Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

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

QUESTION-BY-QUESTION INSTRUCTION GUIDE

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Guide Overview

These instructions support the collection and reporting of data for the Center for Substance Abuse Treatment (CSAT) State Opioid Response (SOR)/Tribal Opioid Response (TOR) Program Instrument. The SOR/TOR Program Instrument is a tool used to gather program-specific data on the implementation and impact of CSAT's SOR/TOR discretionary grant programs. The instrument is used by grantees (states, territories, and Tribal entities) to submit quarterly and annual data to SAMHSA for all programs and services **funded fully or partially by SOR/TOR grants**, ensuring compliance with the Government Performance and Results Act (GPRA).

The SOR/TOR Program Instrument can be accessed by SOR/TOR grantees in the Resources section of the SPARS website (SPARS login required).

The instrument is divided into two sections:

- **Section A. Program-Specific Questions** collects program-specific information on states, territories, and Tribal entities' activities.
- **Section B. Sub-Recipient Entity Inventory** collects information on expenditures and types of services provided by sub-recipients of SOR/TOR funds during the previous fiscal year.

This guide is structured according to the sections of the instrument. Each section includes an overview, relevant definitions, and detailed instructions for responding effectively to each question.

For a summary of the required sections for quarterly and annual reporting, refer to the table on the next page. The following information about each question on the SOR/TOR Program Instrument is provided:

Intent/Key Points

Explains the purpose of each question.

Definitions

Clarifies how to count or record certain responses.

Deadlines and Reporting Requirements

Grantees should submit program-specific data from **Section A** on a **quarterly** basis. **Section B** sub-recipient information must be submitted **annually**, no later than **April 30**, and should reflect data from the previous federal fiscal year (FFY). All reported data must be inclusive of all programs and services **funded fully or partially by SOR/TOR grant funds.**

Reporting quarters and deadlines are as follows:

Table 1. SOR/TOR Data Collection Requirements for Quarterly and Annual Reports

Section	Reporting Period	Due Date	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 subsequent FFY.

Question-by-Question Guide

A. PROGRAM-SPECIFIC QUESTIONS

This section covers the program-specific questions that SOR/TOR grantees should report quarterly. Data should reflect activities conducted during the designated reporting period for each FFY quarter (i.e., October 1–December 31 for Quarter 1). Grantees should report data for all programs and services funded fully or partially by SOR/TOR grant funds.

For each question in Section A, grantees should enter a numeric value in the designated fields or spaces. If all values are zero or unavailable for any question, grantees must check the corresponding box and provide a reason for the omission before moving on to the next question. Grantees are **required** to explain why they are reporting zero values or unavailable information after every question in Section A. However, grantees are not required to complete all activities requested by the program instrument.

When reporting data in Section A, note that some questions require counting individuals who may have engaged in more than one of the available response options. For example, Question 13b asks for the number of individuals who received **each** recovery support service. If a person received both recovery housing and employment support during a single reporting period, that individual should be counted once under each relevant response option. This ensures accurate reporting of all services provided, even if the same person is counted more than once.

In contrast, other questions require reporting **unduplicated individuals**. For these questions, each person should be counted only once per quarter, regardless of how many services they received or activities in which they participated. For instance, Question 11a asks for the number of unduplicated individuals who received treatment services for opioid use disorder (OUD) during the reporting period. In this case, even if an individual received multiple treatment services, they should be counted only once in the total.

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

Intent/Key Points

The intent of this question is to report the total number of opioid overdose reversal medication (OORM) kits *purchased* with SOR/TOR funding during the reporting period. This data helps SAMHSA assess the impact of funding on increasing the availability of these life-saving interventions and reducing fatal overdoses.

Each opioid overdose reversal kit typically contains two doses of OORMs. However, grantees should report only the number of kits purchased, regardless of the number of doses each kit contains. For example, if 10,000 kits were purchased with SOR/TOR funds (containing 20,000 doses), grantees should report 10,000 kits.

