Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

SOR III Year 1 Quarter 2 Recovery & Treatment Services Survey

Welcome!
In order to fulfill SAMHSA reporting requirements, data on your agency's SOR-funded services must be collected on a quarterly basis.

If this is your first time completing this survey or if you have questions about specific survey items, please review the Quarterly Treatment & Recovery Reporting Survey Instruction Guide listed on the quarterly survey resources page of the SOR Support website.

Upon completion of the survey, you will receive an email confirmation of your submission, along with a link to a summary of your responses. Please reach out to SORSupport@omni.org with any questions about the nature or logistics of these surveys.

Please select your agency: [select from dropdown menu]

What is your first and last name? _____

What is your email address? _____

What is your position at your agency? _____

Unless otherwise confirmed with OMNI, your agency must complete **both the recovery services survey and the treatment services survey**. Both may be completed by the same person or by different staff at your agency, depending on the structure of your agency's recovery and treatment services. Please indicate below whether you would like to complete both recovery and treatment surveys at the same time or separately.

Please coordinate within your organization to **submit one treatment services survey and one recovery services survey per site no later than Friday, April 14th**. Thank you for your cooperation!

Which survey are you completing?
- **Only** the Recovery Services Survey
- **Only** the Treatment Services Survey
- **Both** the Recovery and Treatment Services Survey

Recovery Services Survey
This survey seeks to capture information on the recovery services provided by your agency. Results from this survey will assist OMNI in reporting your work to SAMHSA to meet grant requirements.

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

Please coordinate within your organization to **submit only one survey per site no later than Friday, April 14th**. Thank you for your cooperation!

Please Note:
- **This survey is specifically referring to SOR-funded activities in the past quarter (Jan. 1 - March. 31, 2023).**
- Unless otherwise specified, SOR-funded individuals do not have to be formally enrolled clients with a CCS3 ID number to be counted in this section's questions.
- If you have any questions, please contact SORSupport@omni.org.

Please review the **Quarterly Treatment & Recovery Reporting Survey Instruction Guide,** on the quarterly survey resources page, if you have questions about specific survey items of the SOR Support website.

How many **SOR-funded peers** provided recovery services during the **past quarter** (Jan. 1 - March. 31, 2023)?

Answer: _____

How many **unique individuals total** received SOR-funded recovery services during the **past quarter** (Jan. 1 - March. 31, 2023)?

Answer: _____

Please note:
- *This is a count of the total number of individuals receiving any type of recovery service at some point during quarter **Please do not count individuals more than once if they received multiple services.***
- ***Individuals do not have to be formally enrolled 'clients' with a CCS3 ID number.***
- *Include individuals who received services in a justice setting.*
- *You should only report services and individuals served using SOR funds.*
- *Please refer to the quarterly survey instruction guide for more detailed instructions on how to answer this question, including which services to include.*

Approximately how many **unique individuals total** received SOR-funded recovery coaching or peer coaching during the **past quarter** (Jan. 1 - March. 31, 2023)? Answer: _____

Please note:
- *This is a count of the total number of individuals receiving recovery coaching or peer coaching at some point during the indicated quarter. Please do not count individuals more than once if they received coaching multiple times.*
- *Individuals do not have to be formally enrolled clients with a CCS3 ID number to be counted.*
- *Include individuals who received services in a justice setting.*
- *You should only report services and individuals served using SOR funds.*

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

- Please refer to the **quarterly survey instruction guide** for more detailed instructions on how to answer this question.

All individuals who receive SOR-funded recovery coaching or peer coaching should be counted in the overall total number of individuals receiving recovery services. Please be sure the number entered below is equal to or less than the total number of unique clients who received recovery services (entered on the previous page).

How many **unique individuals received each of the following services** from a SOR-funded peer in the **past quarter** (Jan. 1 - March. 31, 2023)?

Please note:
- *Individuals who received multiple services should be included in the count for EVERY service they received (i.e., individuals can be counted in multiple services below).*
- *Individuals do not have to be formally enrolled clients with a CCS3 ID number to be counted.*
- *Please do not include here individuals who received services in a justice system setting (e.g., jail or recovery court).*
- *You should only report on individuals served by SOR-funded peers.*

All individuals who receive these services should be counted in the overall total number of individuals receiving recovery services. Please note that while the sum of the numbers entered below may exceed the total number of unique clients who received recovery services (entered on the previous page), please ensure that the number entered for each individual service below does not exceed the total number of unique clients who received recovery services (entered on the previous page).

