

Guide for SMS - Asset Classification

AKA "LA-1" February 2020 production version

Project Overview

Data pulled on: 2024-12-26 22:05:39

Total number of observations: 744

All fields are counted among field types below even if they contain no data and/or are omitted from this report

radio fields: 147
text fields: 146
descriptive fields: 39
checkbox fields: 10
calc fields: 5
notes fields: 2
dropdown fields: 1
file fields: 1

Identifier fields: 35

hcs01_lam10_org_name, hcs01_lam10_phone, hcs01_lam10_phone_ext, hcs01_lam10_poc_fname, hcs01_lam10_poc_lname, hcs01_lam10_poc_phone_1, hcs01_lam10_poc_phone1_ext, hcs01_lam10_poc_phone_2, hcs01_lam10_poc_phone2_ext, hcs01_lam28_poc_em, hcs01_lam10_poc_em_na, hcs01_lam10_address, hcs01_lam10_city, hcs01_lam10_zip, hcs17_poc_name, hcs17_poc_name_first, hcs17_poc_name_last, hcs17_poc_p1, hcs17_poc_p1_ext, hcs17_poc_p2, hcs17_poc_p2_ext, hcs17_poc_email, hcs17_poc_add1, hcs17_poc_add2, hcs17_poc_city, hcs17_poc_state, hcs17_poc_zip, hcs17_poc_asl_trigger_oh, hcs17_poc_asl_no_oh, hcs17_addl_completer_info, clog_date, r, g, b, hcs05_ed20

Omitted fields (all blank): 110

ac_id_version, hcs01_version, hcs01_lam06_other, ac_intro2, poc_mode, clog_version, clog_date, clog_type, clog_outcome, clog_disposition, record_id, hcs02_id, ed05_05_other, hcs18_er01a, hcs06_dtb03_ev2a, hcs06_dtb03_ev3a, hcs06_dtb03_ev4, hcs06_dtb03_ev4a, hcs06_dtb03_ev5, hcs06_dtb03_ev5a, hcs06_dtb03_ev6, hcs06_dtb03_ev6a, hcs06_dtb03_ev7, hcs06_dtb03_ev7a, hcs06_dtb03_ev8, hcs06_dtb03_ev8a, hcs06_dtb03_ev9, hcs06_dtb03_ev9a, hcs06_dtb03_ev10, hcs06_dtb03_ev10a, hcs19_version, hcs19_pa1, hcs19_pa3, hcs19_pa5, hcs19_pa7, hcs9_version, hcs9_reference_date, hcs9_start_date, hcs9_end_date, hcs9_css01a_1, hcs9_css01a_2, hcs9_css01b_1, hcs9_css01b_2, hcs9_css01c_1, hcs9_css01c_2, hcs9_css01d_1, hcs9_css01d_2, hcs9_css01e_1, hcs9_css01e_2, hcs9_css02a_1, hcs9_css02a_2, hcs9_css02b_1, hcs9_css02b_2, hcs9_css02c, hcs9_css02c_2, hcs9_css03, hcs9_css04, hcs9_css04_c1, hcs9_css04_c2, hcs9_css04_c3, hcs9_css05, hcs9_css06_1, hcs9_css06_2, hcs9_css06_3, hcs9_css06_4, hcs9_css06_5, hcs9_css06_6, hcs9_css06_oth, hcs9_css07_1, hcs9_css07_2, hcs9_css07_3, hcs9_css07_4, hcs9_css07_5, hcs9_css07_6, hcs9_css07_7, hcs9_css07_8, hcs9_css07_9, hcs9_css07_oth, hcs9_css08, hcs9_css09, hcs9_css10, hcs9_css10a, hcs9_css10b_1, hcs9_css10b_2, hcs9_css11, hcs9_css11a, hcs9_css11b_1, hcs9_css11b_2, hcs9_css12, hcs9_css12a_1, hcs9_css12a_2, hcs9_css13, hcs9_css14_c1, hcs9_css14_c2, hcs9_css14_c3, hcs9_css14_c4, hcs9_css14_c5, hcs9_css14_c6, hcs9_css14_c7, hcs9_css14_c8, hcs9_css14_c9, hcs9_css14_c10, hcs9_css15, hcs9_css16, hcs9_css17, hcs9_css18, hcs9_css18a_1, hcs9_css18a_2, hcs9_css19, hcs9_css20

Each field in this annotated codebook gets an entry structured like this:

Field label	Field name
Field type: (radio, text, etc)	
Observations with this field left blank: #	
Number of unique values: ##	
Branching logic: equation	

Choice value	Label	Frequency
value1	Choice 1 label	#
value2	Choice 2 label	#
value3	Choice 3 label	#

1. Instrument: landscape_data

Participant ID (text)	participant_id
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Field type: text
Observations with this value left blank: 0
Number of unique values: 744

Organization Name (text)	hcs01_lam10_org_name
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Identifier
Field type: text
Observations with this value left blank: 0
Number of unique values: 728

Organization Phone (text)	hcs01_lam10_phone
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Identifier
Field type: text
Observations with this value left blank: 14
Number of unique values: 702

(radio)	hcs01_lam10_phone_na
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Field type: radio
Observations with this value left blank: 740
Number of unique values: 1

Choice value	Label	Frequency
1000000	Not Applicable	4

Org Phone Extension (text)	hcs01_lam10_phone_ext
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Identifier
Field type: text
Observations with this value left blank: 472
Number of unique values: 18

First Name (text)	hcs01_lam10_poc_fname
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Identifier
Field type: text

Observations with this value left blank: 65
Number of unique values: 273

Last Name (text) **hcs01_lam10_poc_lname**

Identifier
Field type: text
Observations with this value left blank: 65
Number of unique values: 425

Phone (text in matrix hcs01_lam10_poc_phone) **hcs01_lam10_poc_phone_1**

Identifier
Field type: text
Observations with this value left blank: 415
Number of unique values: 319

(radio) **hcs01_lam10_poc_phone1_na**

Field type: radio
Observations with this value left blank: 595
Number of unique values: 1

Choice value	Label	Frequency
1000000	Not Applicable	149

Phone Extension (text) **hcs01_lam10_poc_phone1_ext**

Identifier
Field type: text
Observations with this value left blank: 477
Number of unique values: 18

Alternate Phone (text in matrix hcs01_lam10_poc_phone) **hcs01_lam10_poc_phone_2**

Identifier
Field type: text
Observations with this value left blank: 730
Number of unique values: 14

(radio)

hcs01_lam10_poc_phone2_na

Field type: radio
Observations with this value left blank: 506
Number of unique values: 1

Choice value	Label	Frequency
1000000	Not Applicable	238

Alternate Phone Extension (text)

hcs01_lam10_poc_phone2_ext

Identifier
Field type: text
Observations with this value left blank: 496
Number of unique values: 1

Email (text)

hcs01_lam28_poc_em

Identifier
Field type: text
Observations with this value left blank: 380
Number of unique values: 352

(radio)

hcs01_lam10_poc_em_na

Identifier
Field type: radio
Observations with this value left blank: 607
Number of unique values: 1

Choice value	Label	Frequency
1000000	Not Applicable	137

Address (text)

hcs01_lam10_address

Identifier
Field type: text
Observations with this value left blank: 10
Number of unique values: 711

City (text)

hcs01_lam10_city

Identifier
Field type: text
Observations with this value left blank: 10
Number of unique values: 227

Zip Code (text)**hcs01_lam10_zip**

Identifier
Field type: text
Observations with this value left blank: 16
Number of unique values: 263

(radio)**hcs01_lam10_zip_na**

Field type: radio
Observations with this value left blank: 738
Number of unique values: 1

Choice value	Label	Frequency
1000000	Not Applicable	6

LAM05. Which state's HCS study are you entering data for? (radio)**hcs01_lam05**

Field type: radio
Observations with this value left blank: 0
Number of unique values: 1

Choice value	Label	Frequency
1	Kentucky	0
2	Massachusetts	0
3	New York	0
4	Ohio	744

LAM06. Which HCS community does this facility/asset serve? (radio)**hcs01_lam06**

Required
Field type: radio
Observations with this value left blank: 0
Number of unique values: 18

Choice value	Label	Frequency
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Choice value	Label	Frequency
1	Bourbon	0
2	Boyd	0
3	Boyle	0
4	Campbell	0
5	Carter	0
6	Clark	0
7	Fayette	0
8	Floyd	0
9	Franklin	0
10	Greenup	0
11	Jefferson	0
12	Jessamine	0
13	Kenton	0
14	Knox	0
15	Madison	0
16	Mason	0
17	North Adams	0
18	Brockton	0
19	Plymouth	0
20	Gloucester	0
21	Lawrence	0
22	Salem	0
23	Holyoke	0
24	Springfield	0
25	Lowell	0
26	Pittsfield	0
27	Weymouth	0
28	Barnstable (Bourne/Sandwich)	0
29	Bristol (Berkeley/Dighton/Freetown)	0
30	Franklin (Greenfield/Montague/Athol/Orange)	0
31	Hampshire (Belchertown/Ware)	0
32	Middlesex (Shirley/Townsend)	0
33	Broome	0
34	Cayuga	0
35	Chautauqua	0
36	Columbia	0

37	Cortland	0
38	Erie	0
39	Genesee	0
40	Greene	0
41	Lewis	0
42	Monroe	0
43	Orange	0
44	Putnam	0
45	Suffolk	0
46	Sullivan	0
47	Ulster	0
48	Yates	0
49	Allen	29
50	Ashtabula	24
51	Athens	26
52	Brown	17
53	Cuyahoga	211
54	Darke	10
55	Franklin (Ohio)	89
56	Greene (Ohio)	27
57	Guernsey	20
58	Hamilton	93
59	Huron	15
60	Jefferson (Ohio)	30
61	Lucas	65
62	Morrow	0
63	Ross	16
64	Scioto	24
65	Stark	29
66	Williams	15
67	Wyandot	4
4000000	Other	0