Definitions

- *Opioid overdose reversal medications (OORMs)* are life-saving drugs that reverse the effects of an acute opioid overdose and restore breathing. These medications are available by prescription, through standing orders, over the counter at pharmacies and other retail outlets, or for free from some community-based organizations (SAMHSA, 2023a). OORMs include the following:
  - *Naloxone* is a Food and Drug Administration (FDA)-approved medication and OORM that has been used for decades by emergency medical service (EMS) providers and laypeople to reverse opioid overdose and resuscitate individuals who have experienced an overdose involving opioids. There are two primary ways naloxone can be administered. It can be given intranasally through a device that sprays the medication into the person's nose. It is also available as an injection into a person's muscle—typically the butt, shoulder, or thigh (SAMHSA, 2023a).
  - *Nalmefene* is an FDA-approved OORM that reverses the effects of opioids and can treat symptoms of an acute overdose. It remains in the body significantly longer than naloxone, with a half-life of 11 hours compared to naloxone's half-life of 1.5 to 2 hours (SAMHSA, 2023a).
  - *Other opioid overdose reversal medications* are other OORMs purchased that are not listed above. Only report under this option if directed by SAMHSA; this enables SAMHSA to collect data on newly FDA-approved OORMs.

Table 2. A list of OORM brands, formulations, and dosages

OORM	Brand	Formulation	Dosage
Naloxone	RiVive™	Single-use Nasal Spray	3 mg
Naloxone	Narcan®, generic	Single-use Nasal Spray	4 mg/ 0.1 ml
Naloxone	N/A	Single-dose Vial (IM/IV/subcutaneous)	0.4 mg/ml
Naloxone	Zimhi®	Auto-Injector (IM/subcutaneous)	5 mg/ml
Naloxone	Kloxxado®	Single-use Nasal Spray	8mg/0.1 ml
Nalmefene	Opvee®	Single-use Nasal Spray	2.7 mg/0.1 ml

Reporting Zero Value or Unavailable Information

If reporting a zero value or information is unavailable, grantees should select one of the reasons below to 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 (*please specify*) _____

If **Activity is planned to begin at a later date**, grantees should enter the planned date in the free-form text field, if available. If **Other** (*please specify*) is selected, grantees should enter an explanation for why the response is zero or the information is not available.

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

Intent/Key Points

The intent of this question is to report the total number of OORM kits *distributed* during the reporting period that were funded fully or partially with SOR/TOR funds. This data helps SAMHSA assess the impact of funding on expanding the availability of OORMs in the community and reducing fatal overdoses.

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)*

Intent/Key Points

The intent of this question is to report all entities that received opioid overdose reversal medication kits during the reporting period, funded fully or partially with SOR/TOR funds. This data helps SAMHSA assess the impact of funding on distributing lifesaving OORMs to the community.

Grantees should select all checkboxes that apply.

Definitions

- *Schools, colleges, and universities* are educational institutions that offer secondary and postsecondary education. The term "schools" encompasses a brand range of learning environments, including secondary schools, undergraduate, and graduate programs, and English language institutes.
- *Harm reduction organizations (e.g., syringe services programs)* are programs where people with lived and living experience lead the planning and oversight, program development and evaluation, and resource/funding allocation for an organization's harm reduction initiatives, programs, and services. Harm reduction activities may be integrated into a comprehensive, person-centered program of care that includes treatment services that meet the specific needs of the community in which the program is housed (SAMHSA, 2023b).
- *Shelters or agencies that provide services to people experiencing homelessness* are places that offer safe and temporary accommodations for people experiencing homelessness.
- *Faith-based organizations* are entities that hold specific religious beliefs and social principles.
- *First responders (e.g., police departments, fire departments, and emergency medical services)* are personnel trained to provide initial assistance at emergency scenes, including law enforcement officers, firefighters, paramedics, emergency medical technicians, rescuers, and others who have joined volunteer organizations connected with this type of work.
- *Criminal justice settings (e.g., courts, jails, prisons, probation, and parole)* are agencies and facilities involved in the administration of justice, which includes a network of institutions responsible for identifying, prosecuting, and penalizing criminal offenses.
- *Local health departments or county health departments* are governmental organizations

dedicated to protecting and promoting community health.