- ➢ Community outreach from a peer (e.g., outreach events, meetings open to the public, etc.): _____
- ➢ Warmline support from a peer: _____
- ➢ Group support from a peer facilitator/co-facilitator (e.g., peer support, IOP, MAT, WRAP, etc.): _____
- ➢ Individual support from a peer (e.g., individual meetings, support during or after an intake, outreach following an overdose, referrals, accompaniment to meetings or other services, transportation, etc.): _____
- ➢ Support from a peer in an emergency department setting: _____
- ➢ Community education/trainings from a peer: _____
- ➢ Housing support (e.g., rapid re-housing, transitional housing, recovery housing): _____

(Display if Support from a peer in an emergency department setting is greater or equal to 1) Please provide the names of the hospital(s) in which peers provided support in an emergency department setting.

Answer: _____

Are there other services funded by SOR Recovery that are not listed above?
- ○ Yes
- ○ No

If any of these additional services fall into a treatment service category below, please coordinate within your agency to include these numbers in the treatment survey.

Treatment Services:
- *MAT for OUD Detox services*
- *Individual treatment services (i.e., counseling, therapy, psychiatry, crisis support)*
- *Group treatment services (i.e., counseling or therapy groups)*
- *Intensive outpatient program services (IOP)*
- *Contingency management*
- *Residential treatment services*
- *Treatment wraparound services (i.e., case management, transportation and childcare for treatment appointments)*

If there are other services funded by SOR recovery that are not included in the above treatment service categories above, please list these below along with the number of individuals served this quarter (Jan. 1 - March. 31, 2023).

Answer: _____

Have any **SOR-funded peers** provided recovery services to individuals in justice system settings (e.g. recovery court, jail, corrections) in the past quarter (Jan. 1 - March. 31, 2023)?
- ○ Yes
- ○ No

How many SOR-funded peers **provided** recovery services to individuals in justice system settings in the past quarter (Jan. 1 - March. 31, 2023)?

All peers in justice system settings should be counted in the overall total number of peers providing recovery services. Please be sure the number entered below is equal to or less than the total number of peers providing recovery services at your agency (entered on a previous page).

Answer: _____

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

How many **unique individuals** received recovery services from a SOR-funded peer in each of the following justice system settings in the past quarter (Jan. 1 - March. 31, 2023)?

All individuals who receive services in justice system settings should be counted in the overall total number of individuals receiving recovery services. Please note that while the sum of the numbers entered below may exceed the total number of unique clients who received recovery services, please ensure that the number entered for each individual setting below does not exceed the total number of unique clients who received recovery services

- ➢ Drug/Recovery courts: _____
- ➢ Regional or local jails: _____
- ➢ Department of Corrections (DOC) programs: _____

How many **justice system facilities or programs** have SOR-funded peers provided recovery services to in each justice system setting in the past quarter (Jan. 1 - March. 31, 2023)?
- ➢ Drug/Recovery courts: _____
- ➢ Regional or local jails: _____
- ➢ Department of Corrections (DOC) programs: _____

Please list the names of the justice system facilities or programs in which peers provided SOR-funded recovery services.

Answer: _____

How many individuals received **SOR-funded temporary recovery housing supports** in the past quarter (Jan. 1 - March. 31, 2023)?

All individuals who receive temporary recovery housing supports should be counted in the overall total number of individuals receiving recovery services. Please be sure the number entered below is equal to or less than the total number of unique clients who received recovery services.

Answer: _____

Which organization(s) provided the housing? (e.g., Oxford House, CSB, etc.) _____

Are there any programs/projects that are funded by SOR recovery for this year (specified in your agency's approved recovery budget for Oct 1, 2022 - Sept 30, 2023) that you have been unable to execute so far? If so, why?

Answer: _____

Viewing purposes only – Do NOT fill survey out using this form! Please submit survey using online form.

Please provide any other information you would like to note for the SOR Recovery evaluation regarding the past quarter (Jan. 1 - March. 31, 2023).

