

RCORP-Psychostimulant Measures

OMB Number: 0906-0044
Expiration Date: 8/31/2027.

SERVICE AREA AND CONSORTIUM

#	Measure Instructions	Measure
1	Identify the number and types of medical organizations and agencies in your consortium.	• Co-occurring mental and substance abuse treatment provider • Hospital - Critical Access Hospital (CAH) • Hospital - Small Rural (49 beds or less, non-CAH) • Hospital - Other (e.g., Sole Community, Rural Referral Center, etc.) • Emergency medical services entity • Federally Qualified Health Center (FQHC) • FQHC Look-alike • Local or state health department • Mental and behavioral health organization, practice, or provider • Mental health treatment provider – Community based organization • Mental health treatment provider – Licensed therapist • Mental health treatment provider – Psychiatrist / psychiatric services • Mental health treatment provider – Other • Primary care practice or provider • Rural Health Clinic • Ryan White HIV/AIDS clinic • Substance abuse treatment provider – Methadone clinic • Substance abuse treatment provider – Opioid treatment program (OTP) • Substance abuse treatment provider – Other • Other medical agency or organization, Type 1- Specify: • Other medical agency or organization, Type 2- Specify • Other medical agency or organization, Type 3- Specify
2	Identify the number and types of social service and non-medical organizations and agencies in the consortium	• Community-based organization • Cooperative extension system office • Criminal justice entity – Law enforcement • Criminal justice entity – Court system • Criminal justice entity – Prison

		• Criminal justice entity – Probation and parole • Faith-based organization • Healthy Start site • HIV and HCV prevention organization • Maternal, Infant, and Early Childhood Home Visiting Program local implementation agency • Poison Control Center • Primary Care Association (PCA) • Primary Care Organization (PCO) • Recovery Community Organization (RCO) • Research / Academic Organization • School system • Single State Agency (SSA) • State Office of Rural Health (SORH) • Tribe/Tribal organization • Other social service and non-medical agency or organization, Type 1- Specify • Other social service and non-medical agency or organization, Type 2- Specify • Other social service and non-medical agency or organization, Type 3- specify
3	Select the option that best describes your project's service area	• Single County • Multiple Counties • State • Multiple States • National
4	Identify the State(s)/Territories and county/counties included in the project service area. Select from the 'States/Territories' and 'Counties' drop-down and then click on the 'Add' button and repeat if needed. Territories are listed at the bottom of the drop-down. Please note that only HRSA-designated rural counties should be included in your service area.	• Dropdown for States/Territories • Dropdown for Counties
5	Please report the total number of people that live in the project's rural service area.	Total population in the project's rural service area
6	Please report the total number of consortium meetings conducted in the current reporting period in which the majority (>75%) of members participated.	Total number of consortium meetings conducted in the current reporting period
7	Please report the total unduplicated number of service delivery sites within the	Total number of unduplicated service delivery sites offering at least one prevention,

	consortium in the target rural service area offering at least one prevention, treatment and/or recovery service within the current reporting period.	treatment and/or recovery service
8	For each of the following services, please report the total number of service delivery sites within the consortium 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.	• Prevention services (not including naloxone) • Screening and/or assessment services • Medication-Assisted Treatment (with or without psychosocial) • SUD/ODU treatment other than MAT • Infectious disease testing (i.e., HIV or HCV) • Recovery support services • Mental health treatment • Other - specify
9	Report the total unduplicated number of service delivery sites within the consortium in the target rural service area offering at least one harm reduction service within the current reporting period.	Total number of unduplicated service delivery sites offering at least one harm reduction service
10	For each of the following harm reduction services, please report the total number of service delivery sites within the consortium 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.	• Naloxone access • Syringe services • Fentanyl test strips • Safe smoking kits • Sex worker services • Other - specify
11	For each service listed, select whether it was newly established with or without RCORP-Psychostimulant Support funds, expanded with or without RCORP-Psychostimulant Support funds, remained the same, or did not exist in the current reporting period (dropdown).	• Prevention service (any except naloxone) • Screening and/or assessment service • MAT (with or without psychosocial therapy) • SUD/ODU treatment other than MAT • Mental health treatment • Infectious disease testing (i.e., HIV or HCV) • Recovery support services (any) • Harm reduction services (any) • Other – please specify
12	NOTE: Sustainability measures only reported in final reporting period of the grant (Sept. 2024) Will the consortium as a unit and/or at least one key consortium activity be sustained after the RCORP grant ends?	• Yes • No
13	If you selected yes in previous sub-section, what will sustain? (check all that apply)	• Consortium as a unit • At least one key consortium activity
14	If you selected "At least one key consortium	• Absorption of services or other means of in-

	activity” in the previous sub-section how will the activity or activities be sustained? (check all that apply)	kind support • Reimbursement by third party payers • RCORP grant funding • HRSA grant funding (not including RCORP grants) • 15Other grant funding (not including HRSA and RCORP grant funding) • Fees • Formulary funds • Other: please describe (text box)
--	---	--