- *Community organizations that are not harm reduction organizations (e.g., veteran organizations, libraries)* are organizations that provide community support services that are not associated with harm reduction organizations.
- *Substance use disorder (SUD) treatment facilities* are organizations that provide treatment services for individuals with SUD, including:
  - *SUD outpatient* refers to in-person or telehealth treatment services at a hospital or clinic that does not require an overnight stay.
  - *Opioid Treatment Programs (OTPs)* are accredited treatment programs with SAMHSA certification and DEA registration to administer and dispense opioid agonist medications that are approved by the FDA to treat opioid addiction. Currently, these include methadone and buprenorphine products. Other pharmacotherapies, such as naltrexone, may be provided but are not subject to these regulations. OTPs must provide adequate medical, counseling, vocational, educational, and other assessment, and treatment services either onsite or by referral to an outside agency or practitioner through a formal agreement (SAMHSA, 2021a).
  - *Residential treatment facilities* are facilities or halfway houses that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.
- *Mental health treatment facilities* are places that offer mental health services, including:
  - *Certified Community Behavioral Health Clinics (CCBHCs)* are organizations that provide access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth (SAMHSA, 2023c).
  - *Other community mental health centers* are facilities that offer mental health services but are not designated as CCBHCs.
- *Recovery facilities* are facilities that provide supportive environments for individuals in recovery, including:
  - *Recovery community organizations (RCOs)* are nonprofit organizations founded and led by people with direct lived experience with substance use challenges and recovery. RCOs promote public education, peer-based and other recovery support services, and advocate for fair and equitable laws and policies for people in recovery. RCOs also provide peer recovery support training for certification and serve as key employers of peer recovery support professionals (Peer Recovery Center of Excellence, n.d.).
  - *Recovery housing* is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of support that actively link residents to recovery or clinical services in the community (SAMHSA, 2024).

  - *Sober living homes* are recovery-supportive environments that are essential to the success of treatment. Oxford House is one of the best-known sober living facilities (Gorman et al, 2010).
- *Community health centers or federally qualified health centers* are organizations that provide primary care services to underserved populations.
- *Hospitals/emergency departments* are medical facilities that provide a wide range of healthcare services, including:
  - *Emergency departments* are hospital facilities that are staffed 24 hours a day, 7 days a week, and provide unscheduled outpatient services to patients whose condition requires immediate care (CDC, 2022).
  - *Hospitals* are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions; they have an organized physician staff; and they provide continuous nursing services under the supervision of registered nurses (CDC, 2024).
- *Pharmacies* are retail locations that dispense medications and provide health consultations.
- *Tribal government entities (e.g. education, human services, or public works department)* are government departments within a federally recognized Tribe.
- *Tribally run businesses (e.g., casinos, hotels, and stores)* are commercial entities owned and operated by a federally recognized Tribe.
- *Commercial business entities (e.g., restaurants, construction companies, and retail business establishments)* are legally acknowledged organizations that participate in commercial, industrial, or professional activities with the goal of generating profits.
- *Other types of entities* are entities not listed above that distributed OORM kits, and should be recorded in the space provided.

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?

Intent/Key Points

The intent of this question is to report the total number of overdose reversals that occurred during the reporting period using OORM kits purchased fully or partially with SOR/TOR funds. This data helps SAMHSA assess the impact of funding on preventing overdose fatalities.

Grantees should report all reversals involving SOR/TOR-purchased kits that occurred during the reporting period, regardless of when the kit was originally purchased or distributed.

Reversals should be reported in the quarter in which they occurred. For example, if a naloxone kit was distributed in Q1 and led to an overdose reversal in Q2, report the reversal in Q2 data. If a reversal is discovered in Q3 that occurred in Q2, update the Q2 data accordingly once the reversal becomes known (i.e., in Q3).

Definitions

- *Overdose reversal* is the process of counteracting the effects of an opioid overdose and

restoring normal breathing through the administration of an OORM, such as naloxone.

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

Intent/Key Points

The intent of this question is to report the total number of individually packaged fentanyl test strips, xylazine test strips, and other drug checking technologies *purchased* fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on increasing the availability of harm reduction technologies that can reduce fatal overdoses.

Grantees should count each individually packaged test strip purchased with SOR/TOR funds in the reported total.

