual Meetings/Webinars
- ☐ Other (Please specify) _____
- ☐ We do not have partners/grantees involved in overdose prevention

34. Please use the space below to explain your response(s) to item (12/17) and item (13/17).

35. (14/17). How do you think your jurisdiction and/or your partners/grantees use these tools? *Please explain.*

Items 15-17 ask you to provide information on potential modification of tools for overdose prevention.

36. (15/17). Generally speaking, do you read the tool(s) for overdose prevention once or do you find yourself returning to the tool(s) as a reference guide? *Please explain.*

37. (16/17). Are **you** modifying any of these tools (e.g. taking these tools and tailoring them to your community)? (Select one option)

- ☐ Yes
- ☐ No

NOTE : Answer the below question only if answer to((Q#37 is **Yes**))

38. How are you modifying these tools? *Please explain.*

NOTE : Answer the below question only if answer to((Q#11 is **Yes**))

39. Are your **partners/grantees** modifying any of these tools? (Select one option)

- ☐ Yes
- ☐ No
- ☐ I Don't Know

NOTE : Answer the below question only if answer to((Q#39 is **Yes**))

40. If so, how are your partners/grantees modifying the tools (e.g., taking these tools and tailoring it to the populations they serve)? *Please explain.*

NOTE : Answer the below question only if answer to((Q#11 is **Yes**))

41. From your perspective, do your partners/grantees want a more hands-on approach (like a webinar) or a document they can open and read on their own time? Please explain.

If you do not know, enter "Don't Know".

42. (17/17). What specific expertise do you want to see reflected in a tool? (e.g., academic/research, epidemiological, evidence-based, lived experience, on-the-ground experience, grant/funding, programmatic, etc.). *Please explain.*

43. Please provide any other comments and feedback about your use and thoughts on tools for overdose prevention.
