

GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA)

PROGRAM INSTRUMENT FOR STATE OPIOID RESPONSE (SOR) AND TRIBAL OPIOID RESPONSE (TOR) DISCRETIONARY GRANT PROGRAMS

QUESTION-BY-QUESTION INSTRUCTION GUIDE

June 2022
Version 2.0

SOR/TOR Program Instrument Questions

The State Opioid Response (SOR) and Tribal Opioid Response (TOR) Program Instrument contains a total of twelve questions. This instrument should be reported by program staff every quarter. Grantees should only report the information and data for all programs and activities funded wholly or in part by the SOR/TOR grant.

Reporting quarters are as follows:

Q1: October 1–December 31; reporting due January 31

Q2: January 1–March 30; reporting due April 30

Q3: April 1–June 30; reporting due July 31

Q4: July 1–September 30; reporting due October 31

If you enter “0” or select “Information is not available” you will have options to indicate why. This information is required before moving onto the next item in the Program Instrument.

Please note that individuals may be counted in multiple categories if they participated in more than one activity.

1. How many naloxone overdose kits (Narcan, Evzio, and others) has your state/territory/ tribal entity purchased since the last reporting period?

Grantees should report the total number of kits purchased wholly or in part with SOR/TOR funding. Therefore, if you purchased 10,000 kits (that include 20,000 doses), you will report 10,000 kits in SPARS.

Naloxone overdose reversal kits include the following:

- Narcan®: Naloxone Hydrochloride U.S. Food and Drug Administration (FDA)-approved nasal spray used for the treatment of an opioid emergency.
- Evzio®: Naloxone Hydrochloride FDA-approved auto-injector used for the treatment of an opioid emergency.
- Kloxxado™ (key ingredient naloxone) U.S. Food and Drug Administration (FDA)-approved nasal spray used for the treatment of an opioid emergency.
- ZIMHI (naloxone hydrochloride): U.S. Food and Drug Administration (FDA)-approved injectable used for the treatment of an opioid emergency.
- Other generic brands of injectable naloxone are offered by various companies, including Mylan, West-Ward, and Aurum.

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3. A state/tribal tracking system for the information is not available
4. Partners have not provided any information about this item for this period

5. Activity was interrupted by unforeseen circumstances (such as a natural disaster, pandemic)
6. Planned activity was completed/targets were met in a previous period
7. Other (specify)

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2. How many naloxone overdose kits (Narcan, Evzio, and others) has your state/territory/tribal entity distributed since the last reporting period?

Please enter the number of kits funded wholly or in part with SOR/TOR funds that have been distributed since the last reporting period.

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3. Of the naloxone overdose kits distributed since the last reporting period, how many overdose reversals occurred in your state/territory/tribal entity?

Please enter the number of overdose reversals that occurred using naloxone overdose kits purchased wholly or in part with SOR/TOR funds since the last reporting period.

Grantees should report all reversals using SOR/TOR purchased kits since the last reporting period, regardless of when the kit was purchased or distributed.

Grantees should report the reversals in the quarter that the reversal occurred. If a naloxone kit was distributed in Q1, the kit distribution will be reported as part of your Q1 data. If that naloxone kit led to an overdose reversal in Q2, then the overdose reversal data would be reported

with your Q2 data. If you did not find out about the Q2 reversal until Q3, then you can update your Q2 data to report that reversal once you become aware of the reversal (e.g., in Q3).

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4. How many fentanyl test strips has your state/territory/tribal entity purchased since the last reporting period?

Please enter the number of fentanyl test strips purchased wholly or in part with SOR/TOR funds since the last reporting period.

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5. How many fentanyl test strips has your state/territory/tribal entity distributed since the last reporting period?

Please enter the number of fentanyl test strips funded wholly or in part with SOR/TOR funds that have been distributed since the last reporting period.

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6. How many first responders (e.g., law enforcement, emergency medical services, and fire department) has your state/territory/tribal entity trained on recognizing an opioid overdose and the appropriate use of naloxone overdose reversal kits since the last reporting period?

Please enter the number of first responders trained on recognizing an opioid overdose and the appropriate use of naloxone overdose reversal kits since the last reporting period funded wholly or in part with SOR/TOR funds.

First responders are workers trained to be the first people to assist at the scene of an emergency and typically include law enforcement, firefighters, paramedics, emergency medical technicians, rescuers, deputy sheriffs, and others who have joined volunteer organizations connected with this type of work.

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7. How many individuals in key community sectors (e.g., family members, peers, military, criminal justice, community groups, and coalitions) has your state/territory/tribal entity trained on recognizing an opioid overdose and the appropriate use of naloxone overdose reversal kits since the last reporting period?

Please enter the number of key community sectors trained on recognizing an opioid overdose and the appropriate use of naloxone overdose reversal kits since the last reporting period funded wholly or in part with SOR/TOR funds.

