

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

SOR III Year 1 Quarter 4 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, October 13th**. 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

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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.

Please coordinate within your organization to **submit only one survey per site no later than Friday, October 13th**. Thank you for your cooperation!

Please Note:

- **This survey is specifically referring to SOR-funded activities in the past quarter (July 1 - Sept. 30, 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 click here to download a PDF of the survey questions: SOR III Y1 Q4 Recovery and Treatment Survey.

How many **SOR-funded peers** provided recovery services during the **past quarter** (July 1 - Sept. 30, 2023)?

Answer: _____

How many **unique individuals total** received SOR-funded recovery services during the **past quarter** (July 1 - Sept. 30, 2023)?

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.*

Answer: _____

Approximately how many **unique individuals total** received SOR-funded recovery coaching or peer coaching during the **past quarter** (July 1 - Sept. 30, 2023)?

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.*

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- *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.*
- 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).

Answer: _____

How many **unique individuals received each of the following services** from a SOR-funded peer in the **past quarter** (July 1 - Sept. 30, 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, MOUD, 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): _____

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(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: _____

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:

- *MOUD 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 (July 1 - Sept. 30, 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 (July 1 - Sept. 30, 2023)?

- Yes

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- No

How many SOR-funded peers **provided** recovery services to individuals in justice system settings in the past quarter (July 1 - Sept. 30, 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: _____

How many **unique individuals** received recovery services from a SOR-funded peer in each of the following justice system settings in the past quarter (July 1 - Sept. 30, 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 (July 1 - Sept. 30, 2023)?

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

You reported that your organization provided SOR-funded treatment services at justice system facilities or programs this past quarter (July 1 - Sept. 30, 2023). Please list the names of these justice system facilities or programs.

Answer: _____

How many individuals received **SOR-funded temporary recovery housing supports** in the past quarter (July 1 - Sept. 30, 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.

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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: _____

Please provide any other information you would like to note for the SOR Recovery evaluation regarding the past quarter (July 1 - Sept. 30, 2023).

Answer: _____

The following set of questions pertain to your agency's recovery activities during the past year (Oct. 1, 2022 - Sept. 30, 2023).

Recovery Supplemental Questions

How many unique individuals total received SOR-funded recovery services during the past year (Oct. 1, 2022 - Sept. 30, 2023)

Please note:

- This is a count of the total number of individuals receiving any type of recovery service at some point in the past year.
- **Please do not count individuals** more than once if they received multiple services.
- Please do not count individuals more than once if they received services in multiple quarters.
- Individuals do not have to be formally enrolled clients with a CCS3 ID number.
- 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 past year should be greater than or equal to the total number of unique clients who received recovery services in quarter 4

Answer: _____

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Of the unique individuals who received any SOR-funded recovery service during past year (Oct. 1, 2022 - Sept. 30, 2023), approximately how many received more than one SOR-funded recovery service (e.g., individual support)?

Answer: _____

Approximately how many unique individuals received each of the following SOR-funded services during the past year (Oct. 1, 2022 - Sept. 30, 2023)?

Please note: - This is a count of the total number of individuals receiving the service at some point in during the year. Please do not count individuals more than once if they received the service in multiple 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. Please note that while the sum of the numbers entered below may exceed the total number of unique clients who received recovery services in the past year, please ensure that the number entered for each individual service below does not exceed the total number of unique clients who received recovery services in the past year.

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

In general, what percentage of those SOR-funded recovery services were provided by peers during the past year (Oct. 1, 2022 - Sept. 30, 2023)?

(Between 0 %– 100%)

Answer: _____

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Capacity Questions

This question is designed to assess how SOR funding may or may not have impacted your agency's capacity. Please consider your agency's experience now and rate how much you agree or disagree with the following statements.

My agency currently has enough...

- Peer Recovery Specialists to meet community needs (Strongly disagree, disagree, agree, strongly agree)
- Other staff to support recovery programs (Strongly disagree, disagree, agree, strongly agree)
- Fiscal/financial resources to meet community recovery needs (Strongly disagree, disagree, agree, strongly agree)
- Training to provide comprehensive recovery services (Strongly disagree, disagree, agree, strongly agree)

Please briefly describe how SOR funding has changed your organization's capacity to provide peer recovery support services in your community.

Answer: _____

Please provide any other comments related to changes in your agency's recovery capacity over the past year (Oct. 1, 2022 - Sept. 30, 2023).

Answer: _____

Which of the following types of recovery housing are available in your catchment area? Check all that apply.

- ASAM Level I
- ASAM Level II
- Neither

Does your agency bill Medicaid for any mental health or SUD peer services?

Please note: Those peer services do not need to be related to SOR.

- Yes
- No
- Unsure

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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, October 13th**. Thank you for your cooperation!

Please Note: **This survey is specifically referring to SOR-funded activities in the past quarter (Jul. 1 - Sept. 30, 2023) or past year (Oct. 1, 2022 - Sept. 30, 2023), as indicated in each question.** If you have any questions, please contact SORSupport@omni.org.

Please click here to download a PDF of the survey questions: [SOR III Y1 Q4 Recovery and Treatment Survey](#).

How many unique clients total received SOR-funded treatment services during the past quarter (July 1 - Sept. 30, 2023)?

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

Answer: _____

How many unique clients received each of the following SOR-funded treatment services in the past quarter (July 1 - Sept. 30, 2023)?

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.*

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

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 (MOUD) 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?

- Yes
- 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*
 - *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 (July 1 - Sept. 30, 2023).