Answer: _____

Recovery Supplemental Questions

How many unique individuals total received SOR-funded recovery services from your agency during **quarter 1** (Oct. 1 - Dec. 31, 2022) and **quarter 2** (Jan. 1 - March. 31, 2023)?

Please note:
- This is a count of the total number of individuals receiving any type of recovery service at some point during the indicated quarters.
- **Please do not count individuals more than once** if they received multiple services.
- Individuals do not have to be formally enrolled 'clients' with a CCS3 ID number.
- Include individuals who received services in a justice setting.
- You should only report services and individuals served using SOR funds.
- Please refer to the quarterly survey instruction guide for more detailed instructions on how to answer this question, including which services to include.

This number of unique clients who received recovery services in quarter 1 and quarter 2 **should be greater than or equal to the total number of unique clients who received recovery services in quarter 2**:

Answer: _____

Of the unique individuals who received any SOR-funded recovery service during quarter 1 (Oct. 1 - Dec. 31, 2022) and quarter 2 (Jan. 1 - Mar. 31, 2023), approximately how many received more than one SOR-funded recovery service (e.g., individual support and group support)?

Answer: _____

Approximately how many unique individuals received each of the following SOR-funded services during **quarter 1** (Oct. 1, 2022 - Dec. 31, 2022) and **quarter 2** (Jan. 1 - Mar. 31, 2023)?

Please note:
- This is a count of the total number of individuals receiving the service **at some point in during quarter 1 and/or quarter 2**. **Please do not count individuals more than once if they received the service in both quarters**.
- Individuals who received multiple services should be included in the count for EVERY service they received (i.e., individuals can be counted in multiple services below).
- Individuals do not have to be formally enrolled clients with a CCS3 ID number to be counted.
- You should only count individuals served using SOR funds. Services DO NOT need to be provided by a peer to be counted.

  All individuals who receive these services should be counted in the overall total number of individuals receiving recovery services in this same time period. Please note that while the sum of the numbers entered below may exceed the total number of unique clients who received recovery services, please ensure that the number entered for each individual service below does not exceed the total number of unique clients who received recovery services .

  ➢ Recovery housing: _____
  ➢ Recovery coaching or peer coaching: _____
  ➢ Employment support: _____

Do you currently have any recovery support positions (including peers) open at your agency?
- o Yes
- o No

Are these open recovery support positions existing or new? Are these open recovery support positions existing or new?
- o Existing
- o New
- o Both

On average, how long does it take your agency to fill an open recovery support position?
- o Less than 1 month
- o 1-2 months
- o 3-4 months
- o 5-6 months
- o More than 6 months

Please answer the following questions on a scale from 1 (not difficult at all) to 10 (extremely difficult)
How difficult is it to **fill an open recovery support position** at your agency? _____
How difficult is it to **retain recovery support staff** at your agency? _____

What have you found to be the biggest challenges to filling recovery support positions? (Select all that apply.)

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

- o Location
- o Benefits package
- o Availability of qualified candidates
- o Salary limits
- o Burrier crimes
- o Grant funded/term-limited nature of position
- o Staff burnout resulting in request opening
- o Other (Please specify): _____

In general, what is the hourly wage for an entry-level peer position at your agency?Less than 1 month
- o Less than $10/hour
- o $10-$14.99/hour
- o $15-$19.99/hour
- o $20-$24.99/hour
- o Greater than $25/hour

Treatment Services Survey

This survey seeks to capture information on the treatment services provided by your agency. Results from this survey will assist OMNI in reporting your work to SAMHSA to meet grant requirements.

Please coordinate within your organization to **submit only one Treatment Services survey per site no later than Friday, April 14th.** Thank you for your cooperation!

Please Note: **This survey is specifically referring to SOR-funded activities in the past quarter (Jan. 1 - March. 31, 2023).** If you have any questions, please contact SORSupport@omni.org.

Please click here to download a PDF of the survey questions: <mark>SOR III Y1 Q2 Recovery and Treatment Survey</mark>.

How many unique clients total received SOR-funded treatment services during the past quarter (Jan. 1 - March. 31, 2023)?