DEMOGRAPHICS

These tables collect demographic information for all individuals who have received direct services for psychostimulant 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
15	Please report the number of individuals served, by ethnicity, during the current reporting period.	• Hispanic or Latino • Not Hispanic or Latino • Unknown • Total
16	Please report the number of individuals served, by race, during the current reporting period.	• American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • More than one race • Unknown • Total
17	Please report the number of individuals served, by age, during the current reporting period.	• 0-12 • 13-17 • 18-24 • 25-34 • 35-44 • 45-54 • 55-64 • 65 and over • Total

18	Please report the number of individuals served, by insurance status, during the current reporting period.	• Self-pay • None/Uninsured • Dual Eligible (covered by both Medicaid and Medicare) • Medicaid/CHIP only • Medicare only • Medicare plus supplemental • TriCARE • Other third party (e.g., privately insured) • Unknown • Total
19	Please report the number of individuals served, by sex, during the current reporting period.	• Male • Female • Unknown • Total
		• —

DIRECT SERVICES

#	Measure Instructions	Measure
21	Please report the total number of individuals who have been screened for substance use disorder (SUD) in the current reporting period.	Number of individuals screened for SUD
22	Please report the total number of individuals who screened positive for SUD, or at risk for overuse/misuse, in the current reporting period. If known , please specify the number of individuals who screened positive for specific substances. While individuals could screen positive for multiple substances, each subcategory should not exceed the total.	• Total number of individuals who screened positive for alcohol or substance use • Number of individuals who screened positive for alcohol overuse/misuse (or at risk for this) • Number of individuals who screened positive for opioid overuse/misuse (or at risk of this) • Number of individuals who screened positive for psychostimulant overuse/misuse (or at risk of this) • Number of individuals who screened positive for other substance overuse/misuse (or at risk of this) (specify)
23	Please report the total number of individuals diagnosed with substance use disorder (SUD) in the current reporting period. If known , please specify the number of individuals who were diagnosed for specific	• Total number of individuals diagnosed with an SUD • Number of individuals diagnosed with alcohol use disorder

	SUDs. While individuals could be diagnosed with multiple SUDs, each subcategory should not exceed the total.	• Number of individuals diagnosed with opioid use disorder • Number of individuals diagnosed with psychostimulant use disorder • Number of individuals diagnosed with other SUD (specify)
24	Please report the total number of individuals with a positive screen and/or diagnosis of substance use disorder (SUD) who were referred to SUD treatment during the current reporting period.	Number of individuals with a positive screen and/or an SUD diagnosis who were referred to SUD treatment
25	Please report the total number of individuals who have received contingency management services in the current reporting period.	Number of individuals who received Contingency Management services for psychostimulant use disorder
26	Please report the total number of individuals who received an SUD treatment service other than contingency management in the current reporting period.	Number of individuals who received an SUD treatment service other than contingency management
27	Please report the total number of individuals who received recovery support services in the current reporting period.	Number of individuals who received recovery support services
28	Please report the total number of individuals who have been screened for a mental health disorder in the current reporting period.	Total number of individuals screened for a mental health disorder
29	Please report the total number of individuals who screened positive and/or had a mental health diagnosis who were referred to mental health treatment during the current reporting period.	Number of individuals who screened positive or had a mental health diagnosis who were referred to mental health treatment
30	Report the total number of individuals diagnosed with a mental health disorder in the current reporting period. If known , please specify the number of individuals who were diagnosed for a specific mental health disorder within the following subcategories. Each subcategory should not exceed the total.	• Total number of individuals diagnosed with a mental health disorder • Number of individuals diagnosed with an anxiety disorder • Number of individuals diagnosed with a mood disorder (e.g., major depressive disorder) • Number of individuals diagnosed with a trauma- and stressor-related disorder • Number of individuals diagnosed with an eating disorder • Number of individuals diagnosed with a psychotic disorder • Number of individuals diagnosed with a

		personality disorder Number of individuals diagnosed with other mental health disorder (specify)
31	Please report the total number of individuals who were tested for HIV during the current reporting period.	Number of individuals who were tested for HIV
32	Please report the total number of individuals who were tested for HCV during the current reporting period.	Number of individuals who were tested for HCV
33	Report the total number of individuals with a SUD and/or mental health diagnosis who were referred to support services during the current reporting period, by type of service. While individuals could be referred to multiple services, each subcategory should not exceed the total.	- Total number of individuals with an SUD and/or mental health diagnosis who were referred to support services - Number of individuals referred to childcare services - Number of individuals referred to employment services - Number of individuals referred to recovery housing services - Number of individuals referred to prenatal/postpartum care services - Number of individuals referred to transportation to treatment - Number of individuals referred to trauma-informed services - Other – specify

