Form
Approved OMB No.
0930-0384
Expiration Date: 12/31/2027

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

Government Performance and Results Acts (GPRA)

State Opioid Response (SOR)/Tribal Opioid Response (TOR)

Program Instrument

SOR/TOR Program Instrument Protocol

The State Opioid Response (SOR)/Tribal Opioid Response (TOR) Program Instrument is a tool used to collect and report data on the implementation and impact of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT)'s SOR/TOR programs. The purpose of this program is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. This instrument is used by grantees (states, territories, and Tribal entities) to submit quarterly and annual data to SAMHSA to ensure compliance with the Government Performance and Results Act (GPRA).

The SOR/TOR Program Instrument collects the following information:

- Distribution of opioid overdose reversal medication and successful overdose reversals
-
- Delivery of opioid and stimulant use disorder treatment services
- Delivery of prevention and education activities related to opioid and stimulant overdose
- Delivery of recovery support services
- Annual expenditure and services data on SOR and TOR sub-recipients

The instrument is divided into two sections:

- **Section A. Program-Specific Questions**
- **Section B. Sub-Recipient Entity Inventory**

The program-specific questions in Section A should be submitted quarterly, using the past three months as the reporting period. The sub-recipient information in Section B should be submitted annually, no later than 30 days after the end of the second quarter (April 30). Ensure that all reported information and data pertain to programs or services **funded fully or partially by SOR/TOR grant funds.**

Reporting quarters and deadlines are as follows:

SOR/TOR Data Collection Requirements for Quarterly and Annual Reports

Section	Reporting Period	Due Date	Submission Frequency
A	Q1: October 1 - December 31	January 31	Quarterly
A	Q2: January 1–March 30	April 30	Quarterly
A	Q3: April 1–June 30	July 31	Quarterly
A	Q4: July 1–September 30	October 31	Quarterly
B	All Quarters (Previous FFY)	April 30	Annually*

*This information should be reported annually, no later than 30 days after the end of the second quarter (i.e., April 30) of the budget period.

A. PROGRAM-SPECIFIC QUESTIONS

1. How many kits of opioid overdose reversal medication has your state/territory/Tribal entity **purchased** since the last reporting period?

   - O Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray) |___|___|___|___|___|___|
   - O Nalmefene nasal spray (Opvee®) |___|___|___|___|___|___|
   - O Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi-dose vials, Zimhi®) |___|___|___|___|___|___|
   - O Other opioid overdose reversal medications |___|___|___|___|___|___|
     (please specify) _____

   ☐ Check here if this information is unavailable

   If reporting either a zero value or information is unavailable, please indicate why:

   - O Activity is not part of our plans for this grant
   - O Activity is planned to begin at a later date
     - Please specify planned start date _____
   - O Activity is being funded by other funds (e.g., other non-SOR/TOR SAMHSA funds; state funds and/or other federal funds (i.e., CDC grants, CMS (Medicare or Medicaid), etc.)
   - O Partners have not provided any information about this item for this period
   - O Planned activity was completed/targets were met in a previous period
   - O Other *(please specify)* _____

2. How many kits of opioid overdose reversal medication has your state/territory/Tribal entity **distributed** since the last reporting period?

   - O Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray) |___|___|___|___|___|___|
   - O Nalmefene nasal spray (Opvee®) |___|___|___|___|___|___|
   - O Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi-dose vials, Zimhi®) |___|___|___|___|___|___|
   - O Other opioid overdose reversal medications |___|___|___|___|___|___|
     (please specify) _____

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3. Which entities did your state/territory/Tribal entity distribute opioid overdose reversal medication kits to since the last reporting period? *(select all that apply)*

    - Schools, colleges, and universities
    - Community-based overdose and infectious disease prevention organizations
    - Community-based organizations (e.g., veteran organizations, libraries, community coalitions)
    - Shelters or agencies that provide services to people experiencing homelessness
    - Faith-based organizations
    - First responders (e.g., police departments, fire departments, and emergency medical services)
    - Criminal justice settings (e.g., courts, jails, prisons, probation, and parole)
    - Local health departments or county health departments
    - Substance use disorder (SUD) treatment facilities (e.g., SUD outpatient, opioid treatment programs, and residential treatment facilities)
    - Mental health treatment facilities (e.g., certified community behavioral health clinics and other community mental health centers)
    - Recovery facilities (e.g., recovery community organizations, recovery housing, and sober living homes)
    - Community health centers or federally qualified health centers
    - Hospitals/emergency departments
    - Pharmacies
    - Tribal government entities (e.g., education, human services, or public works department)
    - Tribally run businesses (e.g., casinos, hotels, and stores)
    - Commercial business entities (e.g., restaurants, construction companies, and retail business establishments)
    - Other types of entities *(please specify)* _____

    ☐ Check here if NO opioid overdose reversal medication kits were distributed since the last reporting period.

    ☐ Check here if this information is unavailable

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    - O Partners have not provided any information about this item for this period
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    - O Other (*please specify*) _____

4. Of the opioid overdose reversal medication kits distributed, how many overdose reversals occurred in your state/territory/Tribal entity since the last reporting period?

