

FY25 Quarterly Evaluation and Performance Measures Reporting Form

Grantee Name: _____	
Grant Number: 03420-	
Reporting Period (select one):	<input type="checkbox"/> Period 1 Report (September 1, 2024 – November 30, 2024) Due 12/30/24 <input type="checkbox"/> Period 2 Report (December 1, 2024 – February 28, 2025) Due 3/30/25 <input type="checkbox"/> Period 3 Report (March 1, 2025 – May 31, 2025) Due 6/30/25 <input type="checkbox"/> Period 4 Report (June 1, 2025 – August 31, 2025) Due 9/30/25 <input type="checkbox"/> Other _____

Instructions:

Complete the following sections regarding your organization's Overdose Data to Action subgrant with the Vermont Department of Health's Division of Substance Use Programs. This report is due according to the terms of your grant and must be submitted via Alchemer at this link:

<https://survey.alchemer.com/s3/8039388/FY25-OD2A-Reporting>

Reporting Period Successes

1. Please share brief, key successes of the program/project during this reporting period:

Reporting Period Challenges

2. Please share brief, key challenges of the program/project during this reporting period:

Reporting Period Progress Narrative

- 3. Please provide a detailed narrative of the progress the program/project has made during the reporting period.**

Note: Reporting on the Quantity and/or Quality Indicators included in 'Table 1 - Performance Indicators' and the requirements included in 'Section 3: Required Services and Activities' and of Attachment A of your grant is required:

- 4. Please provide a summative narrative of the progress your program/project has made during the entire project period if not included in above successes, challenges, and narrative sections (*for final report only*).**

Note: Reporting on the Quantity and/or Quality Indicators included in 'Table 1 - Performance Indicators' and the requirements included in 'Section 3: Required Services and Activities' and of Attachment A of your grant is required

Health Equity: Number of health equity focused overdose prevention activities implemented with OD2A funding:

Health equity focused overdose prevention activities address health equity by serving (directly or indirectly) populations who have been disproportionately affected by the overdose epidemic, populations underserved by overdose prevention programs, or populations less well served by the healthcare system in general.

These activities can include:

- Examining and enhancing methods to collect health equity data
- Training staff or professionals on health equity related topics
- Amplifying voices and experiences of populations disproportionately affected by overdose or populations that have been underserved by overdose prevention services and programs.
- Implementing and/or tailoring interventions and programs to better address the needs of populations disproportionately affected by overdose and underserved by overdose prevention programs.

Populations of focus in VT under OD2A include:

- people who have recently experienced an overdose
- people recently released from an institution
- people experiencing homelessness/unstable housing
- people aged 25-44, living in rural areas
- people in high-risk occupations such as construction, service (e.g. restaurants and housekeeping) and healthcare
- Pregnant people / new families

Reporting your number of health equity activities (if you have no activities to report this period enter 0)-

1.Number of Health Equity activities:_____

Of the above activities, list the # that occurred in a Clinical setting_____

Of the above activities, list the # that occurred in a Harm reduction setting_____

Of the above activities, list the # that occurred in a public safety setting_____

Of the above activities, list the # that occurred in an “other” setting_____

Describe these activities: (if you have no comments for this reporting period please enter “NA”)

2. Please describe the health equity focused overdose prevention activities implemented or conducted

3. Please describe the intended audience or who participated

Health Equity: Number of health equity focused overdose prevention activities implemented with OD2A funding: (Continued)

4. How were these activities tailored to suit a population of focus listed above?

5. Describe any issues, concerns or additional information that would help us better understand the answers you have entered in this section(optional)

Number of navigators who link PWUD to care and harm reduction services via warm handoffs

Navigators work directly with PWUD to ensure they have the tools to address barriers to seeking care and who support people accessing SUD treatment and care, as well as support access to other services, such as harm reduction and social supports. You will report the number of navigators in your organization by reporting the number of full-time equivalent navigator positions you have supported by OD2A funding. A full-time-equivalent (FTE) position is a 40 hour a week position. Some navigators may be 0.5 FTE if they work 20 hours a week in the navigator role.