WORKFORCE

#	Measure Instructions	Measure
34	Please report the total number of unduplicated providers within the consortium who provided SUD/OD treatment services, mental/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 grant funds) during the current reporting period.	- Total number of unduplicated providers (i.e., individuals) - Total number of providers newly hired with RCORP-Psychostimulant grant funds
35	Please report the total number of providers	Total number of providers (i.e. individuals) who

	(i.e., individuals) within the consortium who have a Drug Addiction Treatment Act 2000 (DATA) Waiver to prescribe buprenorphine-containing products for medication-assisted treatment (MAT) within the target rural service area	have a Drug Addiction Treatment Act 2000 (DATA) Waiver
36	Please report the total number of providers (i.e. individuals) within the consortium who have prescribed medications used to treat OUD during the current reporting period.	Total number of providers (i.e. individuals) who have prescribed medications used to treat OUD
37	Please report the total number of providers (i.e., individuals) within the consortium who have provided SUD/OUD 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).	• Total Number of Providers • Number of Medical Providers • Number of Non-Medical Counseling Staff • Number of Peer Recovery Support Specialists • Other – specify
38	Please report the total number of providers (i.e. individuals) within the consortium who have provided SUD/OUD treatment services other than 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).	• Total Number of Providers • Number of Medical Providers • Number of Non-Medical Counseling Staff • Number of Peer Recovery Support Specialists • Other – specify
39	Please report the total number of providers (i.e., individuals) within the consortium who have provided recovery support services during the current reporting period in the target rural service area.	• Total Number of Providers • Number of Medical Providers • Number of Non-Medical Counseling Staff • Number of Peer Recovery Support Specialists • Other – specify
40	Please report the total number of providers (i.e., individuals) who have provided mental/behavioral health treatment services 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).	• Total Number of Providers • Number of Medical Providers • Number of Non-Medical Counseling Staff • Number of Peer Recovery Support Specialists • Other – specify

#	Measure Instructions	Measure	
44	Among the drug types listed, please rank in order the top three drug types that currently pose the greatest concern to the health and well-being of your service area.	- Alcohol - Methamphetamine - Fentanyl and Fentanyl Analogs (i.e. synthetic opioids) - Heroin	OMB Number: 0906-0044 Expiration Date: 8/31/2027.
41	Report the total number of SUD and/or Prescription opioid-related trainings conducted in the current reporting period as a result of funding received from the following sources:	- Number of ACES trainings - Number of contingency management trainings - Number of behavioral therapy trainings - Number of mental health first aid trainings - Number of Naloxone trainings - Number of Opioid prescribing guidelines trainings - Number of school-based evidence-based practices trainings - Number of stigma reduction trainings	
45	Among the funding types listed, please rank in order the top three funding types in your service area that have the least capacity to treat.	- Alcohol - Methamphetamine - Fentanyl and Fentanyl Analogs (i.e. synthetic opioids) - Heroin - Prescription opioids - Marijuana - Benzodiazepines	
46	Among the problem areas listed, please rank in order the top three problem areas that currently pose the greatest concern to the health and well-being of your HRSA-designated rural service area.	- Drug-related bacterial infections (e.g., infectious endocarditis) - Drug-related HIV infection - Drug-related viral Hepatitis (A, B, C) - Fatal and non-fatal overdoses (all drugs) - Neonatal Abstinence Syndrome - Opioid poisonings among children aged 1-4 years	PREVALENCE
#	Measure Instructions	Measure	
42	Using the following scale, please indicate the degree to which non-fatal overdoses have changed within the current reporting period.	- Significantly increased - Increased - Decreased - Significantly Decreased - No change	
47	Among the problem areas listed, please rank in order the top three problem areas that your HRSA-designated rural service area has the least capacity to address.	- Drug-related bacterial infections (e.g., infectious endocarditis) - Drug-related HIV infection - Drug-related viral Hepatitis (A, B, C) - Fatal and non-fatal overdoses (all drugs) - Neonatal Abstinence Syndrome - Opioid poisonings among children aged 1-4 years	
43	Using the following scale, please indicate the degree to which fatal overdoses have changed within the current reporting period.	- Significantly increased - Increased - Decreased - Significantly Decreased - No change	
48	Among the populations listed, please rank in order the top three population that are currently most at risk for a substance use disorder within your HRSA-designated rural service area.	- People of color - People of Hispanic or Latino ethnicity - People whose native language is not English - Adolescents - Emerging adults - Women - People who identify as LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex) - People who are unhoused or homeless - People with criminal justice involvement - People with low income/socioeconomic status - Pregnant or post-partum women - People with disabilities - Veterans - Tribal populations - Other (specify)	OTHER



OMB Number: 0906-0044
Expiration Date: 8/31/2027.



OMB Number: 0906-0044
Expiration Date: 8/31/2027.

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 0906-0024 and it is valid until 8/31/2027. 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 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.