Definitions

- *Drug checking technologies* are tools used to analyze the contents of drugs to identify potentially harmful substances. Some drug checking methods can be used anywhere by people who use drugs, like fentanyl test strips and xylazine test strips, while others are performed on-site at facilities such as syringe services programs and overdose prevention centers (NIDA, 2023). Drug checking technologies as directed by SAMHSA include:
    - *Fentanyl test strips* are a low-cost method to help prevent drug overdoses and reduce harm. These small, individually packaged strips of paper can be placed within a personal sample of drugs to detect the presence of fentanyl, providing individuals and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose (SAMHSA, 2024b).
    - *Xylazine test strips* are small, individually packaged strips of paper that can be placed within a personal sample of drugs to detect the presence of xylazine. A positive test result may help inform safer drug use practices, such as choosing not to use the drugs or using them in a less risky manner (SAMHSA, 2024b).
    - *Other drug checking technologies as directed by SAMHSA* are similar technologies that were purchased but are not listed above. These should be recorded in the space provided. Grantees should only select this option when directed by SAMHSA.

6. How many drug checking technologies, as directed by SAMHSA, has your state/territory/Tribal entity *distributed* since the last reporting period?

Intent/Key Points

The intent of this question is to report the total number of individually packaged fentanyl test strips, xylazine test strips, and other drug checking technologies *distributed* during the reporting period that were funded fully or partially with SOR/TOR funds. This data helps SAMHSA assess the impact of funding on enhancing access to harm reduction tools and reducing fatal overdoses.

Grantees should count each distributed test strip originally purchased with SOR/TOR funds in the reported total.

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 since the last reporting period?

Intent/Key Points

The intent of this question is to report the total number of first responders and individuals in key community sectors trained using SOR/TOR funds to recognize opioid overdoses and use opioid overdose reversal kits during the reporting period. This data helps SAMHSA assess the impact of funding on enhancing community preparedness to prevent fatal overdoses.

Grantees should report the sum of individuals trained in all sectors. For example, if all SOR/TOR-funded trainings during the reporting period included 250 peers, 30 military service members, and 40 social workers, the total number of individuals in key community sectors trained would be 320. Each unique individual trained should be counted only once in the total number, regardless of how many trainings they received during the reporting period.

Definitions

- *First responders* are workers trained to be the first people to assist at emergency scenes. This typically includes law enforcement, firefighters, paramedics, emergency medical technicians, rescuers, and volunteers in related organizations.
- *Individuals in key community sectors* are individuals who are not first responders but play a crucial role in addressing the opioid and/or stimulant crises in their communities. These individuals may vary by locality and include, but are not limited to:
    - *Family members* of individuals who have experienced opioid and/or stimulant misuse.
    - *Peers* are individuals who have successfully navigated the recovery process and assist others in similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people stay engaged in recovery and reduce the likelihood of relapse:
    - *Active military personnel* are individuals currently serving in the military (e.g., Army, Navy, Marine Corps, Space Force, Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and Commissioned Corps of the Public Health Service).
    - *Criminal justice professionals* are individuals who work with the criminal justice population (e.g., social workers, parole officers, case managers, and probation officers).
    - *Community group members* are individuals actively participating in community groups focused on addressing the opioid and/or stimulant crises in their communities (e.g., event organizers, advocates, educators). This involvement could include organizing events, providing education and resources, supporting affected individuals and families, and advocating for policy changes.

- *Coalition members* are individuals who are part of a coalition, which is a community-based formal arrangement for cooperation and collaboration among various groups or sectors. Each group retains its identity while working together toward the common goal of building a safe, healthy, and drug-free community.
- *Tribal community members* may include Elders, youth, Tribal leaders, Tribal health department employees, and other Tribal government employees.

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 since the last reporting period?

Intent/Key Points

The intent of this question is to report the number of individuals educated on the consequences of opioid and/or stimulant misuse through strategic messaging and prevention and education activities funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on equipping individuals with knowledge that can support informed decision-making and community-wide prevention efforts.

Grantees should determine the number of individuals reached using appropriate methods based on the type of campaign or activity.