A **warm hand-off** is a referral to services in which (1) the referring organization, (2) the client receiving the services, and (3) the organization receiving the referral are all present in conversation via in-person meeting, phone, group text or video-meeting to facilitate the success of the referral.

Report the number of navigators:

Please report the **total** full-time equivalent number of navigators who link PWUD to care/services via a warm hand-off. _____

Please indicate what settings these navigators work in. Given the total above please indicate the number of FTE navigators you have working in the following settings (please note the numbers listed below should add up to your total entered above):

Clinical _____

Harm reduction _____

Public Safety _____

Other _____

Describe the navigators:

1. Describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, etc.).

2. Describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them.

3. Describe any issues, concerns or additional information that would help us better understand the answers you have entered in this section(optional).

Number of referrals to care and harm reduction service

This is a count of the number of referrals your organization has made for PWUD to medication for opioid use disorder (MOUD), behavior health treatment (BT) (without MOUD) and harm reduction (HR) services. This is a count of actual referrals not just of individual clients who received referrals. A single client may receive several referrals. Also, a single client may return for additional services and have the same or new referrals made again. These should all count as referrals made by your organization to these services. We will be collecting this information as a function of the client's race and ethnicity. Race and ethnicity data are collected to ensure we provide equitable services or to determine inequities in services across the state.

Reporting the number of referrals:

1. Total number of referrals made by your organization during this reporting period for harm reduction services, MOUD or behavioral health treatment _____
2. We would like to collect race and ethnicity information about the clients who received the referral enumerated above. Please fill in the chart below by listing the number of referrals for a given service by race/ethnic group. Please note all of the numbers entered into the chart below should add up to the number you entered for question 1.

Race and ethnicity designation of client	referrals to MOUD	referrals to BT	referrals to HR
Race/Ethnicity not asked or not given			
American Indian or Alaska Native only ¹			
Asian only ¹			
Black or African American only ¹			
Hispanic or Latino only ²			
Middle Eastern or North African only ¹			
Native Hawaiian or Other Pacific Islander only ¹			
White only ¹			
American Indian or Alaska Native and Hispanic or Latino ³			
Asian and Hispanic or Latino ³			
Black or African American and Hispanic or Latino ³			
Middle Eastern or North African and Hispanic or Latino ³			
Native Hawaiian or Other Pacific Islander and Hispanic or Latino ³			
White and Hispanic or Latino ³			
Multiracial and/or Multiethnic			
Unknown race/ethnicity			
1. Client specified non-Hispanic, or no ethnicity info was given (race only) 2. Client specified Hispanic or Latino ethnicity and information no other race information was given 3. Client specified Hispanic or Latino ethnicity in addition to race			

Number of referrals to care and harm reduction service (continued)

1. If OD2A supported referrals to services other than harm reduction, MOUD, or behavioral treatment, please describe what “other” services you made referrals to (optional).

2. Describe any issues, concerns or additional information that would help us better understand the answers you have entered in this section (optional).

Number of harm reduction service encounters funded or supported by OD2A

A harm reduction encounter is any encounter where a participant’s expressed need is addressed and where the services provided may include naloxone distribution, drug checking services, distribution of fentanyl test strips, wound care kits, safer drug use supplies, offers of Hep C and HIV services and other harm reduction services. Please note, referral to harm reduction services should not be counted here. Please count those in the “Number of referrals to care and harm reduction service” section above.

Reporting your number of harm reduction encounters-

1. Total number of harm reduction encounters that occurred through OD2A funding this reporting period _____

Please specify how many of those total HR encounters involved **drug checking** services. *(FYI drug checking does not include test strips given to or used by clients)*

2. The number of harm reduction encounters that involved drug checking _____

Finally, please indicate where these **drug checking** harm reduction encounters occurred by providing the zip code(s). For each zip code also provide the number of harm reduction services that involved drug checking within that zip code, If you have harm reduction encounters that involved drug checking, but you are unclear where, you can enter that number in the row with the zip code label “unknown”.

Zip code	Number of HR encounters where drug checking occurred
unknown	

3. Describe any issues, concerns or additional information that would help us better understand the answers you have entered in this section(optional).