Key community sectors are individuals that do not fall under the category of first responders but are individuals that are very important in addressing the opioid and/or stimulant crisis(es) in their communities. These individuals may be unique to your locality, community, and neighborhood. They include, but are not limited to:

- Family members of an individual who has experienced opioid and/or stimulant misuse.
- “Peers” – individuals who have been successful in the recovery process and who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse.
- Individuals who are actively serving in the military (i.e., Army, Navy, Marine Corps, Space Force, Coast Guard, Commission Corps of the National Oceanic and Atmospheric Administration, and Commissioned Corps of the Public Health Service).
- Individuals working in criminal justice settings (i.e., social workers, parole officers, casemanagers, and probation officers).
- Individuals who are members of community groups that are interested in addressing the opioid and/or stimulant crisis(es) in your communities.
- Individuals who are members of a coalition. A coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.
- Additional examples of key community sectors in Tribal communities might include Elders, youth, Tribal leaders, Tribal health department employees, and other Tribal government employees.

Grantees should count the number of individuals trained within each sector. For example, if a training included 250 peers, 30 military service members, and 40 social workers, then the total number of individuals (key community sectors) trained would be 320.

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8. How many people in your state/territory/tribal entity were educated on the consequences of opioid and/or stimulant misuse using strategic messaging (e.g. media campaigns, targeted social media content, and other similar strategies) since the last reporting period?

Please enter the number of people educated on the consequences of opioid and/or stimulant misuse using strategic messaging since the last reporting period funded wholly or in part with SOR/TOR funds.

Grantees can determine the number of individuals reached through advertising using several methods depending on the type of campaign.

- Social media campaigns. Using standard key performance indicators (KPIs), grantees will be able to access quantifiable measure of performance over time for a specific objective. Examples of KPIs include reach, impressions, link clicks, etc. that will help identify how many people were reached through the campaign. For more information refer to: <https://www.cdc.gov/socialmedia/Tools/guidelines/>
- Billboards. The organization and/or agency that placed the advertisement or manage the billboard will be able to provide this data.
- Other media campaigns (i.e., television and radio). The networks will be able to provide you with data. Data detailing the number of times a particular ad ran, along with the viewership/listenership during those hours are usually reported monthly.

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9. 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?

Please enter the number of school-aged children who received school-based prevention and education activities on the consequences of opioid and/or stimulant misuse funded wholly or in part with SOR/TOR funds since the last reporting period.

School-based prevention are prevention activities or curriculum that are offered or take place in a school-based setting (i.e., activities for children in Kindergarten through 12th grade). These include but are not limited to: PAX Good Behavior Game, Positive Action, Project Towards No Drug Abuse, Second Step, Sources of Strength, and Too Good for Drugs.

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(specify)” code is selected, then you will be required to enter information in the free-form text field that explains why your response is 0 or the information is not available.

10. How many people 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?

Please enter the number of people trained to provide school-based prevention and education activities to school-aged children funded wholly or in part with SOR/TOR funds since the last reporting period.

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11. How many people in your state/territory/tribal entity were educated on the consequences of opioid and/or stimulant misuse through prevention activities since the last reporting period?

Please enter the number of people educated on the consequences of opioid and/or stimulant misuse through prevention activities funded wholly or in part with SOR/TOR funds since the last reporting period.

Grantees should report the total number of people that were educated on the consequences of opioid and/or stimulant misuse through prevention activities since the last reporting period. This number should include school-aged children who were educated through school-based prevention and education activities.

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12. How many people in your state/territory/tribal entity were reached through outreach activities that target underserved and/or diverse populations (e.g., race, ethnicity, sex/gender, age, and disability status) to address the opioid and/or stimulant crisis since the last reporting period?

Please enter the number of people who were reached through outreach activities, funded wholly or in part with SOR/TOR funds, that target underserved and/or diverse populations to address the opioid and/or stimulant crisis since the last reporting period.

Underserved and/or diverse populations are groups of people who have systematically experienced greater obstacles to health based on specific factors. These factors can be defined by:

- Race (i.e., American Indian/Alaska Native, Asian American, Native Hawaiian, Pacific Islander, and Black/African American)
- Ethnicity (i.e., Hispanic/Latino)
- Sex/Gender (including transgender, lesbian, gay, and bisexual populations)
- Age
- Disability status

Outreach is defined as a person or group who provides an approach to share information with a targeted audience to get them into services. This is usually accompanied by an outreach plan. Outreach is not stationary, but mobile; in other words, it involves meeting someone in need of an outreach service(s) at the location where they are to get them into care and treatment services. Outreach activities may vary. Examples can include the dissemination of information, connecting with local settings or agencies, or any activity surrounding engagement.

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This is the last question in the SOR/TOR Program Instrument, the tool is now complete.