Definitions

- *Strategic messaging* includes media campaigns, targeted social media content, and similar outreach strategies. Grantees can determine the number of individuals reached through strategic messaging using various methods, depending on the campaign type:
  - *Social media campaigns* use standard key performance indicators (KPIs) to quantify performance over time for a specific objective. Examples include reach, impressions, and link clicks to measure audience engagement. For more information, refer to: Social Media Campaign Evaluation.
  - *Billboards* require obtaining data from the organization or agency responsible for placing the advertisement or managing the billboard. Traffic volume, or the number of vehicles passing by the billboard, is a key metric typically reported for billboards.
  - *Other media campaigns* (e.g., television and radio) typically require networks to provide data on the number of times an ad aired and viewership/listenership metrics during those times. This information is usually reported monthly.
- *Prevention and education activities* include implementing evidence-based curricula, conducting training events, and youth-led activities. This number should include both adults and school-aged children educated through school-based prevention and education activities.

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?

Intent/Key Points

The intent of this question is to report the number of individuals trained using SOR/TOR funds to deliver school-based prevention and education activities to school-aged children during the reporting period. This data helps SAMHSA assess the impact of funding on strengthening the workforce needed to deliver effective, school-based substance use prevention programs for youth.

Each unique individual trained should be counted only once in the total number, regardless of how many trainings they received during the reporting period.

Definitions

- *School-aged children* are children in kindergarten through 12th grade.
- *School-based prevention* includes prevention activities or curricula that are delivered in a school setting for children in kindergarten through 12th grade. Examples include, but are not limited to, the PAX Good Behavior Game, Positive Action, Project Towards No Drug Abuse, Second Step, Sources of Strength, and Too Good for Drugs.

10. 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?

Intent/Key Points

The intent of this question is to report the number of school-aged children who participated in school-based prevention and education activities on the consequences of opioid and/or stimulant misuse, funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on expanding youth-focused education efforts that equip students with knowledge and skills to prevent substance misuse.

Each unique individual who participated in school-based prevention and education activities should be counted only once in the total number, regardless of how many activities they participated in during the reporting period.

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

Intent/Key Points

The intent of this question is to report the number of unduplicated individuals who received treatment services for OUD funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on expanding access to treatment and supporting long-term recovery for individuals with OUD.

This question tracks the number of individuals, not the number of services. Regardless of how many treatment services an individual received during the reporting period, they should be

counted only once in the reported total. For example, if an individual received both cognitive behavioral therapy and community reinforcement for the treatment of OUD, they should only be counted once in the total. Treatment services for OUD may include but are not limited to medications for opioid use disorder (MOUD), individual or group counseling, treatment planning, and other services.

Definitions

- *Opioid use disorder (OUD)* is characterized by a loss of control over opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal (American Psychiatric Association, 2013). Tolerance and withdrawal symptoms do not contribute to an OUD diagnosis when using opioids under appropriate medical supervision. OUD covers a range of severity; an OUD diagnosis applies to individuals who experience at least 2 of the 11 criteria within a 12-month period (SAMHSA, 2021a).

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

Intent/Key Points

The intent of this question is to report the number of unduplicated individuals who received MOUD (i.e., methadone, buprenorphine, injectable naltrexone), funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on expanding access to specific MOUDs and supporting sustained recovery for individuals with OUD.

Each unique individual who received MOUD should be counted only once in the total number, regardless of how many times they received medication during the reporting period. The totals reported for each MOUD type should include only individuals who received that specific MOUD **exclusively**. Individuals who received more than one type of MOUD during the reporting period should **only** be counted under the "More than one MOUD" category. Note that the sum of the values reported in question 11b may be less than the number reported in question 11a because not all individuals receiving treatment for OUD will be prescribed medication(s) for OUD.

