Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

State Opioid Response (SOR)/Tribal Opioid Response (TOR) – Program Instrument

A. PROGRAM SPECIFIC QUESTIONS

For all program-specific questions in this section, information is reported quarterly therefore consider the past three months as the reporting period. Information and data should be reported for all programs/services **either funded wholly or in part by SOR/TOR grant funds.**

Information is reported quarterly as follows:
Q1: October 1 - December 31; reporting due January 31
Q2: January 1 - March 31; reporting due April 30
Q3: April 1 - June 30; reporting due July 31
Q4: July 1 - September 30; reporting due October 31

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

    _____Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray)
    _____Nalmefene (Opvee®) nasal spray
    _____Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi-dose vials, Zimhi®)
    _____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:

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

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

    _____Naloxone nasal spray product (e.g., Narcan®, Kloxxado®, RiVive™, generic naloxone nasal spray)
    _____Nalmefene (Opvee®) nasal spray
    _____Naloxone liquid for intramuscular administration (e.g., generic naloxone single or multi-dose vials, Zimhi®)
    _____other opioid overdose reversal medications *(please specify)* _____

    ☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

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

☐ schools, colleges, and universities
☐ harm reduction organizations (e.g., syringe services programs)
☐ 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
☐ community organizations that are not harm reduction organizations (e.g., veteran organizations,
   libraries)
☐ substance use disorder 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 <u>since the last</u>
    <u>reporting period.</u>

☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.

Please specify planned start date _____
- ○ 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.).
- ○ Partners have not provided any information about this item for this period.
- ○ Planned activity was completed/targets were met in a previous period.
- ○ Other (*specify*) _____

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

_____overdoses reversed

☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

- ○ Activity is not part of our plans for this grant.
- ○ Activity is planned to begin at a later date.
     Please specify planned start date _____
- ○ 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.).
- ○ Partners have not provided any information about this item for this period.
- ○ Planned activity was completed/targets were met in a previous period.
- ○ Other (*specify*) _____

5. How many drug checking technologies as directed by SAMHSA has your state/territory/Tribal entity **purchased** <u>since the last reporting period</u>?

_____Fentanyl test strips
_____Xylazine test strips
_____other drug checking technologies as directed by SAMHSA *(please specify)* _____

☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

- ○ Activity is not part of our plans for this grant.
- ○ Activity is planned to begin at a later date.
     Please specify planned start date _____
- ○ 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.).
- ○ Partners have not provided any information about this item for this period.
- ○ Planned activity was completed/targets were met in a previous period.
- ○ Other (*specify*) _____

6. How many drug checking technologies as directed by SAMHSA has your state/territory/Tribal

entity **distributed** <u>since the last reporting period</u>?

_____Fentanyl test strips
_____Xylazine test strips
_____other drug checking technologies as directed by SAMHSA *(please specify)* _____

☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
        Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

7. 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 <u>since the last reporting period</u>?

    _____first responders (e.g., law enforcement, emergency medical services, and fire
            departments)
    _____ individuals in key community sectors (e.g., family members, peers, military, criminal
            justice, community groups, and coalitions)

☐ Check here if this information is unavailable

If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
        Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

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

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

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
   Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

9. 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?

_____individuals

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
   Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

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

_____school-aged children

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
   Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.

○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

11a. How many unduplicated individuals received treatment services for opioid use disorder (OUD) since the last reporting period?

_____unduplicated individuals

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

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

_____Methadone
_____Buprenorphine
_____Injectable Naltrexone
_____More than one MOUD

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

12a. How many unduplicated individuals received treatment services for stimulant use disorder since the last reporting period?

_____unduplicated individuals

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

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

_____ unduplicated individuals

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.
○ Other (*specify*) _____

13a. How many unduplicated individuals received recovery support services since the last reporting period?

_____unduplicated individuals

☐ Check here if this information is unavailable

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

○ Activity is not part of our plans for this grant.
○ Activity is planned to begin at a later date.
      Please specify planned start date _____
○ 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.).
○ Partners have not provided any information about this item for this period.
○ Planned activity was completed/targets were met in a previous period.

○ Other (*specify*) _____

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

    _____Recovery Housing
    _____Recovery Coaching or Peer Coaching
    _____Employment Support
    _____Other recovery support services *(specify)* _____

    ☐ Check here if this information is unavailable

    If reporting <u>either a zero value or information is unavailable</u>, please indicate why:

    ○ Activity is not part of our plans for this grant.
    ○ Activity is planned to begin at a later date.
        Please specify planned start date _____
    ○ 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.).
    ○ Partners have not provided any information about this item for this period.
    ○ Planned activity was completed/targets were met in a previous period.
    ○ Other (*specify*) _____

B. **SUB-RECIPIENT ENTITY INVENTORY**

For the table below, please provide expenditure amounts, from the previous fiscal year, for each SOR/TOR grant **sub-recipient**. Also, check the boxes under each of the types of services, **either funded wholly or in part by SOR/TOR grant funds,** associated with those expenditures from the previous fiscal year. This information is reported annually, no later than 30 days after the end of the second quarter (i.e., April 30) of the budget period. If you do not have SOR/TOR grant sub-recipients, please check the box below the table.

14. Please provide the following: (1) a list of all SOR/TOR grant sub-recipients, (2) expenditure amounts for each grant sub-recipient, and (3) the types of services provided by each grant sub-recipient.

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

☐ **See next page**

Area	Goal	SOR/TOR Grant Sub-Recipient	Street Address	State	Zip Code	SOR/TOR Expenditure Amount	Types of Services (check all that apply)													
							Prevention				Harm Reduction			Treatment				Recovery Support Services		
							Training & Education	Strategic Messaging	School-Based Interventions	Community-based Interventions	Overdose reversal Medications	Drug Checking Technologies	MOUD	Residential Treatment	Outpatient Treatment	Contingency Management	Peer/Recovery Coaching	Recovery Housing	Employment Support
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
							☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
					Total														