Answer: _____

How many MOUD prescribers does your agency currently have?

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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).

Answer: _____

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 (July 1 - Sept. 30, 2023)?

- Yes
- No

How many **unique clients** received each of the following **SOR-funded** services in justice system settings in the past quarter (July 1 - Sept. 30, 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.

- MOUD services in the jail setting: _____
- Non-MOUD treatment services in the jail setting: _____
- MOUD services through recovery court programs: _____
- Non-MOUD treatment services through recovery court programs: _____
- MOUD services through DOC programs: _____
- Non-MOUD 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 (July 1 - Sept. 30, 2023)?

Please note:

- You should only report facilities or programs providing services using SOR funds.
- Drug/Recovery courts: _____
- Regional or local jails: _____

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➤ Department of Corrections (DOC) programs: _____

You reported that your organization provided SOR-funded treatment services at justice system facilities or programs this past quarter (July 1 - Sept. 30, 2023). Please list the names of these justice system facilities or programs.

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 (July 1 - Sept. 30, 2023).

Answer: _____

The following set of questions pertain to your agency's treatment activities during the past year (Oct. 1, 2022 - Sept. 30, 2023).

Treatment Supplemental Questions

How many unique clients total received SOR-funded treatment services during **past year** (Oct. 1, 2022 - Sept. 30, 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.
- 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.

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

This number of unique clients who received treatment services in past year should be greater than or equal to the total number of unique clients who received treatment services in quarter 4:

Answer: _____

Capacity Questions

This question is designed to assess how SOR funding may or may not have impacted your agency's capacity. Please consider your agency's experience now and rate how much you agree or disagree with the following statements.

My agency currently has enough...

- MOUD prescribers (in-house or contracted) to meet community OUD needs (Strongly disagree, disagree, agree, strongly agree)
 - Other clinical staff to meet community treatment needs (Strongly disagree, disagree, agree, strongly agree)
 - Fiscal/financial resources to meet community treatment needs (Strongly disagree, disagree, agree, strongly agree)
 - Training to provide clinically-appropriate substance use services (Strongly disagree, disagree, agree, strongly agree)
-

Please provide any other comments related to changes in your agency's treatment capacity over the **past year** (Oct. 1, 2022 - Sept. 30, 2023).

Answer: _____

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 has your agency distributed in the past quarter (July 1 - Sept. 30, 2023)? This number should include all naloxone overdoses kits distributed, regardless of funding source.

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Answer: _____

How many fentanyl test strips has your agency purchased with SOR funds during the past quarter (July 1 - Sept. 30, 2023)?

Answer: _____

How many fentanyl test strips purchased with SOR funds has your agency distributed during the past quarter (July 1 - Sept. 30, 2023)?

Answer: _____

To your knowledge, what other agencies/providers in your catchment area are providing **MOUD services**?

Please Note:

- *Include any agency/providers that provide MOUD services that you are aware of, regardless of whether it is SOR-funded and whether your agency is directly involved*

Answer: _____

To your knowledge, which hospitals in your catchment area offer **peer support** in the emergency department?

Please Note:

- Include any peer support that you are aware of regardless of, whether it is SOR-funded and whether your agency is directly involved

Answer: _____

In what ways, if any, did your agency incorporate **behavioral health equity** into your work this **past year** (Oct. 1, 2022 - Sept. 30, 2023)? Please describe your efforts (e.g., trainings, outreach, translations, planning, or implementation work) that focused on underserved populations/populations experiencing health disparities.

Please Note:

- Please include efforts regardless of whether it is SOR-funded.

Answer: _____

How has the number of clients requesting services from your agency changed over the past 6 months (since March 2023)?

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- More clients than before
 - About the same
 - Fewer clients than before
 - N/A: We are not accepting new clients
 - Other: _____
-

How has the level of care that SUD clients require changed over the past 6 months (since Mar. 2022)?

- Clients now require a higher level of care
 - Clients now require about the same level of care
 - Clients now require a lower level of care
 - Other: _____
-

Does your organization have any SOR-funded positions that are currently open or have been open in the **past quarter** (July 1 - Sept. 30, 2023)?

- Yes, my organization has SOR-funded position(s) that are currently open
 - Yes, my organization has SOR-funded position(s) that were open in the past quarter but are now filled
 - No, my organization has not had any SOR-funded positions open in the past quarter
-

Please provide more information regarding your recent open position(s):

What is/are the position(s)? (e.g., title and/or role, treatment/recovery/prevention focus, location)

Answer: _____

How long has/have the position(s) been open?

Answer: _____

What are the biggest barriers to filling the position(s)?

Answer: _____

How difficult would you say it is to fill open positions at your agency?

- Not difficult
 - Somewhat difficult
 - Extremely difficult
 - Not sure
-

What types of positions are most challenging to fill?

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Answer: _____

Please provide any other information you would like to note regarding filling positions at your agency.

Answer: _____

During the **past quarter** (July 1 - Sept. 30, 2023), to what extent has your agency been able to meet your clients' needs?

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

- Completely
 - Mostly
 - Somewhat
 - A little
 - Not at all
-

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 (July 1 - Sept. 30, 2023) related to work funded by SOR.**

For more information and guidance on reporting your agency's success stories, please reference the [Success Story Guide](#) listed on the [quarterly survey resources page](#) of the SOR Support website.

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: _____

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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.]

Survey Ending & Submission

Should our team contact you to complete next quarter's survey?

- Yes
- 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.)?

- Yes
- 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: _____