Definitions

Medication for OUD includes:

- *Methadone* is a long-acting opioid agonist that reduces opioid cravings and withdrawal symptoms while blocking or blunting the effects of opioids. Methadone is approved by the FDA to treat OUD and for pain management. When taken as prescribed, methadone is safe and effective, helping individuals achieve and sustain recovery (SAMHSA, 2022a). Common brand names include Dolophine and Methadose (SAMHSA, 2021a).
- *Buprenorphine* is a partial opioid agonist that produces effects such as euphoria and respiratory depression at low to moderate doses, though these effects are weaker than those of full opioid agonists such as methadone and heroin. Buprenorphine is the first FDA-approved medication for OUD that can be prescribed or dispensed in a physician's office, significantly increasing treatment access. When taken as prescribed, buprenorphine is safe and effective (SAMHSA, 2022b). Common brand names include Zubsolv, Bunavail, Suboxone, and Sublocade (SAMHSA, 2021a).

- *Injectable Naltrexone* is a long-acting opioid antagonist administered as an intramuscular injection, commonly known by the brand name Vivitrol.
- *More than one MOUD* includes individuals who received more than one type of MOUD during the reporting period.
- *Other* (*please specify*) _____

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

Intent/Key Points

The intent of this question is to report the number of unduplicated individuals who received treatment services for stimulant use disorder (StUD) funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on expanding access to treatment and supporting long-term recovery outcomes for individuals with StUD.

This question tracks the number of individuals, not the number of services. Each unique individual who received treatment services for StUD should be counted only once in the total number, regardless of how many services they received during the reporting period. For example, if an individual received both contingency management and cognitive behavioral therapy, they should only be counted once in the total.

Treatment services for StUD may include, but are not limited to, cognitive behavioral therapy, contingency management, community reinforcement approach, and motivational interviewing. For more information, refer to SAMHSA's website: Treatment of Stimulant Use Disorders.

Definitions:

- *Stimulant use disorder (StUD)* is characterized by a loss of control over stimulant use, risky stimulant use, impaired social functioning, tolerance, and withdrawal. Tolerance and withdrawal symptoms do not contribute to a StUD diagnosis when using stimulants under appropriate medical supervision. StUD covers a range of severity; a StUD diagnosis applies to individuals who experience at least 2 of the 11 criteria within a 12-month period (SAMHSA, 2021b).

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

Intent/Key Points

The intent of this question is to report the number of unduplicated individuals who received contingency management for StUD funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on expanding access to evidence-based interventions and improving sustained recovery for individuals with StUD.

Each unique individual who received contingency management for StUD should be counted only once in the total number, regardless of how many services they received during the reporting

period. Note that the value reported in question 12b cannot exceed the value reported in question 12a.

Definitions

- *Contingency management* is a behavioral intervention grounded in operant conditioning principles, which asserts that individual behaviors can be shaped by external reinforcement schedules (SAMHSA, 2021c). This approach uses tangible rewards to reinforce positive behaviors, such as abstinence or medication adherence (NIDA, 2020).

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

Intent/Key Points

The intent of this question is to report the number of unduplicated individuals who received recovery support services funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on accessing recovery support services and supporting long-term recovery and wellness among individuals and families.

This question tracks the number of individuals, not the number of services. Each unique individual who received recovery support services should be counted only once in the total number, regardless of how many services they received during the reporting period.

Definitions

- *Recovery support services* are nonclinical services that assist individuals and families in recovering from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a range of human services that facilitate recovery and wellness. These services can be flexibly staged and provided prior to, during, or after treatment, and may be delivered in conjunction with treatment or as separate, distinct services. Recovery support services include, but are not limited to, recovery housing, recovery coaching, peer coaching or mentoring, and employment support.

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

Intent/Key Points

The intent of this question is to report the total number of individuals who received one or more recovery support services funded fully or partially with SOR/TOR funds during the reporting period. This data helps SAMHSA assess the impact of funding on accessing specific recovery support services and supporting long-term recovery and wellness among individuals and families.

The reported totals for each type of recovery support service should include all individuals who received that specific service during the reporting period; individuals who received multiple types of recovery support services should be counted once in each respective service category. Note that sum of the values reported in question 13b can exceed the value reported in question 13a.