LAM07. Which of the following best describes the type of facility/asset you are entering data on?

hcs01_lam07

(choose one) (radio)

Required

Field type: radio

Observations with this value left blank: 14

Number of unique values: 6

Choice value	Label	Frequency
1	1. Existing coalition or task force working in the area of substance use (not including those exclusively focused on alcohol	0
2	2. Substance use disorder treatment and/or recovery program or provider	222
3	3. Harm reduction and/or syringe service program	5
4	4. Local public health or social service department (Note: this is referring to stand-alone	25
5	5. Federally qualified health center (FQHC) or primary care clinic	0
6	6. Community mental health center	0
7	7. Emergency department / hospital	99
8	8. Emergency response (i.e.	292
9	9. Criminal justice settings	0
10	10. Local media outlets	0
11	11. Local events in past 12 months relevant to HEALing Communities Study outcomes	0
12	12. Transportation agency (public	0
13	13. Supportive housing	0
14	14. Pharmacy	0
15	15. Community hotline or online treatment locator service	0
16	16. Prevention Resource Center or Community-based Prevention Organization	87
17	17. Jail	0
4000000	18. Other	0
0	None	0

2. Instrument: point_of_contact

Version # (text)	hcs17_version
Field type: text Observations with this value left blank: 421 Number of unique values: 1	
INTERVIEWER INSTRUCTION: Read the following script and ask questions exactly as they appear on the survey. Hello, my name is [INSERT NAME]. I am calling from [INSERT ORGANIZATION NAME] about the [INSERT LOCAL STUDY NAME]. This study is funded by the National Institute on Drug Abuse (NIDA) and is part of the "HEALing Communities Study." The study aims to reduce opioid overdose deaths in highly affected communities. We are conducting a brief survey today and would like to identify the best person at [hcs01_lam10_org_name] to speak with. (descriptive)	hcs17_instructions
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
AC_INTRO. Who is the person at [hcs01_lam10_org_name] best able to answer questions about the opioid use treatment and opioid overdose prevention services [hcs01_lam10_org_name] provides? (descriptive)	hcs17_poc_name
Identifier Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
First name (text)	hcs17_poc_name_first
Identifier Field type: text Observations with this value left blank: 426 Number of unique values: 219	
Last name (text)	hcs17_poc_name_last

Identifier
Field type: text
Observations with this value left blank: 426
Number of unique values: 277

POC_ROLE. What is his/her position or role in the agency/service/coalition: (text) hcs17_poc_role

Field type: text
Observations with this value left blank: 429
Number of unique values: 152

POC_P1. What is the best phone number to reach [hcs17_poc_name_first] [hcs17_poc_name_last]? (text) hcs17_poc_p1

Identifier
Field type: text
Observations with this value left blank: 465
Number of unique values: 264

(radio) hcs17_poc_p1_dk

Field type: radio
Observations with this value left blank: 711
Number of unique values: 2
Branching logic: [hcs17_poc_p1]="

Choice value	Label	Frequency
8000000	Don't Know	28
7000000	Prefer not to answer	5

POC_P1. Best Phone Extension (text) hcs17_poc_p1_ext

Identifier
Field type: text
Observations with this value left blank: 563
Number of unique values: 21

POC_P2. What is another phone? (text) hcs17_poc_p2

Identifier
Field type: text
Observations with this value left blank: 725
Number of unique values: 19

POC_P2. Another Phone Extension (text) **hcs17_poc_p2_ext**

Identifier
Field type: text
Observations with this value left blank: 574
Number of unique values: 2

(radio) **hcs17_poc_p2_dk**

Field type: radio
Observations with this value left blank: 637
Number of unique values: 2
Branching logic: [hcs17_poc_p2]="

Choice value	Label	Frequency
8000000	Don't Know	27
7000000	Prefer not to answer	0
1000000	Not Applicable	80

POC_EMAIL. What is his/her email address? (text) **hcs17_poc_email**

Identifier
Field type: text
Observations with this value left blank: 427
Number of unique values: 301

(radio) **hcs17_poc_email_dk**

Field type: radio
Observations with this value left blank: 741
Number of unique values: 2
Branching logic: [hcs17_poc_email]="

Choice value	Label	Frequency
8000000	Don't Know	2
7000000	Prefer not to answer	1

ADD1. The physical address we have for [hcs01_lam10_org_name] is: Facility Name: [hcs01_lam10_org_name]Street Address: [hcs01_lam10_address]City: [hcs01_lam10_city]State & Zip: [hcs01_lam05], [hcs01_lam10_zip]Is this the best address to reach [hcs17_poc_name_first] [hcs17_poc_name_last]? (radio) hcs17_add1

Field type: radio
 Observations with this value left blank: 426
 Number of unique values: 4

Choice value	Label	Frequency
1	Yes	267
0	No	27
8000000	Don't Know	23
7000000	Prefer not to answer	1

POC_ADD2. What is the best address to reach [hcs17_poc_name_first] [hcs17_poc_name_last]? (descriptive) hcs17_poc_add1text

Field type: descriptive
 Observations with this value left blank: 0
 Number of unique values: 0
 Branching logic: [hcs17_add1] = '0'

Street Address: (text) hcs17_poc_add1

Identifier
 Field type: text
 Observations with this value left blank: 718
 Number of unique values: 17
 Branching logic: [hcs17_add1] = '0'

Address 2 (Unit/Suite): (text) hcs17_poc_add2

Identifier
 Field type: text
 Observations with this value left blank: 723
 Number of unique values: 7
 Branching logic: [hcs17_add1] = '0'

City: (text)**hcs17_poc_city**

Identifier
Field type: text
Observations with this value left blank: 718
Number of unique values: 10
Branching logic: [hcs17_add1] = '0'

State: (dropdown)**hcs17_poc_state**

Identifier
Field type: dropdown
Observations with this value left blank: 718
Number of unique values: 1
Branching logic: [hcs17_add1] = '0'

Choice value	Label	Frequency
1	KY	0
2	MA	0
3	NY	0
4	OH	26
8000000	Don't Know	0
7000000	Prefer not to answer	0

ZIP: (text)**hcs17_poc_zip**

Identifier
Field type: text
Observations with this value left blank: 718
Number of unique values: 14
Branching logic: [hcs17_add1] = '0'

(radio)**hcs17_poc_zip_dk**

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs17_add1] = '0' and [hcs17_poc_zip]="

Choice value	Label	Frequency
8000000	Don't Know	1
7000000	Prefer not to answer	0

POC_AVAIL. Is [hcs17_poc_name_first] [hcs17_poc_name_last] available now to answer questions? (radio) **hcs17_poc_avail**

Field type: radio
Observations with this value left blank: 426
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	163
0	No	152
8000000	Don't Know	2
7000000	Prefer not to answer	1

PAUSE. Thank you very much for taking the time to speak with me. I will reach out to him/her at another time.
INTERVIEWER: REACH OUT TO POINT OF CONTACT TO BEGIN SURVEY. WHEN YOU REACH THE POINT OF CONTACT, BEGIN WITH THE NEXT QUESTION. (descriptive) **hcs17_pause**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [hcs17_poc_avail] = '0' or [hcs17_poc_avail] = '8000000' or [hcs17_poc_avail] = '7000000'

Mode of Asset Classification Survey (radio) **ac_mode_survey**

Field type: radio
Observations with this value left blank: 429
Number of unique values: 3

Choice value	Label	Frequency
1	By phone	61
2	Via email link	250
3	In person	4

Send consent and surveys via email (radio) **hcs17_poc_asi_trigger_oh**

Identifier
Field type: radio
Observations with this value left blank: 495

Number of unique values: 2
Branching logic: [ac_mode_survey] = '2'

Choice value	Label	Frequency
1	Yes	226
0	No	23

Reason consent/surveys not being sent (notes) **hcs17_poc_asi_no_oh**

Identifier
Field type: notes
Observations with this value left blank: 721
Number of unique values: 22
Branching logic: [hcs17_poc_asi_trigger_oh] = '0'

If survey was completed by more than one person, please document that below and include the name and email of the additional person(s) completing the survey. (notes) **hcs17_addl_completer_info**

Identifier
Field type: notes
Observations with this value left blank: 724
Number of unique values: 20

3. Instrument: contact_log

4. Instrument: informed_consent

Version # (text)	ic_version
Field type: text Observations with this value left blank: 499 Number of unique values: 1	
HEALing Communities Study Verbal Informed Consent for the Landscape Analysis 2 Data Collection (descriptive in matrix ic_hd)	ic_hd
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0 Branching logic: [ac_mode_survey]='1' and (([hcs01_lam07]<>'14' and [hcs01_lam05]='1') or ([hcs01_lam05]<>'1'))	
HEALing Communities Study Verbal Informed Consent for the Landscape Analysis 2 Data Collection-Pharmacy Module (descriptive in matrix ic_hd)	ic_hd_2
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0 Branching logic: [ac_mode_survey]='1' and ([hcs01_lam07]='14' and [hcs01_lam05]='1')	
Applicable to the following Survey: Landscape Analysis 2 Use this consent for data collection if the participant is not present in-person and the survey is conducted by phone or video conference. (descriptive)	ic_hd_phone
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0 Branching logic: [ac_mode_survey]='1'	
Sponsor / Study Title: The National Institute on Drug Abuse / "The HEALing Communities Study (HCS)" Principal Investigator: Rebecca Jackson, MD Telephone: (614) 293-4041 (614) 293-8000 (24 Hours) Address: The Ohio State University-Pomerene Hall 1760 Neil Avenue	ic_hd_email

Suite 380 Columbus, OH 43210 (descriptive)