Answer: _____

Please note:
- *This is a count of the total number of clients receiving any type of treatment service at some point during the indicated quarter.*
- ***Please do not count clients more than once if they received multiple services***.
- *Include individuals who received services in a justice setting.*
- *You should only report services and clients served using SOR funds.*

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

- *Please refer to the **quarterly survey instruction guide** for more detailed instructions on how to answer this question, including which services to include.*

How many unique clients received each of the following SOR-funded treatment services in the past quarter (Jan. 1 - March. 31, 2023)?

Answer: _____

Please note:
- *This is a count of the number of clients receiving each type of treatment service listed at some point during the indicated quarter.*
- *Clients who received multiple services should be included in the count for each service they received.*
- *You should only report services and individuals served using SOR funds. Please do not include here any treatment services provided in a jail/prison setting.*

*All individuals who receive these services should be counted in the overall total number of individuals receiving treatment services. Please note that while the **sum** of the numbers entered below **may exceed** the total number of unique clients who received treatment services, please ensure that the number entered for each **individual service** below **does not exceed** the total number of unique clients who received treatment services.*

- ➢ Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD): _____
- ➢ Detox services: _____
- ➢ Individual treatment services (i.e., counseling, therapy, psychiatry, crisis support (not provided by a peer); do not include individual peer support): _____
- ➢ Group treatment services (i.e., counseling or therapy groups; do not include peer support groups): _____
- ➢ Intensive outpatient program services (IOP): _____
- ➢ Contingency management: _____
- ➢ Residential treatment services: _____
- ➢ Treatment wraparound services (i.e., case management, transportation and childcare for treatment appointments): _____

Are there other services funded by SOR Treatment that are not listed above?
- o Yes
- o No

If any of these additional services fall into a recovery service category below, please coordinate within your agency to include these numbers in the recovery survey.

Recovery Services:
- *Services provided by a peer supporter, such as:*
  - *Community outreach*

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

- *Warmline support*
- *Group support*
- *Individual support*
- *Peer support in an emergency department setting*
- *Peer support in a justice setting (e.g., jails, recovery courts)*
- *Community education or trainings from a peer*
- *Housing support (i.e., rapid re-housing, transitional housing, recovery housing)*

If there are other services funded by SOR treatment that are not included in the recovery service categories above, please list these below along with the number of clients served this quarter (Jan. 1 - March. 31, 2023).

Answer: _____

How many MAT prescribers does your agency currently have?

Answer: _____

Please note:
- *Please include prescribers who are in-house and/or who are contracted to provide services to your clients.*
- *Please include all prescribers, regardless of how they are funded (i.e. they do not need to be SOR-funded).*

Have any SOR-funded treatment services been provided to clients involved in a justice system setting (e.g., recovery courts, jails, DOC) in the past quarter (Jan. 1 - March. 31, 2023)?
- o   Yes
- o   No

How many **unique clients** received each of the following **SOR-funded** services in justice system settings in the past quarter (Jan. 1 - March. 31, 2023)?

Please note:
- *You should only report services and clients served using SOR funds.*
- *Clients who received multiple services should be included in the count for each service they received.*

*All individuals who receive these services in justice system settings should be counted in the overall total number of individuals receiving treatment services. Please note that while the **sum** of the numbers entered below **may exceed** the total number of unique clients who received treatment services, please ensure that the number entered for each **individual service** below **does not exceed** the total number of unique clients who received treatment services.*
- ➢   MAT services in the jail setting: _____

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- ➢ Non-MAT treatment services in the jail setting: _____
- ➢ MAT services through recovery court programs: _____
- ➢ Non-MAT treatment services through recovery court programs: _____
- ➢ MAT services through DOC programs: _____
- ➢ Non-MAT treatment services through DOC programs: _____

How many **justice system facilities or programs** have SOR-funded treatment services been provided in each justice system setting in the past quarter (Jan. 1 - March. 31, 2023)?

Please note:
- • You should only report facilities or programs providing services using SOR funds.

- ➢ Drug/Recovery courts: _____
- ➢ Regional or local jails: _____
- ➢ Department of Corrections (DOC) programs: _____

Please list the names of the justice system facilities or programs in which SOR-funded treatment services have been provided.

Answer: _____

Are there any programs/projects that are funded by SOR treatment for this year (specified in your agency's approved treatment budget) that you have been unable to execute so far? If so, why?

Answer: _____

Please provide any other information you would like to note for the SOR Treatment evaluation regarding the past quarter (Oct 1 - Dec 31, 2022).