Definitions

- *Recovery housing* is a safe, healthy, family-like substance-free living environment that supports individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups, and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the FDA for treatment of OUD, as well as other medications with FDA-approved indications for the treatment of co-occurring disorders (SAMHSA, 2019).
- *Recovery coaching* provides individuals with guidance that combines counseling, support, and various forms of mediation treatments to help find solutions for breaking substance use habits.
- *Peer coaching or mentoring* are services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.
- *Employment support* are resources provided to clients to assist them in finding employment.
- *Other recovery support services* are any additional recovery support services not mentioned above.

B. SUB-RECIPIENT ENTITY INVENTORY

This section covers the expenditure amounts and types of services provided by sub-recipients of SOR/TOR funds during the previous fiscal year. Grantees should enter **all** sub-recipient information in the table by inserting a new row for each sub-recipient.

In each row, grantees should enter the sub-recipient's contact information (street address, state, and zip code) and report the total SOR/TOR funds expended by the sub-recipient over the previous fiscal year, not obligated or allocated. For example, if a sub-recipient was awarded $1000 and spent $500, the expenditure amount is $500. Grantees should also check the boxes corresponding to the services provided by the sub-recipient using these funds across all four quarters of the previous fiscal year.

Grantees that do not have any sub-recipients should check the box located below the table. This information should be reported annually, no later than 30 days after the end of the second quarter (i.e., April 30) of the subsequent FFY.

Definitions

- *Sub-recipients* are entities that receive SOR/TOR funds directly through a sub-award from the state/territory/Tribal entity.
- *Expenditure amounts* are the total amount of SOR/TOR funds spent to support program activities.
- *Types of services* are services funded fully or partially by SOR/TOR grant funds provided by the respective grant sub-recipient. Service categories include prevention, harm reduction, treatment, and recovery support:
    - *Prevention services* include:
        - *Training & education* are initiatives designed to enhance the knowledge, skills, and competencies of individuals and organizations involved in substance use disorder (SUD) treatment and prevention.
        - *Strategic messaging* are targeted communication strategies to effectively convey important information about substance use prevention, treatment, and recovery. This includes media campaigns, targeted social media content, and similar outreach strategies.
        - *School-based interventions* are programs and strategies implemented within school settings to promote mental health, prevent substance use, and create safe learning environments.
        - *Community-based interventions* are programs and strategies implemented within community settings to address behavioral health issues, including substance use and mental health disorders. These interventions aim to engage community members and resources to provide support and services tailored to the specific needs of the community.
    - *Harm reduction services* include:
        - *OORMs* are life-saving medications that reverse the effects of an acute opioid overdose and restore breathing. They are available to the public by prescription, through standing orders or without a prescription/over the counter at pharmacies and other retail outlets, or at no charge from local community-

based organizations (SAMHSA, 2023a).

- *Drug checking technologies* are tools used to analyze the contents of drugs to identify potentially harmful substances. Some drug checking methods can be used anywhere by people who use drugs, like fentanyl test strips and xylazine test strips, while others are performed on-site at facilities such as syringe services programs and overdose prevention centers (NIDA, 2023).

- *Treatment services* include:
  - *Medications for opioid use disorder (MOUD)* are medications that help normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and restore normal body functions without the harmful effects of the substances (SAMHSA, 2024). Buprenorphine, methadone, and naltrexone are the most common medications used to treat opioid use disorder (OUD).
  - *Residential treatment* is a residential facility or halfway house that provides on-site structured therapeutic and supportive services.
  - *Outpatient treatment* is a type of care where individuals receive treatment services without staying overnight at a facility. Outpatient treatment can be delivered in-person or through telehealth.
  - *Contingency management* is an incentive-based intervention that involves giving clients tangible rewards to reinforce positive behaviors including abstinence or medication adherence (NIDA, 2020).
- *Recovery support services* include:
  - *Peer/recovery coaching* are services provided by an individual who is successful in the recovery process and helps other individuals experiencing similar situations. Peer support helps people become and stay engaged in the recovery process and reduces the likelihood of relapse through shared understanding, mutual empowerment, and respect. Peer support involves advocating for those in recovery, sharing resources and building skills, leading recovery groups, mentoring and setting goals, and building community and relationships (SAMHSA, 2022c).
  - *Recovery housing* are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders (SAMHSA, 2019).
  - *Employment support* are resources provided to clients to assist in finding employment.

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