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [ac_mode_survey]='2' or [ac_mode_survey]='3'

INTERVIEWER INSTRUCTION: Read the following script and ask questions exactly as they appear on the survey. Hello. My name is [name] and I work for the HEALing Communities Study in your state. We are working with the National Institute on Drug Abuse (NIDA) and research sites in three other participating states to conduct the HEALing Communities Study. We are asking you to participate because we are interested in learning more about your organization's efforts to address the opioid epidemic. We anticipate up to 5,000 organizations will participate in this research study. The study survey will take approximately 10 to 20 minutes to complete. The study team may contact your organization again in 6 months or annually to conduct another survey about your organization's services. Your participation in this survey is voluntary, and you can stop participating at any time. We will not share your name and contact information with anyone outside of the research team. The questions we ask are about your organization so there are no physical risks to participating in the study. You will not be asked to provide personal information other than your name, and we will protect your confidentiality. There is a risk that someone could get access to the stored information. If you have questions, concerns or complaints about the study, please ask them now, or contact the study investigator. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact Advarra IRB. The toll-free number is 877-992-4724 and the email address is adviser@advarra.com. Please reference the following number when contacting the Study Participant Adviser: Pro00038088. Do you have any questions before we begin the study? Are you 18 years of age or older? [If a verbal "yes" then continue] (radio)

ac_intro2_desc_phone

Required

Field type: radio

Observations with this value left blank: 689

Number of unique values: 1

Branching logic: [ac_mode_survey]='1' and ((([hcs01_lam07]<>'14' and [hcs01_lam05]='1') or ([hcs01_lam05]<>'1'))

Choice value	Label	Frequency
1	Yes	55

Choice value	Label	Frequency
0	No	0

INTERVIEWER INSTRUCTION: Read the following script and ask questions exactly as they appear on the survey. Hello. My name is [name] and I work for the HEALing Communities Study in your state. We are working with the National Institute on Drug Abuse (NIDA) and research sites in three other participating states to conduct the HEALing Communities Study. This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. We are asking you to participate because we are interested in learning more about your organization's efforts to address the opioid epidemic. The study survey will take approximately 5 to 10 minutes to complete. Before we begin, I would like to review a few items: **Participation.** Your participation in this survey is voluntary, and you can stop participating at any time. If at any time you are uncomfortable with any question, you can choose not to answer. This study is for research purposes only; your only alternative is to not participate. **Compensation.** There is no cost to you, and you will not be compensated for completing this survey. **Privacy.** We will not share your name and contact information with anyone outside of the research team. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed. **Benefits & Risks.** You will receive no direct benefits from participating in this study. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies. As the questions we ask are about the pharmacy and are not personal in nature, there are no known risks associated with answering questions about these services provided at your pharmacy. **Reporting.** As part of this study, we will write a report summarizing what we learned from this survey. We will not use your name, the name of your pharmacy or any identifying information in the report. This report may be shared with study staff at the HCS study sites, study staff at the HCS Data Coordinating Center at RTI International, and study staff at NIDA. **Future Research.** Having information collected from many people helps researchers identify trends and discover better

ac_intro2_desc_phone_ky

ways to work with communities to reduce opioid overdoses. After we remove all identifiers, we would like to securely store, use, and share these data for future research without additional informed consent. If you have questions, concerns or complaints about the study, please ask them now, or contact the study investigator. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact Advarra IRB. The toll-free number is 877-992-4724 and the email address is adviser@advarra.com. Please reference the following number when contacting the Study Participant Adviser: Pro00038088. Do you have any questions before we begin the study? (descriptive)

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [ac_mode_survey]='1' and ([hcs01_lam07]='14' and [hcs01_lam05]='1')

KEY INFORMATION We are asking you to choose whether or not to participate in the HEALing Communities Study funded by the National Institute on Drug Abuse and conducted by four academic institutions: Boston Medical Center, Columbia University, University of Kentucky, and The Ohio State University. This study uses community engagement as a means to increase the use of evidence-based approaches with the goal of reducing opioid-related mortality by 40% over the course of the research study. We are asking you to participate because we are interested in learning more about your organization's efforts to address the opioid epidemic. The details below may help you decide whether or not to participate in this study. This page gives you key information to help you decide whether to participate. We have included detailed information following this page. You can also ask the research study team questions. If you have questions later, the contact information for the research study investigator in charge of the study is provided above. **WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?** The study survey will take approximately 10 to 20 minutes to complete. Your participation is voluntary. We anticipate up to 5,000 people will participate in this study. **WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO PARTICIPATE IN THIS STUDY?** By choosing to participate in this study, you may help to reduce the negative impacts of the opioid

ac_intro2_desc_inperson

epidemic for individuals, families, and communities. For a complete description of benefits, refer to the Detailed Consent. **WHAT ARE KEY REASONS YOU MIGHT CHOOSE NOT TO PARTICIPATE IN THIS STUDY?** There are no foreseeable physical risks involved with this study. For a description of the potential risks, refer to the Detailed Consent. **DO YOU HAVE TO TAKE PART IN THE STUDY?** This study is voluntary. If you decide to take part in this study, it should be because you really want to participate. You will not lose any services, benefits or rights you would normally have if you choose not to participate. Your decision will not affect your relationship with your employer or the HEALing Communities Study research team. **WHOM TO CONTACT ABOUT THIS STUDY?** During the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, and/or concerns or complaints regarding this research study, contact: By mail: Study Participant Adviser Advarra IRB 6940 Columbia Gateway Drive, Suite 110 Columbia, MD 21046 or call toll free: 877-992-4724 or by email: adviser@advarra.com Please reference the following number when contacting the Study Participant Adviser: Pro00038088. **DETAILED CONSENT: WHAT WILL YOU BE ASKED TO DO AND WHAT IS THE TOTAL AMOUNT OF TIME INVOLVED?** If you agree to be part of the study, you will be asked to take part in a survey that will ask about your organization's efforts to address the opioid epidemic and the services your organization provides. The survey will take approximately 10 to 20 minutes to complete. The study team may contact you again every 6 months or annually to conduct another survey. These future surveys are used to monitor the changing organizational landscape and service environment throughout the project and community. Even if you agree to participate in the research study now, you may at any time decline to participate in specific activities. Doing so will not affect your current work status, future advancement, or your relationship with the HEALing Communities Study research team. **WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?** No physical risks are involved in this study. The risk of a breach in confidentiality of your study data is minimized by the procedures in place to protect your privacy. You will not be asked to provide personal information other than basic demographic information. Although we would like you to answer all the survey questions asked of you, you may choose not to answer

questions without any negative consequences. There may be risks which are currently unforeseeable.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY? You will receive no direct benefits from participating in this study. However, your responses may help us learn more about opioid overdose deaths in your community and potential reduction strategies.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES? If you do not want to be in the study, there are no other choices except to not take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE? There is no cost to you to participate in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE? We will make every effort to keep private all research study records that identify you to the extent allowed by law. Study data will be collected, managed, and analyzed by the four research sites and RTI International, the Data Coordinating Center located in North Carolina. Any data that are stored electronically will reside in a password-protected database on a secure server. Research records will be deidentified and stored using a secure participant identification number. These identification numbers will be used for combining data from various surveys and interviews, which will be important for analyzing the data. Your information will be combined with information from other people taking part in the study. The study investigator, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. This means that absolute confidentiality cannot be guaranteed. We will publish the results of this study only in the aggregate, and you will not be identified directly or indirectly in study reports and presentations.

THIS RESEARCH STUDY IS COVERED BY A CERTIFICATE OF CONFIDENTIALITY from the National Institutes of Health. Study investigators with this Certificate may not disclose or use information or documents that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information or documents protected by this Certificate cannot be disclosed to anyone else who is not connected with the research study except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or neglect, harm to self or others, or communicable diseases), but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings; if you have consented to the disclosure; or if it is used for other scientific research, as allowed by

federal regulations protecting research participants. The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the study that is needed for auditing or program evaluation by National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration, which are funding this study. You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research study.

CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY? You can choose to leave the study at any time. If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you choose to leave the study early, data collected until that point will remain in the study database and may not be removed. The study investigator or sponsor can stop your participation at any time without your consent for the following reasons: If you fail to follow directions for participating in the study; If it is discovered that you do not meet the study requirements; If the study is canceled; or For administrative Any new important information that is discovered during the study that may influence your willingness to continue participation in the study will be given to you. If you are an employee, you are under no obligation to participate in this study. You may withdraw from the study at any time and for any reason, and neither your decision to participate in the study, nor any decision on your part to withdraw, will have any effect on your performance appraisal or employment at your place of employment. You may refuse to participate, or you may withdraw from the study at any time, without penalty.

WILL YOU RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? You will not be compensated for completing this survey.

How will YOUR privacy and confidentiality be protected? We will take careful steps to keep your information confidential. All identifiable information (for example, your name) will be removed from the information collected in this study. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key. We will label your information with a code and will store the key separately from the master code list. Only select study staff will have access to the list that links the code to you. All research data will be kept in locked file cabinets. Computer files will be

retained, and all electronic data will be password protected, stored on secure servers, and accessible only to the researchers on this study.

WILL YOUR INFORMATION BE STORED AND USED FOR FUTURE RESEARCH? All identifiable information (for example, your name, employer, and contact information) will be removed from the information collected for this study. After we remove all identifiers, the information you provide during the study may be used for analysis or shared with other researchers without your additional informed consent. The deidentified information will be stored on secure servers at the research sites and the data coordinating center at RTI International during the study. We plan to store and share deidentified data from surveys and interviews for future research. Data collected or transmitted under this study will be maintained for at least 3 years. Having information collected from many people helps researchers identify trends and discover better ways to work with communities to reduce opioid overdoses. Researchers can use the stored information to research additional scientific questions. There is a risk that someone could get access to the stored information. Despite the security measures and safeguards we will use, including not storing your name with your information, we cannot guarantee that your identity will never become known. There may be risks that at this time are unknown. As technology advances, there may be new ways of linking information back to you that we cannot foresee now.

