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

VASOR: SOR III Year 2 Quarter 1 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. Please coordinate within your organization to submit only one survey per site no later than **Friday, January 12th**.

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, January 12th**. Thank you for your cooperation!

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Which survey are you completing? [Question displayed if organization receives both SOR treatment and SOR recovery funding]

○ **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.

Please coordinate within your organization to **submit only one survey per site no later than Friday, January 12th.** Thank you for your cooperation!

 Please Note: **This survey is specifically referring to SOR-funded activities in Quarter 1 (Oct. 1 - Dec. 31, 2023), as indicated in each question.** 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 Y2 Q1 Recovery and Treatment Survey.

How many people served as **SOR-funded peers** and provided recovery services during the **past quarter** (Oct. 1 - Dec. 31, 2023)?

_____

For your **[Total Peers entered]** SOR-funded peers, how many **collective full-time equivalent** (FTE) are SOR-funded?

 A full-time equivalent (FTE) is a unit of measurement used to determine the number of full-time hours worked by all SOR-funded peers. For example, if your organization has one full-time peer (40 hr/wk) and one part-time peer (20 hr/wk) and both are SOR-funded, then your organization would enter 1.5 FTEs here.

_____

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How many **unique individuals total** received SOR-funded recovery services during the **past quarter (Oct. 1 - Dec. 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 quarter.* ***Please do not count individuals more than once if they received multiple services. Individuals do <u>not</u> 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 Treatment & Recovery Reporting 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** (Oct. 1 - Dec. 31, 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. 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 Treatment & Recovery Reporting 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** (Oct. 1 - Dec. 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, please ensure that the number entered for each* ***individual service*** *below* ***does not exceed*** *the total number of unique clients who received recovery services.*

○ 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)

_____

Please provide the names of the hospital(s) in which peers provided support in an emergency department setting.

_____

_____

_____

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 treatment service categories above**, please list these below along with the number of individuals served this quarter (Oct. 1 - Dec. 31, 2023).*

_____

_____

_____

Have any **SOR-funded peers** provided recovery services to individuals in justice system settings (e.g. recovery court, jail, corrections) in the **past quarter** (Oct. 1 - Dec. 31, 2023)?

○ Yes

○ No

How many SOR-funded peers **provided** recovery services to individuals in justice system settings in the **past quarter** (Oct. 1 - Dec. 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):*

_____

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

*All individuals who receive these 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.*

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○ 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** (Oct. 1 - Dec. 31, 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** (Oct. 1 - Dec. 31, 2023)**.** Please list the names of these justice system facilities or programs.

_____

_____

_____

How many individuals received **SOR-funded temporary recovery housing supports** in the **past quarter** (Oct. 1 - Dec. 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:

_____

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

_____

How many unique **pregnant or postpartum/parenting individuals** (defined as the period from birth to 1 year after birth) received SOR-funded **recovery** services during the past quarter (Oct. 1 - Dec. 31, 2023)?

These individuals 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

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unique clients who received recovery services:

_____

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, 2023 - Sept 30, 2024) that you have been unable to execute so far? If so, why?

_____

_____

_____

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

_____

_____

_____

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, January 12th. Thank you for your cooperation!

Please Note: **This survey is specifically referring to SOR-funded activities in the past quarter (Oct. 1 - Dec. 31, 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: <u>SOR III Y2 Q1 Recovery and Treatment Survey.</u>

How many **unique clients total** received SOR-funded treatment services during the **past quarter** (Oct. 1 - Dec. 31, 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*

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refer to the [Quarterly Treatment & Recovery Reporting 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** (Oct. 1 - Dec. 31, 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.*
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.

- o Medications for opioid use disorder (MOUD) for Opioid Use Disorder (OUD):_____
- o Detox services:_____
- o Individual treatment services (i.e., counseling, therapy, psychiatry, crisis support (not provided by a peer); do not include individual peer support):_____
- o Group treatment services (i.e., counseling or therapy groups; do not include peer support groups): _____

- o Intensive outpatient program services (IOP):

    _____

- o Contingency management:

    _____

- o Residential treatment services

    _____

- o 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 (Oct. 1 - Dec. 31, 2023).

_____

_____

_____

How many MOUD prescribers does your agency currently have?

 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** (Oct. 1 - Dec. 31, 2023)?