    - O Number of overdoses reversed |___|___|___|___|___|___|

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- O Other *(please specify)* _____

5. How many first responders and individuals in key community sectors has your state/territory/Tribal entity trained on recognizing an opioid overdose and appropriate use of opioid overdose reversal medications since the last reporting period?

- O Number of first responders (e.g., law enforcement, emergency medical services, and fire departments) |___|___|___|___|___|___|
- O Number of individuals in key community sectors (e.g., family members, peers, military, criminal justice, community groups, and coalitions) |___|___|___|___|___|___|

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- O Other *(please specify)* _____

6. How many individuals in your state/territory/Tribal entity were educated on the consequences of opioid and/or stimulant misuse through the following activities since the last reporting period?

- O Number of individuals educated using strategic messaging (e.g., media campaigns, targeted social media content, and other similar strategies) |___|___|___|___|___|___|
- O Number of individuals educated through prevention and education activities (e.g., implementation of evidence-based curriculum, training events, and youth-led activities) |___|___|___|___|___|___|

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- O Partners have not provided any information about this item for this period

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- O Other *(please specify)* _____

7. How many individuals in your state/territory/Tribal entity were trained to provide school-based prevention and education activities to school-aged children since the last reporting period?

   - O Number of individuals |___|___|___|___|___|___|

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8. How many school-aged children in your state/territory/Tribal entity have received school-based prevention and education activities on the consequences of opioid and/or stimulant misuse since the last reporting period?

   - O Number of school-aged children |___|___|___|___|___|___|

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9a. How many unduplicated individuals received treatment services for opioid use disorder (OUD) since the last reporting period?

   - O Number of unduplicated individuals |___|___|___|___|___|___|

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9b. Of the number of unduplicated individuals in question 11a, how many received the following medication for OUD (MOUD) since the last reporting period?

- o Methadone only |___|___|___|___|___|___|
- o Buprenorphine only |___|___|___|___|___|___|
- o Injectable Naltrexone only |___|___|___|___|___|___|
- o More than one MOUD |___|___|___|___|___|___|

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10a. How many unduplicated individuals received treatment services for stimulant use disorder since the last reporting period?

- o Number of unduplicated individuals |___|___|___|___|___|___|

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10b. Of the number of unduplicated individuals in question 12a, how many received contingency management since the last reporting period?

- o Number of unduplicated individuals |___|___|___|___|___|___|

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- O Other *(please specify)* _____

11a. How many unduplicated individuals received recovery support services since the last reporting period?

- O Number of unduplicated individuals |___|___|___|___|___|___|

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- O Other *(please specify)* _____

11b. Of the number of individuals in question 13a, how many received the following recovery support services since the last reporting period?

- O Recovery housing |___|___|___|___|___|___|
- O Recovery coaching or peer coaching |___|___|___|___|___|___|
- O Employment support |___|___|___|___|___|___|
- O Other recovery support services |___|___|___|___|___|___|
  (please specify) _____

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- O Other *(please specify)* _____

B. SUB-RECIPIENT ENTITY INVENTORY

The intent of this section is for states/territories/Tribal entities to report the expenditure amounts and types of services provided by SOR/TOR grant sub-recipients during the previous fiscal year. Sub-recipients are entities that receive SOR/TOR funds directly through a sub-award from the state/territory/Tribal entity. Grantees should enter all sub-recipients in the table, inserting a new row for each entity. To insert a new row, right-click inside a cell, hover over **Insert**, and select **Insert Rows Below**.

In each row of the table below, grantees should enter the sub-recipient's contact information and the following details from the previous fiscal year:

1. **Expenditure amounts:** The total amount of SOR/TOR funds used to support program activities.
2. **Types of services** funded fully or partially by SOR/TOR grant funds. Check the boxes corresponding to the services provided.
   - *Prevention:* training & education, strategic messaging, school-based intervention, and community-based interventions.
   - *Overdose prevention and response:* overdose reversal medications and
   - *Treatment*: MOUD, residential treatment, outpatient treatment, and contingency management.
   - *Recovery support services:* peer/recovery coaching, recovery housing, and employment support.

If there are no SOR/TOR grant sub-recipients to report, check the box below this table.

					Types of Services *(check all that apply)*			
SOR/TOR Grant Sub-Recipient	**Street Address**	**State**	**Zip Code**	**SOR/TOR Expenditure Amount**	**Prevention**	**Overdose Prevention and Response**	**Treatment**	**Recovery Support Services**
					☐ Training & Education ☐ Strategic Messaging ☐ School-based Interventions ☐ Community-based Interventions	☐ Overdose Reversal Medications ☐	☐ MOUD ☐ Residential Treatment ☐ Outpatient Treatment ☐ Contingency Management	☐ Peer/ Recovery Coaching ☐ Recovery Housing ☐ Employment Support
					☐ Training & Education ☐ Strategic Messaging ☐ School-based Interventions ☐ Community-based Interventions	☐ Overdose Reversal Medications ☐	☐ MOUD ☐ Residential Treatment ☐ Outpatient Treatment ☐ Contingency Management	☐ Peer/ Recovery Coaching ☐ Recovery Housing ☐ Employment Support

☐ **Check here if you do not have SOR/TOR grant sub-recipients.**