WHAT ELSE DO YOU NEED TO KNOW? If you agree to take part in this study, you will be one of about 5,000 people to do so. The National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration are providing financial support for this study. A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

INFORMED CONSENT SIGNATURE This consent includes the following: [Key Information Page](#) [Detailed Consent](#) [Informed Consent Signatures \(descriptive\)](#)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac_mode_survey]='3'

KEY INFORMATION We are asking you to choose whether or not to volunteer for the HEALing

ac_intro2_desc_email

Communities Study funded by the National Institute on Drug Abuse and conducted by four academic institutions: Boston Medical Center, Columbia University, University of Kentucky, and The Ohio State University. We are asking you to participate because we are interested in learning more about your organization's efforts to address the opioid epidemic. PARTICIPATIONWe anticipate up to 5,000 organizations will participate in this research study. The study survey will take approximately 10 to 20 minutes to complete. The study team may contact your organization again in 6 months or annually to conduct another survey about your organization's services. Your participation is voluntary, and you can stop participating at any time. We will not share your name and contact information with anyone outside of the research team. RISKSThe questions we ask are about your organization so there are no physical risks to participating in the study. You will not be asked to provide personal information other than your name and we will protect your confidentiality. There is a risk that someone could get access to the stored information. WHOM TO CONTACT ABOUT THIS STUDYDuring the study, if you have questions, concerns, or complaints about the study, please contact the Investigator at the telephone number listed on the first page of this consent document. If you have any questions about your rights as a research participant, and/or concerns or complaintsregarding this research study, contact: By mail:Study Participant AdviserAdvarra IRB6940 Columbia Gateway Drive, Suite 110Columbia, MD 21046 or call toll free: 877-992-4724 or by email: adviser@advarra.com Please reference the following number when contacting the Study Participant Adviser: Pro00038088. CONSENTI have read and understand this informed consent information. I have had an opportunity to ask questions if needed, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by agreeing to this consent information. (descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac_mode_survey]='2'

Do I have your consent to participate in this study? [if a verbal "yes" then continue] (descriptive)

consent_language_phone

Field type: descriptive
Observations with this value left blank: 0

Number of unique values: 0
Branching logic: [ac_mode_survey] = '1' and [ac_intro2_desc_phone]<>'0'

Once you have read this consent form, if you choose to participate and you are 18 years of age or older, click I agree to begin the study survey. You may print this page for your records. consent_language_email
(descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac_mode_survey]='2'

I have read and understand the information in this informed consent document. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I am 18 years of age or older, and voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by signing and dating this consent document. I will receive a copy of this signed and dated consent document. consent_language_inperson
(descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac_mode_survey]='3'

(radio) consent_answer

Required
Field type: radio
Observations with this value left blank: 504
Number of unique values: 2
Branching logic: [ac_intro2_desc_phone]<>'0' or [ac_mode_survey]='2'

Choice value	Label	Frequency
1	I agree to participate in this study	230
0	I do not agree to participate in this study	10

Participant Name: (text) consent_name

Field type: text
Observations with this value left blank: 690
Number of unique values: 54

Branching logic: [ac_mode_survey]='1' and [consent_answer] = '1'

Interviewer Name: (text) **consent_interviewer**

Field type: text
Observations with this value left blank: 688
Number of unique values: 13
Branching logic: [ac_mode_survey]='1' and [consent_answer] = '1'

Interviewer Signature (file) **consent_interviewer_sign**

Field type: file
Observations with this value left blank: 721
Number of unique values: 23
Branching logic: [ac_mode_survey]='1' and [consent_answer] = '1'

Date of consent: (text) **consent_date**

Field type: text
Observations with this value left blank: 520
Number of unique values: 54
Branching logic: [consent_answer]='1'

Record Status color if not consented (calc) **r**

Identifier
Field type: calc
Observations with this value left blank: 3
Number of unique values: 2

Choice value	Label	Frequency
0	0	731
255	255	10
		3

Record Status color if consented (calc) **g**

Identifier
Field type: calc
Observations with this value left blank: 3
Number of unique values: 2

Choice value	Label	Frequency
141	141	230
0	0	511
		3

Record Status color if consent not done (calc) b

Identifier
Field type: calc
Observations with this value left blank: 3
Number of unique values: 2

Choice value	Label	Frequency
0	0	240
10	10	501
		3

5. Instrument: asset_classification

Version # (text)**ac_version**

Field type: text
Observations with this value left blank: 514
Number of unique values: 1

Start Date (text)**ac_reference_date**

Field type: text
Observations with this value left blank: 514
Number of unique values: 1

Start Date (text)**ac_start_date**

Field type: text
Observations with this value left blank: 514
Number of unique values: 1

End Date (text)**ac_end_date**

Field type: text
Observations with this value left blank: 514
Number of unique values: 1

Please confirm that [hcs01_lam10_org_name] provides services in [hcs01_lam05]? (radio in matrix ac_state)**ac_state_01**

Required
Field type: radio
Observations with this value left blank: 520
Number of unique values: 2

Choice value	Label	Frequency
1	Yes	221
0	No	3
8000000	Don't Know	0
7000000	Prefer not to answer	0

Does [hcs01_lam10_org_name] provide services in another state? (radio in matrix ac_state) **ac_state_02**

Required
Field type: radio
Observations with this value left blank: 520
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	17
0	No	204
8000000	Don't Know	3
7000000	Prefer not to answer	0

In which state(s) does [hcs01_lam10_org_name] provide services? (text) **ac_state_o**

Required
Field type: text
Observations with this value left blank: 728
Number of unique values: 13
Branching logic: [ac_state_02] = '1'

In which county or community does [hcs01_lam10_org_name] primarily provide services? [hcs01_lam05] (radio) **ac_com**

Required
Field type: radio
Observations with this value left blank: 523
Number of unique values: 19
Branching logic: [ac_state_01] = '1'

Choice value	Label	Frequency
1	Bourbon	0
2	Boyd	0
3	Boyle	0
4	Campbell	0
5	Carter	0
6	Clark	0
7	Fayette	0
8	Floyd	0

Choice value	Label	Frequency
9	Franklin	0
10	Greenup	0
11	Jefferson	0
12	Jessamine	0
13	Kenton	0
14	Knox	0
15	Madison	0
16	Mason	0
17	North Adams	0
18	Brockton	0
19	Plymouth	0
20	Gloucester	0
21	Lawrence	0
22	Salem	0
23	Holyoke	0
24	Springfield	0
25	Lowell	0
26	Pittsfield	0
27	Weymouth	0
28	Barnstable (Bourne/Sandwich)	0
29	Bristol (Berkeley/Dighton/Freetown)	0
30	Franklin (Greenfield/Montague/Athol/Orange)	0
31	Hampshire (Belchertown/Ware)	0
32	Middlesex (Shirley/Townsend)	0
33	Broome	0
34	Cayuga	0
35	Chautauqua	0
36	Columbia	0
37	Cortland	0
38	Erie	1
39	Genesee	0
40	Greene	0
41	Lewis	0
42	Monroe	0
43	Orange	0

Choice value	Label	Frequency
44	Putnam	0
45	Suffolk	0
46	Sullivan	0
47	Ulster	0
48	Yates	0
49	Allen	7
50	Ashtabula	20
51	Athens	17
52	Brown	1
53	Cuyahoga	46
54	Darke	9
55	Franklin (Ohio)	3
56	Greene (Ohio)	12
57	Guernsey	12
58	Hamilton	21
59	Huron	1
60	Jefferson (Ohio)	0
61	Lucas	40
62	Morrow	0
63	Ross	1
64	Scioto	14
65	Stark	1
66	Williams	4
67	Wyandot	2
4000000	Other	9

Which other HCS community ? (text)

ac_com_oth

Required
Field type: text
Observations with this value left blank: 735
Number of unique values: 9
Branching logic: [ac_com] = '4000000'

Which of the following best describes [hcs01_lam10_org_name]? (choose one) (radio)

ac01

Required
 Field type: radio
 Observations with this value left blank: 520
 Number of unique values: 7

Choice value	Label	Frequency
1	Existing coalition or task force working in the area of substance use (not including those exclusively focused on alcohol	0
2	Substance use disorder treatment and recovery provider or program	83
3	Harm reduction and/or syringe service program	1
4	Federally qualified health center (FQHC) or primary care clinic	0
5	Community mental health center	0
6	Emergency department / hospital	23
7	Emergency response (i.e.	48
8	Pharmacy	0
9	Jail or prison	0
10	Other criminal justice setting (probation	0
11	Local media outlet	0
12	Health department or social service organization	19
4000000	Other	49
8000000	Don't Know	1
7000000	Prefer not to answer	0

Other (please specify): (text)

ac01_other

Required
 Field type: text
 Observations with this value left blank: 695
 Number of unique values: 42
 Branching logic: [ac01] = '4000000'

(calc)

ky_pharm

Field type: calc
 Observations with this value left blank: 3
 Number of unique values: 1

Choice value	Label	Frequency
0	0	741
		3

(calc)

ky_comm_supvsn

Field type: calc

Observations with this value left blank: 3

Number of unique values: 1

Choice value	Label	Frequency
0	0	741
		3

1.Overdose education (radio in matrix ac02)

ac02_1

Required

Field type: radio

Observations with this value left blank: 521

Number of unique values: 3

Choice value	Label	Frequency
1	Yes	161
0	No	56
8000000	Don't Know	6
7000000	Prefer not to answer	0