Answer: _____

Treatment Supplemental Questions
How many unique clients total received SOR-funded treatment services during **quarter 1** (Oct. 1 - Dec. 31, 2022) and **quarter 2** (Jan. 1 - Mar. 31, 2023)?

Please note:
- • This is a count of the total number of individuals receiving any type of treatment service at some point during the indicated quarters.
- • **Please do not count individuals more than once** if they received multiple services.

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

- Individuals do not have to be formally enrolled 'clients' with a CCS3 ID number.
- Include individuals who received services in a justice setting.
- You should only report services and individuals served using SOR funds.
- Please refer to the quarterly survey instruction guide for more detailed instructions on how to answer this question, including which services to include.

This number of unique clients who received treatment services in quarter 1 and quarter 2 **should be greater than or equal to the total number of unique clients who received treatment services in quarter 2**.

General Questions

If more than one person is completing a survey for your agency (e.g., you are submitting only the recovery and another person from your agency is submitting only the treatment), please coordinate within your organization to submit the same responses to these next questions.

Please consider services at your agency as a whole when answering these questions, not only services at your agency that are SOR funded.

How many naloxone overdose kits (Narcan, Evzio, etc.) has your agency **purchased with SOR funds** during the past quarter (Jan. 1 - Mar. 31, 2023)?

Answer: _____

How many naloxone overdose kits purchased with SOR funds has your agency **distributed** during the past quarter (Jan. 1 - Mar. 31, 2023)?

Answer: _____

How many fentanyl test strips has your agency **purchased with SOR funds** during the past quarter (Jan. 1 - Mar. 31, 2023)?

Answer: _____

How many fentanyl test strips purchased with SOR funds has your agency **distributed** during the past quarter (Jan. 1 - Mar. 31, 2023)?

Answer: _____

During the **past quarter** (Jan. 1 - Mar. 31, 2023), to what extent has your agency been able to meet your clients' needs?
- o Completely
- o Mostly

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- o Somewhat
- o A little
- o Not at all

How has the number of clients requesting services from your agency changed over the past 6 months (since Oct. 2022)?
- o More clients than before
- o About the same
- o Fewer clients than before
- o N/A : We are not accepting new clients
- o Other (Please specify) : _____

How has the level of care that SUD clients require changed over the past 6 months (since Oct 2022)?
- o Clients now require a higher level of care
- o Clients now require about the same level of care
- o Clients now require lower level of care
- o Other (Please specify) : _____

Success Story

DBHDS and OMNI want to highlight the incredible work you all do in order to increase statewide awareness and potential for future opportunities! To help do this, **please provide a success story from this past quarter (Jan. 1 - March. 31, 2023) related to work funded by SOR.**

For more information and guidance on reporting your agency's success stories, please reference the <u>Success Story Guide</u> listed on the <u>quarterly survey resources page of the SOR Support website</u>.

Please note that these stories and photos may be used by DBHDS and OMNI for public dissemination. If photos and stories include clients, be sure you have consent/permission to share the story and/or images before sharing here.

Answer: _____

Please upload a photo to supplement your success story (optional). Please note that these stories and photos may be used by DBHDS and OMNI for public dissemination. If photos and stories include clients, be sure you have consent/permission to share the story and/or images before sharing here.

[Option to upload photo in png, jpg, jpeg, pdf, or heic format.]

Viewing purposes only – Do <u>NOT</u> fill survey out using this form! Please submit survey using online form.

Survey Ending & Submission

Should our team contact you to complete next quarter's survey?
- o   Yes
- o   No

[If no to previous question] Please provide the name, position, and email address of the individual who should be contacted for next quarter's survey:
- ➢ Name: _____
- ➢ Position: _____
- ➢ Email address: _____

[If no to 'Should our team contact you to complete next quarter's survey'] Would you like to remain on the email listserv for future quarterly reporting surveys? (You would not be the main point of contact for the quarterly reporting survey but would receive email communications and reminders regarding the quarterly reporting surveys.)?
- o   Yes
- o   No

After you click submit on this page, you will be shown a summary of your survey response and have the option to download a PDF for your records.

Please enter your email address here to receive a confirmation email and a summary of your survey responses.

Answer: _____