○ Yes

○ No

How many **unique clients** received each of the following **SOR-funded** services in justice system settings in the **past quarter** (Oct. 1 - Dec. 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.*

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*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** (Oct. 1 - Dec. 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:

_____

You reported that your organization provided SOR-funded treatment services at justice system facilities or programs this **past quarter** (Oct. 1 - Dec. 31, 2023). Please list the names of these justice system facilities or programs.

_____

How many unique **pregnant or postpartum/parenting individuals** (defined as the period from birth to 1 year after birth) received SOR-funded **treatment** services during the past quarter (Oct. 1 - Dec. 31, 2023)?

These individuals should be counted in the overall total number of individuals receiving treatment services. Please be sure the number entered below is equal to or less than the total number of unique clients who received treatment services:

_____

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

_____

_____

_____

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

_____

_____

_____

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 (Oct. 1 - Dec. 31, 2023)? This number should include all naloxone overdoes kits distributed, **regardless of funding source.**

_____

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

_____

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

_____

Does your organization have any SOR-funded positions that are currently open or have been open in the **past quarter** (Oct. 1 - Dec. 31, 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) _____

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

_____

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

_____

Do you have a mobile unit that was purchased with SOR funds and/or where SOR-funded services are provided? (select all that apply)

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- o Yes, my organization has a mobile unit where some SOR-funded personnel provide services (e.g., a SOR-funded counselor, case manager, or peer supporter
- o Yes, my organization has a mobile unit that provides services or resources that are SOR-funded (e.g., distributes fentanyl test strips that were purchased with SOR funds, provides MOUD funded by SOR)
- o Yes, my organization has a mobile unit that was purchased using SOR funds
- o Yes, my organization has a mobile unit that is SOR-funded in some other way (please specify): _____
- o No, my organization does not have a mobile unit that is SOR-funded in any way

[If yes to mobile unit] Which type of SOR funds do you or have you used toward your mobile unit services? [Question displayed if organization receives both SOR treatment and SOR recovery funding]

○ SOR Treatment funds

○ SOR Recovery funds

○ Both SOR Treatment and Recovery funds

[If yes to mobile unit] How many unique individuals were served using SOR funding within the mobile unit during the past quarter (Oct. 1 - Dec. 31, 2023)?

_____

[If yes to mobile unit] Please indicate the SOR-funded services that your mobile unit provides during the past quarter (Oct. 1 - Dec. 31, 2023) (select all that apply):

Note: the type of service (recovery or treatment) does not necessarily need to align with the SOR funding stream.

- o Recovery services: Community outreach from a peer (e.g., outreach events, meetings open to the public)
- o Recovery services: Group support from a peer facilitator/co-facilitator (e.g., peer support, IOP, MOUD, WRAP)
- o Recovery services: 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)
- o Recovery services: Community education/trainings from a peer
- o Treatment services: Medications for opioid use disorder (MOUD) for Opioid Use Disorder (OUD)
- o Treatment services: Detox services

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- o Treatment services: Individual treatment services (e.g., counseling, therapy, psychiatry, crisis support not provided by a peer; does not include individual peer support)
- o Treatment services: Group treatment services (e.g., counseling or therapy groups; does not include peer support groups)
- o Treatment services: Intensive outpatient program services (IOP)
- o Treatment services: Contingency management
- o Treatment services: Treatment wraparound services (e.g., case management, transportation, childcare for treatment appointments)
- o Harm reduction: Naloxone administration training
- o Harm reduction: Distribution of naloxone (that were purchased with SOR funds)
- o Harm reduction: Distribution of fentanyl test strips (that were purchased with SOR funds)
- o Some other SOR-funded service(s) not listed above (please specify):

  _____

During the **past quarter** (Oct. 1 - Dec. 31, 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

Please describe your organization's **outreach activities** (e.g., trainings, community events, translations, partnership building) that focused on **engaging underserved populations** in SOR-funded services during the **past quarter** (Oct. 1 - Dec. 31, 2023).

_____

_____

_____

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 (Oct. 1 - Dec. 31, **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.

_____

_____

_____

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.

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

○ Yes

○ No

Please provide the name, position, and email address of the individual who should be contacted for next quarter's survey:

○ Name _____

○ Position _____

○ Email address _____

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Would you like to remain on the email listserv for future quarterly reporting surveys? (You would <u>not</u> 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.

_____

Please be sure to **click the next arrow button** on this page! The survey is <u>not</u> submitted if you do not click this button.