2.Naloxone distribution (radio in matrix ac02)

ac02_2

Required

Field type: radio

Observations with this value left blank: 521

Number of unique values: 3

Choice value	Label	Frequency
1	Yes	110
0	No	105
8000000	Don't Know	8
7000000	Prefer not to answer	0

3.Opioid withdrawal treatment (radio in matrix ac02)

ac02_3

Required
Field type: radio
Observations with this value left blank: 521
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	79
0	No	141
8000000	Don't Know	3
7000000	Prefer not to answer	0

4.Direct provision of recovery support services (i.e., case management, after-care services, peer-to-peer recovery services) (radio in matrix ac02) ac02_4

Required
Field type: radio
Observations with this value left blank: 521
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	117
0	No	103
8000000	Don't Know	3
7000000	Prefer not to answer	0

5.Referrals to recovery support services (i.e., case management, after-care services, peer-to-peer recovery services) (radio in matrix ac02) ac02_5

Required
Field type: radio
Observations with this value left blank: 521
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	180
0	No	41
8000000	Don't Know	2
7000000	Prefer not to answer	0

6. Provide or initiate people on medication for opioid use disorder (i.e. buprenorphine, methadone, extended-release naltrexone) (radio in matrix ac02) ac02_6

Required
Field type: radio
Observations with this value left blank: 521
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	92
0	No	126
8000000	Don't Know	5
7000000	Prefer not to answer	0

7. Take back of unused prescription drugs (radio in matrix ac02) ac02_7

Required
Field type: radio
Observations with this value left blank: 521
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	69
0	No	143
8000000	Don't Know	11
7000000	Prefer not to answer	0

8. Virtual approaches to retaining people in care for opioid use disorder (e.g., mobile, web, digital therapeutics) (radio in matrix ac02) ac02_8

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	35
0	No	179
8000000	Don't Know	8

Choice value	Label	Frequency
7000000	Prefer not to answer	0

9.Syringe services or syringe exchange (radio in matrix ac02) **ac02_9**

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	12
0	No	200
8000000	Don't Know	10
7000000	Prefer not to answer	0

10.HIV testing (radio in matrix ac02) **ac02_10**

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	77
0	No	144
8000000	Don't Know	1
7000000	Prefer not to answer	0

11.Hepatitis C testing (radio in matrix ac02) **ac02_11**

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 2

Choice value	Label	Frequency
1	Yes	86
0	No	136

Choice value	Label	Frequency
8000000	Don't Know	0
7000000	Prefer not to answer	0

12. Treatment for HIV/AIDS (radio in matrix ac02) ac02_12

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	41
0	No	176
8000000	Don't Know	5
7000000	Prefer not to answer	0

13. Treatment for hepatitis C (radio in matrix ac02) ac02_13

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	46
0	No	173
8000000	Don't Know	3
7000000	Prefer not to answer	0

Did your facility provide any other service from [ac_reference_date] to [ac_end_date]? (radio) ac02oth

Required
Field type: radio
Observations with this value left blank: 522
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	94

Choice value	Label	Frequency
0	No	107
8000000	Don't Know	17
7000000	Prefer not to answer	4

What is that other service? (text) ac02oth1

Required
Field type: text
Observations with this value left blank: 650
Number of unique values: 86
Branching logic: [ac02oth] = '1'

Which of the following best describes [hcs01_lam10_org_name] substance use disorder treatment and/or recovery program? (choose one) (radio) ac03

Required
Field type: radio
Observations with this value left blank: 663
Number of unique values: 4
Branching logic: [ac01] = '2'

Choice value	Label	Frequency
1	Licensed opioid treatment program (OTP) that provides methadone	4
2	Opioid use disorder treatment program (i.e.	40
3	Recovery support services program	24
4000000	Other	13
8000000	Don't Know	0
7000000	Prefer not to answer	0

What is that disorder treatment and/or recovery program? (text) ac03oth

Required
Field type: text
Observations with this value left blank: 731
Number of unique values: 13
Branching logic: [ac03] = '4000000'

**Has [hcs01_lam10_org_name] used a mobile unit
to deliver services from [ac_reference_date] to [ac_end_date]? (radio) ac06**

Required

Field type: radio

Observations with this value left blank: 571

Number of unique values: 4

Branching logic: [ac01] != "" and [ac01] != '1' and [ac01] != '8' and [ac01] != '11' and [ac01] != '7'

Choice value	Label	Frequency
1	Yes	19
0	No	149
8000000	Don't Know	3
7000000	Prefer not to answer	2

6. Instrument: naloxone_distribution_training_module

Version # (text)	hcs02_version
Field type: text Observations with this value left blank: 573 Number of unique values: 1	
Start Date (text)	hcs02_reference_date
Field type: text Observations with this value left blank: 573 Number of unique values: 1	
Start Date (text)	hcs02_start_date
Field type: text Observations with this value left blank: 573 Number of unique values: 1	
End Date (text)	hcs02_end_date
Field type: text Observations with this value left blank: 573 Number of unique values: 1	
INTRO. These questions are about your organization's work providing naloxone kits and opioid overdose prevention education trainings. (descriptive)	hcs02_intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
NT01. Did your organization provide opioid overdose education trainings to individuals in [hcs01_lam06] during the period of [hcs02_start_date] to [hcs02_end_date]? (radio)	hcs02_nt01
Required Field type: radio Observations with this value left blank: 573	

Number of unique values: 3

Choice value	Label	Frequency
1	Yes	93
0	No	67
8000000	Don't Know	11

NT02. Did your organization distribute naloxone kits to individuals in [hcs01_lam06] during the period of [hcs02_start_date] to [hcs02_end_date]? (radio) hcs02_nt02

Required
Field type: radio
Observations with this value left blank: 573
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	81
0	No	78
8000000	Don't Know	12
7000000	Prefer not to answer	0

NT03. During the period [hcs02_start_date] to [hcs02_end_date] approximately how many opioid overdose education trainings were delivered by your organization? These trainings could have occurred at your facility or been conducted by your staff in another community setting. (text) hcs02_nt03

Required
Field type: text
Observations with this value left blank: 653
Number of unique values: 28
Branching logic: [hcs02_nt01] = '1'

NT04. During the period [hcs02_start_date] to [hcs02_end_date] approximately how many unique individuals attended your organization's opioid overdose prevention education trainings? (text) hcs02_nt04

Required
Field type: text

Observations with this value left blank: 653
Number of unique values: 47
Branching logic: [hcs02_nt01] = '1'

NT04a. How much time (in minutes) does it typically take to deliver one opioid overdose education training? (text)

hcs02_nt04a

Required
Field type: text
Observations with this value left blank: 654
Number of unique values: 16
Branching logic: [hcs02_nt01] = '1'

NT04b. What is the occupation or job title of the staff who typically delivered opioid overdose education trainings? (text)

hcs02_nt04b

Required
Field type: text
Observations with this value left blank: 655
Number of unique values: 75
Branching logic: [hcs02_nt01] = '1'

NT05. During the period [hcs02_start_date] to [hcs02_end_date] approximately how many naloxone kits did your organization distribute? (text)

hcs02_nt05

Required
Field type: text
Observations with this value left blank: 667
Number of unique values: 38
Branching logic: [hcs02_nt02] = '1'

Please specify where other naloxone kits came from. (text)

hcs02_nt06a

Required
Field type: text
Observations with this value left blank: 716
Number of unique values: 22
Branching logic: [hcs02_nt06(4000000)] = '1'

NT07. Please estimate what proportion of the naloxone kits your organization distributed between [hcs02_start_date] to [hcs02_end_date] were funded through or purchased by a state agency? (text)

hcs02_nt07

Required
Field type: text
Observations with this value left blank: 739
Number of unique values: 5
Branching logic: [hcs02_nt06(1)]= '1' and ([hcs02_nt06(2)]= '1' or [hcs02_nt06(3)]= '1' or [hcs02_nt06(4)]= '1' or [hcs02_nt06(4000000)]= '1')

NT08. Does your organization distribute naloxone kits to people only in [hcs01_lam06] or to individuals in other counties or communities? (radio)

hcs02_nt08

Required
Field type: radio
Observations with this value left blank: 667
Number of unique values: 3
Branching logic: [hcs02_nt02] = '1'

Choice value	Label	Frequency
1	Only serve people in [hcs01_lam06]	31
2	Serve people from in [hcs01_lam06] and other counties or communities	45
8000000	Don't Know	1
7000000	Prefer not to answer	0

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive)

hcs02_endsurvey2

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac02_3]= '1' or [ac02_4]= '1' or [ac02_6]= '1' or [ac02_3]= '1' or [ac01]= '6' or [ac01]= '7' or [ac02_7]= '1' or ([ac01]= '8' and [hcs01_lam05]= '1') or ([ac01]= '10' and [hcs01_lam05]= '1')

7. Instrument: withdrawal_programs_module

Version # (text)	hcs03_version
Field type: text Observations with this value left blank: 670 Number of unique values: 1	
Reference Date (text)	wp_reference_date
Field type: text Observations with this value left blank: 670 Number of unique values: 1	
Start Date (text)	wp_start_date
Field type: text Observations with this value left blank: 670 Number of unique values: 1	
End Date (text)	wp_end_date
Field type: text Observations with this value left blank: 670 Number of unique values: 1	
Thank you for agreeing to participate in this survey. These questions are about your organization's withdrawal programs for individuals with opioid use disorder (OUD). (descriptive)	hcs03_intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
WP01. Does your organization provide opioid withdrawal treatment to individuals with opioid use disorder in [hcs01_lam06]? (radio)	hcs03_wp01
Required Field type: radio Observations with this value left blank: 670 Number of unique values: 4	

Choice value	Label	Frequency
1	Yes	63
0	No	7
8000000	Don't Know	3
7000000	Prefer not to answer	1

WP02. Which of the following best describes your treatment setting? (radio) **hcs03_wp02**

Required
Field type: radio
Observations with this value left blank: 681
Number of unique values: 4
Branching logic: [hcs03_wp01] = '1'

Choice value	Label	Frequency
1	Urgent Care Center	0
2	Emergency Department	2
3	Substance Use Treatment or Mental Health Facility	39
4	Acute Care Inpatient Facility	7
4000000	Other	15
8000000	Don't Know	0
7000000	Prefer not to answer	0

WP02_Other. Other treatment setting (text) **hcs03_wp02_oth**

Required
Field type: text
Observations with this value left blank: 729
Number of unique values: 9
Branching logic: [hcs03_wp02] = '4000000'

WP03. Which type of withdrawal program does your organization provide? (radio) **hcs03_wp03**

Required
Field type: radio
Observations with this value left blank: 681
Number of unique values: 5
Branching logic: [hcs03_wp01] = '1'

Choice value	Label	Frequency
1	Medically Supervised (also known as detoxification	40
2	Socially Managed (or respite detoxification and withdrawal management services provide a safe	5
3	Both medically supervised and socially managed	16
8000000	Don't Know	1
7000000	Prefer not to answer	1

WP04. Does your program provide or initiate medications for opioid use disorder (MOUD)? (radio)

hcs03_wp04

Required
 Field type: radio
 Observations with this value left blank: 670
 Number of unique values: 3

Choice value	Label	Frequency
1	Yes	65
0	No	6
8000000	Don't Know	3
7000000	Prefer not to answer	0

WP05. Does your program provide referrals to providers, clinics, or outpatient/inpatient programs that provide medications for opioid use disorder (MOUD)? (radio)

hcs03_wp05

Required
 Field type: radio
 Observations with this value left blank: 670
 Number of unique values: 3

Choice value	Label	Frequency
1	Yes	68
0	No	4
8000000	Don't Know	2
7000000	Prefer not to answer	0

WP06. Does your program provide Overdose

hcs03_wp06

Prevention and Response training to family members, friends, or individuals with OUD? (radio)

Required
Field type: radio
Observations with this value left blank: 670
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	36
0	No	27
8000000	Don't Know	9
7000000	Prefer not to answer	2

WP06a. From [wp_start_date] to [wp_end_date], how many trainings has your organization provided to family members, friends, or individuals with OUD? (text)

hcs03_wp06a

Required
Field type: text
Observations with this value left blank: 715
Number of unique values: 21
Branching logic: [hcs03_wp06] = '1'

WP06b. How much time (in minutes) does it typically take to deliver one Overdose Prevention and Response training? (text)

hcs03_wp06b

Required
Field type: text
Observations with this value left blank: 715
Number of unique values: 11
Branching logic: [hcs03_wp06] = '1'

WP07. Do you have staff (e.g., physicians, case managers, social workers, referral coordinators, etc.) who provide a "warm handoff" for patients with OUD for post-detox services (e.g., primary care, MOUD, behavioral therapy)? By a "warm handoff" we mean a transfer of care between two members of the health care team where the handoff occurs in front of the patient and/or family if applicable. (radio)

hcs03_wp07

Required
Field type: radio
Observations with this value left blank: 670

Number of unique values: 4

Choice value	Label	Frequency
1	Yes	46
0	No	22
8000000	Don't Know	5
7000000	Prefer not to answer	1

WP06c. What is the occupation or job title of the staff who typically deliver Overdose Prevention and Response training? (text) hcs03_wp06c

Required
Field type: text
Observations with this value left blank: 715
Number of unique values: 24
Branching logic: [hcs03_wp06] = '1'

WP07a. From [wp_start_date] to [wp_end_date], how many trainings has your organization provided to family members, friends, or individuals with OUD? (text in matrix hcs03_wp07a) hcs03_wp07a

Field type: text
Observations with this value left blank: 725
Number of unique values: 13
Branching logic: [hcs03_wp07] = '1'

WP07b. How much time (in minutes) does it typically take to deliver one Overdose Prevention and Response training? (text) hcs03_wp07b

Field type: text
Observations with this value left blank: 725
Number of unique values: 10
Branching logic: [hcs03_wp07] = '1'

WP07c. What is the occupation or job title of the staff who typically deliver Overdose Prevention and Response training? (text in matrix hcs03_wp07a) hcs03_wp07a_3

Field type: text
Observations with this value left blank: 725

Number of unique values: 19
Branching logic: [hcs03_wp07] = '1'

WP08. Do you admit people only in [hcs01_lam06] or do you also admit individuals from other counties/communities? (radio) **hcs03_wp08**

Required
Field type: radio
Observations with this value left blank: 670
Number of unique values: 3

Choice value	Label	Frequency
1	Only serve people in [hcs01_lam06]	3
2	Serve people from other counties	69
8000000	Don't Know	2
7000000	Prefer not to answer	0

WP11_Other. Please specify other referrals (text) **hcs03_wp11oth**

Required
Field type: text
Observations with this value left blank: 718
Number of unique values: 17
Branching logic: [hcs03_wp11(4000000)] = '1'

WP12_Other. Describe other forms of payment (text) **hcs03_wp12oth**

Required
Field type: text
Observations with this value left blank: 729
Number of unique values: 14
Branching logic: [hcs03_wp12(4000000)]= '1'

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive) **hcs03e_endsurvey3**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac01]='1' or [ac01]='2' or [ac02_4]='1' or [ac02_6]='1' or [ac02_3]='1' or [ac01]='6' or [ac01]='7' or [ac02_7]='1' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

8. Instrument: recovery_support_services_module

Version # (text)	hcs07_version
Field type: text Observations with this value left blank: 569 Number of unique values: 1	
This section asks about your organizations' services and referrals related to recovery support. By recovery support services, we refer to the four major dimensions that support recovery, including: Health-overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being. Home-having a stable and safe place to live. Purpose-conducting meaningful daily activities and having the independence, income, and resources to participate in society. Community-having relationships and social networks that provide support, friendship, love, and hope. (descriptive)	hcs07_intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
(text)	rss_reference_date
Field type: text Observations with this value left blank: 569 Number of unique values: 1	
(text)	rss_start_date
Field type: text Observations with this value left blank: 569 Number of unique values: 1	
(text)	rss_end_date
Field type: text Observations with this value left blank: 569 Number of unique values: 1	

RSS01. Did your organization provide recovery support services directly to individuals in [hcs01_lam06] between [rss_start_date] and [rss_end_date]? Note: This does not include referrals only to services. (radio)

hcs07_rss01

Required
Field type: radio
Observations with this value left blank: 570
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	103
0	No	65
8000000	Don't Know	6
7000000	Prefer not to answer	0

Employment Service (radio)

hcs07_empserv1

Required
Field type: radio
Observations with this value left blank: 641
Number of unique values: 3
Branching logic: [hcs07_rss01] = '1'

Choice value	Label	Frequency
1	Yes	35
0	No	65
8000000	Don't Know	3
7000000	Prefer not to answer	0

Transportation (radio)

hcs07_trans1

Required
Field type: radio
Observations with this value left blank: 641
Number of unique values: 3
Branching logic: [hcs07_rss01] = '1'

Choice value	Label	Frequency
1	Yes	67
0	No	34
8000000	Don't Know	2

Choice value	Label	Frequency
7000000	Prefer not to answer	0

Supportive Transitional Drug-Free Housing Services (radio)

hcs07_atdhserv1

Required
 Field type: radio
 Observations with this value left blank: 641
 Number of unique values: 3
 Branching logic: [hcs07_rss01] = '1'

Choice value	Label	Frequency
1	Yes	45
0	No	55
8000000	Don't Know	3
7000000	Prefer not to answer	0

Other Care Management Services (radio)

hcs07_othcms1

Required
 Field type: radio
 Observations with this value left blank: 641
 Number of unique values: 3
 Branching logic: [hcs07_rss01] = '1'

Choice value	Label	Frequency
1	Yes	74
0	No	26
8000000	Don't Know	3
7000000	Prefer not to answer	0

**Thank you for taking time to complete this survey.
 Please press submit and your responses will be saved. (descriptive)**

hcs07_endsurvey4

Field type: descriptive
 Observations with this value left blank: 0
 Number of unique values: 0
 Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_6]='1' or [ac02_3]='1' or [ac01]='6' or [ac01]='7' or [ac02_7]='1' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

9. Instrument: landscape_moud_module

Version # (text)	hcs20_version
Field type: text Observations with this value left blank: 659 Number of unique values: 1	
Thank you for agreeing to participate in this survey. These questions are about your organization's services related to providing medication for opioid use disorder. (descriptive)	hcs20_mou_intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
(text)	hcs20_reference_dte
Field type: text Observations with this value left blank: 659 Number of unique values: 1	
(text)	hcs20_start_dte
Field type: text Observations with this value left blank: 659 Number of unique values: 1	
(text)	hcs20_end_dte
Field type: text Observations with this value left blank: 659 Number of unique values: 1	
Please specify other medications that have been used for opioid use disorder in your program: (text)	hcs20_mou01_a
Required Field type: text Observations with this value left blank: 721 Number of unique values: 11	

Branching logic: [hcs20_mou01(4000000)] = '1'

MOU08a. Does your program currently have mobile units? (radio)

hcs20_mou08a

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	3
0	No	79
8000000	Don't Know	3
7000000	Prefer not to answer	0

MOU12. Is MOUD time-limited in your program or as long as it is indicated (potentially lifelong)? (radio)

hcs20_mou12

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 4

Choice value	Label	Frequency
1	Time-limited	10
2	As long as indicated (potentially lifelong)	69
8000000	Don't Know	5
7000000	Prefer not to answer	1

MOU13. Are patients who are meeting treatment goals encouraged to continue MOUD treatment or encouraged to taper and discontinue MOUD? (radio)

hcs20_mou13

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 4

Choice value	Label	Frequency
1	Encouraged to continue MOUD treatment	41

Choice value	Label	Frequency
2	Encouraged to taper and discontinue MOUD	28
8000000	Don't Know	10
7000000	Prefer not to answer	6

MOU14. Are patients in your program excluded or discharged from MOUD treatment because they are unwilling or unable to participate in counseling? (radio) hcs20_mou14

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	42
0	No	34
8000000	Don't Know	6
7000000	Prefer not to answer	3

MOU16. Are patients in your program excluded or discharged from MOUD treatment because they are not abstinent from other substances? (radio) hcs20_mou16

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	26
0	No	47
8000000	Don't Know	9
7000000	Prefer not to answer	3

MOU17. Has your program used telemedicine, from [hcs20_start_dte] to [hcs20_end_dte] to expand treatment for opioid use disorder in [hcs01_lam06]? (radio) hcs20_mou17

Required

Field type: radio
Observations with this value left blank: 659
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	27
0	No	52
8000000	Don't Know	6
7000000	Prefer not to answer	0

MOU18. Does your program have a mobile unit for medication for opioid use disorder outreach? (radio) **hcs20_mou18**

Required
Field type: radio
Observations with this value left blank: 659
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	2
0	No	80
8000000	Don't Know	3
7000000	Prefer not to answer	0

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive) **hcs20_endsurvey5**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_4]='1' or [ac02_3]='1' or [ac01]='6' or [ac01]='7' or [ac02_7]='1' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

10. Instrument: ed_linking_to_moud_module

Version # (text)	hcs05_version
Field type: text	
Observations with this value left blank: 725	
Number of unique values: 1	

INTRO. Thank you for agreeing to participate in this survey. These questions are about your organization's emergency department. Please answer these questions to the best of your ability. (descriptive)	hcs05_intro_2
Field type: descriptive	
Observations with this value left blank: 0	
Number of unique values: 0	

ED01. Does your Emergency Department (ED) have standardized care guidelines or protocols for working with patients identified with opioid use disorder (OUD)? (radio)	hcs05_ed01	
Required		
Field type: radio		
Observations with this value left blank: 725		
Number of unique values: 3		
Choice value	Label	Frequency
1	Yes	11
0	No	4
8000000	Don't Know	4
7000000	Prefer not to answer	0

ED02. Does your ED use specific tools to screen ED patients for opioid and other substance use disorders? (radio)	hcs05_ed02
Required	
Field type: radio	
Observations with this value left blank: 725	
Number of unique values: 3	

Choice value	Label	Frequency
1	Yes	13
0	No	4
8000000	Don't Know	2
7000000	Prefer not to answer	0

ED03. Does your ED provide medication treatment for acute opioid withdrawal?

hcs05_ed03

(radio)

Required
 Field type: radio
 Observations with this value left blank: 725
 Number of unique values: 3

Choice value	Label	Frequency
1	Yes	12
0	No	4
8000000	Don't Know	3
7000000	Prefer not to answer	0

ED04. Does your ED initiate medication for opioid use disorders?

hcs05_ed04

(radio)

Required
 Field type: radio
 Observations with this value left blank: 725
 Number of unique values: 4

Choice value	Label	Frequency
1	Yes	1
0	No	14
8000000	Don't Know	3
7000000	Prefer not to answer	1

ED05. Which of the following medications are used to initiate MOUD in your ED?

hcs05_ed05_header

(descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [hcs05_ed04] = '1'

1. Methadone (radio in matrix hcs05_ed05) hcs05_ed05_1

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs05_ed04] = '1'

Choice value	Label	Frequency
1	Yes	0
0	No	1
8000000	Don't Know	0
7000000	Prefer not to answer	0

2. Extended release XR Naltrexone (i.e., Vivitrol) (radio in matrix hcs05_ed05) hcs05_ed05_2

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs05_ed04] = '1'

Choice value	Label	Frequency
1	Yes	0
0	No	1
8000000	Don't Know	0
7000000	Prefer not to answer	0

3. Transmucosal buprenorphine products (like Suboxone and Zubsolve) (radio in matrix hcs05_ed05) hcs05_ed05_3

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs05_ed04] = '1'

Choice value	Label	Frequency
1	Yes	1
0	No	0
8000000	Don't Know	0
7000000	Prefer not to answer	0

4. Injectable buprenorphine (like Sublocade) (radio in matrix hcs05_ed05) hcs05_ed05_4

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs05_ed04] = '1'

Choice value	Label	Frequency
1	Yes	0
0	No	0
8000000	Don't Know	1
7000000	Prefer not to answer	0

5. Other (radio in matrix hcs05_ed05) hcs05_ed05_5

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs05_ed04] = '1'

Choice value	Label	Frequency
1	Yes	0
0	No	0
8000000	Don't Know	1
7000000	Prefer not to answer	0

ED06. Does your ED provide referrals to providers, clinics, or outpatient/inpatient programs that provide medications for opioid used disorder (MOUD) - specifically methadone or buprenorphine treatment? (radio) hcs05_ed06

Required
Field type: radio

Observations with this value left blank: 725
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	12
0	No	4
8000000	Don't Know	2
7000000	Prefer not to answer	1

ED07. Does your ED provide care coordination (case management, peer navigators, or other) including linkage to hospital or community-based providers of medication for opioid use disorders (MOUD) with methadone or buprenorphine? (radio) hcs05_ed07

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	10
0	No	4
8000000	Don't Know	5
7000000	Prefer not to answer	0

ED08. Does your ED provide care coordination (case management, peer navigators, or other) including linkage to hospital or community-based providers of medication for opioid use disorders (MOUD) programs with XR Naltrexone? (radio) hcs05_ed08

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	9
0	No	4
8000000	Don't Know	6
7000000	Prefer not to answer	0

ED09. Do you have staff (e.g., physicians, case managers, social workers, referral coordinators, etc.) that provide a "warm handoff" for patients with OUD to outpatient services (e.g., primary care, MOUD, behavioral therapy)? By a "warm handoff" we mean a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. (radio)

hcs05_ed09

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	7
0	No	11
8000000	Don't Know	1
7000000	Prefer not to answer	0

ED10. Does your ED provide naloxone distribution and training for patients? (radio)

hcs05_ed10

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	8
0	No	9
8000000	Don't Know	2
7000000	Prefer not to answer	0

ED11. Does your ED provide naloxone prescriptions for patients (must go to pharmacy)? (radio)

hcs05_ed11

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 4

Choice value	Label	Frequency
1	Yes	6
0	No	9
8000000	Don't Know	3
7000000	Prefer not to answer	1

ED12. Does your ED provide naloxone rescue kits to family members, friends, or individuals with OUD before they leave the Emergency Department? (radio) hcs05_ed12

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	7
0	No	9
8000000	Don't Know	3
7000000	Prefer not to answer	0

ED13. Does your ED provide naloxone training for providers? (radio) hcs05_ed13

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	8
0	No	8
8000000	Don't Know	3
7000000	Prefer not to answer	0

ED14. Does your ED provide referrals to syringe service programs? (radio) hcs05_ed14

Required

Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	3
0	No	12
8000000	Don't Know	4
7000000	Prefer not to answer	0

ED15. Does your ED provide fentanyl test kits and training to patients? (radio) hcs05_ed15

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	2
0	No	15
8000000	Don't Know	2
7000000	Prefer not to answer	0

ED16. Does your ED provide testing for HIV? (radio) hcs05_ed16

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	12
0	No	6
8000000	Don't Know	1
7000000	Prefer not to answer	0

ED17. Does your ED provide testing for Hepatitis C? (radio) hcs05_ed17

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	12
0	No	6
8000000	Don't Know	1
7000000	Prefer not to answer	0

ED18. Does your ED provide guidelines on opioid prescribing? (radio) hcs05_ed18

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	9
0	No	7
8000000	Don't Know	3
7000000	Prefer not to answer	0

ED19. Does your ED utilize protocols or programs that provide feedback on prescribing frequency to individual providers? (radio) hcs05_ed19

Required
Field type: radio
Observations with this value left blank: 725
Number of unique values: 3

Choice value	Label	Frequency
1	Yes	14
0	No	3
8000000	Don't Know	2
7000000	Prefer not to answer	0

ED20. Record the name of an individual who may know about management of OUD and use of MOUD in your ED. (text)

hcs05_ed20

Identifier & Required

Field type: text

Observations with this value left blank: 740

Number of unique values: 4

Branching logic: [hcs05_ed03] = '8000000' or [hcs05_ed04] = '8000000' or [hcs05_ed05_1] = '8000000' or [hcs05_ed05_2] = '8000000' or [hcs05_ed05_3] = '8000000' or [hcs05_ed05_4] = '8000000' or [hcs05_ed05_5] = '8000000'

Thank you for taking time to complete this survey.

Please press submit and your responses will be saved. (descriptive)

hcs05_endsurvey6

Field type: descriptive

Observations with this value left blank: 0

Number of unique values: 0

Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_4]='1' or [ac02_6]='1' or [ac01]='6' or [ac01]='7' or [ac02_7]='1' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

11. Instrument: emergency_response_module

Version # (text)	hcs18_version
Field type: text Observations with this value left blank: 697 Number of unique values: 1	
(text)	er_reference_date
Field type: text Observations with this value left blank: 697 Number of unique values: 1	
(text)	er_start_date
Field type: text Observations with this value left blank: 697 Number of unique values: 1	
(text)	er_end_date
Field type: text Observations with this value left blank: 697 Number of unique values: 1	
INTRO. Thank you for agreeing to participate in this survey. These questions are about your work responding to people who are experiencing opioid overdoses in your community. (descriptive)	hcs18_intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
ER01. What type of emergency response organization do you represent? (choose one) (radio)	hcs18_er01
Required Field type: radio Observations with this value left blank: 697 Number of unique values: 1	

Choice value	Label	Frequency
1	Police/Sheriff	47
2	Fire Department	0
4000000	Other	0

ER02. How many people who experienced an opioid overdose in [hcs01_lam06] were served by your organization during the period of [er_start_date] to [er_end_date]? (text) hcs18_er02

Required
Field type: text
Observations with this value left blank: 698
Number of unique values: 22

ER03. Of these [hcs18_er02] patients, how many people were administered naloxone by [hcs01_lam10_org_name] staff? (text) hcs18_er03

Required
Field type: text
Observations with this value left blank: 710
Number of unique values: 14
Branching logic: [hcs18_er02] > 0

ER07a. Describe your organization's other activities. (text) hcs18_er07aoth

Required
Field type: text
Observations with this value left blank: 737
Number of unique values: 7
Branching logic: [hcs18_er07(4000000)] = '1'

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive) hcs18_endsurvey7

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_4]='1' or [ac02_6]='1' or [ac02_3]='1' or [ac01]='6' or [ac02_7]='1' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

12. Instrument: sponsored_drug_take_back_events_module

Version # (text)	hcs06_version
Field type: text Observations with this value left blank: 682 Number of unique values: 1	
(text)	hcs06_reference_dte
Field type: text Observations with this value left blank: 682 Number of unique values: 1	
(text)	hcs06_start_dte
Field type: text Observations with this value left blank: 682 Number of unique values: 1	
(text)	hcs06_end_dte
Field type: text Observations with this value left blank: 682 Number of unique values: 1	
Thank you for participating in this survey. These questions are about your drug take back events. (descriptive)	intro
Field type: descriptive Observations with this value left blank: 0 Number of unique values: 0	
DTB02. How many local (not DEA sponsored) drug take back events did you have during the period from [hcs06_start_dte] to [hcs06_end_dte] in [hcs01_lam06]? (text)	hcs06_dtb02
Required Field type: text Observations with this value left blank: 739	

Number of unique values: 4
Branching logic: [hcs06_dtb01(1)] = '1'

DTB03. What was/were the name(s) of your local (not DEA sponsored) drug take back event(s) in [hcs01_lam06]? (descriptive) **hcs06_dtb03**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [hcs06_dtb01(1)] = '1'

Drug take back event 1 (text) **hcs06_dtb03_ev1**

Field type: text
Observations with this value left blank: 740
Number of unique values: 4
Branching logic: [hcs06_dtb01(1)] = '1'

(radio) **hcs06_dtb03_ev1a**

Field type: radio
Observations with this value left blank: 743
Number of unique values: 1
Branching logic: [hcs06_dtb01(1)] = '1' and [hcs06_dtb03_ev1] ="

Choice value	Label	Frequency
7	The event did not have a name	0
8000000	Don't Know	1
7000000	Prefer not to answer	0

Drug take back event 2 (text) **hcs06_dtb03_ev2**

Field type: text
Observations with this value left blank: 742
Number of unique values: 2
Branching logic: [hcs06_dtb01(1)] = '1' and [hcs06_dtb02] >=2

Drug take back event 3 (text) **hcs06_dtb03_ev3**

Field type: text
Observations with this value left blank: 743
Number of unique values: 1

Branching logic: [hcs06_dtb01(1)] = '1' and [hcs06_dtb02] >=3

DTB04 About how many total hours does it take staff in your organization to plan and implement a typical local (not DEA sponsored) drug take back event? (text)

hcs06_dtb4

Required
Field type: text
Observations with this value left blank: 739
Number of unique values: 3
Branching logic: [hcs06_dtb01(1)] = '1'

DTB05 Please think about the individuals at your organization who spent the most time on local (not DEA sponsored) drug take back events. What is the occupation or job title associated with the most time spent? (text)

hcs06_dtb05

Required
Field type: text
Observations with this value left blank: 739
Number of unique values: 5
Branching logic: [hcs06_dtb01(1)] = '1'

DTB06. How many DEA sponsored drug take back events occurred in your community from [hcs06_start_dte] to [hcs06_end_dte]? (text)

hcs06_dtb06

Required
Field type: text
Observations with this value left blank: 724
Number of unique values: 2
Branching logic: [hcs06_dtb01(2)] = '1'

DTB07. About how many total hours does it take staff in your organization to plan and implement a DEA sponsored drug take back event? (text)

hcs06_dtb07

Required
Field type: text
Observations with this value left blank: 724
Number of unique values: 12
Branching logic: [hcs06_dtb01(2)] = '1'

DTB08. Please think about the individuals at your organization who spent the most time on DEA sponsored drug take back events. What is the occupation or job title associated with the most time spent?

hcs06_dtb08

(text)

Required
Field type: text
Observations with this value left blank: 724
Number of unique values: 19
Branching logic: [hcs06_dtb01(2)] = '1'

DTB09. About how many total hours does it take staff to administer routine drug take back services? Please consider time for planning, advertising, transport and disposal of materials.

hcs06_dtb09

(text)

Required
Field type: text
Observations with this value left blank: 715
Number of unique values: 15
Branching logic: [hcs06_dtb01(3)] = '1'

DTB10. Please think about the individuals at your organization who spent the most time on routine drug take back services. What is the occupation or job title associated with the most time spent?

hcs06_dtb10

(text)

Required
Field type: text
Observations with this value left blank: 715
Number of unique values: 23
Branching logic: [hcs06_dtb01(3)] = '1'

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive)

hcs06_endsurvey8

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_4]='1' or [ac02_6]='1' or [ac02_3]='1' or [ac01]='6' or [ac01]='7' or ([ac01]='8' and [hcs01_lam05]='1') or ([ac01]='10' and [hcs01_lam05]='1')

13. Instrument: pharmacy_module

INTRO. Thank you for agreeing to participate in this survey. These questions are about your pharmacy. (descriptive) **hcs19_intro**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

Thank you for taking time to complete this survey. Please press submit and your responses will be saved. (descriptive) **hcs19_endsurvey9**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0
Branching logic: [ac01]='1' or [ac01]='2' or [ac02_3]='1' or [ac02_4]='1' or [ac02_6]='1' or [ac02_3]='1' or [ac01]='6' or [ac01]='7' or [ac02_7]='1' or ([ac01]='10' and [hcs01_lam05]='1')

14. Instrument: community_supervision_module

INTERVIEWER INSTRUCTION: PRIOR TO BEGINNING DATA COLLECTION, THE INTERVIEWER NEEDS TO CONTACT THE KY DEPARTMENT OF CORRECTIONS DATA OFFICE TO OBTAIN AGGREGATE STATISTICS FOR [ac_com] COUNTY TO ANSWER THE FOLLOWING QUESTIONS. (descriptive in matrix hcs9_intvwr)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

CSS01. From [hcs9_start_date] to [hcs9_end_date] (Please mark whether the response provided is estimated, not accessible, or not collected) (descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

CCS02. From [hcs9_start_date] to [hcs9_end_date], how many individuals on community supervision in [ac_com] County received (descriptive)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

INTERVIEWER INSTRUCTION: Read the following script and ask questions exactly as they appear on the survey.

Hello, my name is _____. I am calling from the University of Kentucky about the Heal Study. This study is funded by the National Institute on Drug Abuse (NIDA) and is part of the "HEALing Communities study." The study aims to reduce opioid overdose deaths in highly affected communities.

(descriptive in matrix hcs9_intvwr)

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

INTRO. Thank you for participating in this survey. These questions are about your community supervision program(s). In this survey, we are using the following definitions: Community Supervision Setting refers to Probation and Parole that you manage. Medications for Opioid Use Disorder (MOUD) in this survey refers to any of the three FDA approved medications for opioid use disorder, including methadone, buprenorphine (e.g. Suboxone) and extended-release injectable naltrexone (e.g. Vivitrol). Buprenorphine: This is any partial agonist buprenorphine/buprenorphine-naloxone medication used for the treatment of opioid use disorders. Brand names include Suboxone®, Subutex®, Sublocade®, Zubsolv®, Bunavail®, Butrans®, Buprenex®, Probuphine®, and Belbuca®. Methadone: This is the full agonist medication used for the treatment of opioid use disorders. Brand names include Methadose®, Dolophine®, Diskets®, and Methadone Intensol®. Naltrexone: This is a full antagonist medication used for the treatment of opioid use disorders. Brand names include: Vivitrol®, ReVia®, Adepend®, Depade®, Nalorex®, and Trexan®. Some of these medications may also treat alcohol use disorders (e.g., naltrexone); however, for the purpose of this survey we are asking about their use as medications for treatment of opioid use disorders (OUD). Naloxone: This medication is an opioid antagonist. It is used to rapidly reverse the effects of opiates and is available in both injectable and inhaled formulations. Brand names include: Narcan®, and EVZIO®. Individuals refer to adults (18 years of age and older). **SAMPLED TIMEFRAME.** The purpose of this survey is to capture the services provided during a 12- month time period. Throughout the survey, when questions ask about "during the past 12 months," please use the 12-month timeframe. **INSTRUCTIONS FOR INDIVIDUAL ITEMS.** When exact numeric answers are not available, please mark whether the response provided is: estimated, not accessible, or not collected. See example below.

Estimated	Not Accessible	Not Collected	Individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101 102 103 (descriptive)

hcs9_css_intro

Field type: descriptive
 Observations with this value left blank: 0
 Number of unique values: 0

We would like to ask you questions about [hcs01_lam06] County only. When you answer the

hcs9_css05_header

**following questions about screening for opioid
use problems, please respond only for
[hcs01_lam06] County. (descriptive)**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0

**Thank you for taking time to complete this survey.
Please press submit and your responses will be
saved. (descriptive)** **hcs9_css_endsurvey**

Field type: descriptive
Observations with this value left blank: 0
Number of unique values: 0