SOR II 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 October 15th**. 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.

Please coordinate within your organization to **submit only one survey per site no later than Friday, October 15th**. We expect the survey to take approximately 7 minutes. Thank you for your cooperation!

Please Note:
- **This survey is specifically referring to SOR-funded activities in the past quarter (July 1 - September 30, 2021).**

- 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 if you have questions about specific survey items on the quarterly survey resources page of the SOR Support website.

Past Year Questions

As this is the Quarter 4 Quarterly Reporting Survey, this survey includes questions related to the entire grant fiscal year for reporting purposes. The next few questions ask about SOR-funded services provided in the **past year** (October 1, 2020 - September 30, 2021).

Approximately how many **unique individuals total** received SOR-funded recovery services during the **past year** (October 1, 2020 – September 30, 2021)? _____

Please note:
- *This is a count of the total number of recovery service at some point during the past year. Please do not count*
- *Individuals do not have to be formally enrolled clients with a CCS3 ID number to be counted.*
- *You should only report services and individuals served using SOR funds.*

Approximately how many **unique individuals received each of the following** SOR-funded services during the **past year** (Oct. 1, 2020 - Sep. 30, 2021)?
- ➢ Recovery housing: _____
- ➢ Recovery coaching or peer coaching: _____
- ➢ Employment support: _____

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.*
- *If you are not able to provide exact numbers, please estimate to the best of your ability.*
- *You should only count individuals served using SOR funds. Services DO NOT need to be provided by a peer to be counted.*

In general, what percentage of those SOR-funded recovery services were provided by peers during the past year (Oct. 1, 2020 - Sept. 30, 2021)? [Select answer on scale of 0 to 100, with option to select "Don't know"]

Past Quarter Questions

The next few questions ask about SOR-funded services provided in the past quarter (July 1, 2021 - September 30, 2021), not the past year.

How many **SOR-funded peers** provided recovery services during the **past quarter** (Jul. 1 - Sep. 30, 2021)? _____

How many **unique individuals total** received SOR-funded recovery services during the **past quarter** (Jul. 1 - Sep. 30, 2021)? _____

Please note:
- *This is a count of the total number of individuals receiving any type of recovery service at some point during quarter 4. **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.***
- *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.*

Of the ___ individuals that your agency provided SOR-funded recovery services to this quarter, approximately what percent are not formally enrolled as 'clients' in your CSB (i.e., do not have a CCS3 ID number)? [Select answer on scale of 0 to 100, with option to select "Don't know"]

Please note:
- *This question is asking about all SOR-funded recovery services, not just peer-provided services.*
- *This can be an estimate and you do not need to provide an exact number. If you are unsure and feel uncomfortable providing an estimate, please select "Don't know.*
- *If you would like to select "0", you must still click "0" on the line for your response to register.*

How many **unique individuals received each of the following services** from a SOR-funded peer in the **past quarter** (Jul. 1 - Sep. 30, 2021)?

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.*

- 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): _____

Are there other services funded by SOR Recovery that are not listed above?
- ○ Yes

   o 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 (Jul. 1 - Sep. 30, 2021). _____

Have any **SOR-funded peers** provided recovery services to individuals in justice system settings (e.g. recovery court, jail, corrections) in the past quarter (Jul. 1 - Sep. 30, 2021)?
   o Yes
   o No

How many SOR-funded peers **provided** recovery services to individuals in justice system settings in the past quarter (Jul. 1 - Sep. 30, 2021)? _____

How many **unique individuals** received recovery services from a SOR-funded peer in each of the following justice system settings in the past quarter (Jul. 1 - Sep. 30, 2021)?
- ➢ 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 (Jul. 1 - Sep. 30, 2021)?
- ➢ 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. _____

How many individuals received **SOR-funded temporary recovery housing supports** in the past quarter (Jul. 1 - Sep. 30, 2021)? _____

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

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 to not need to be related to SOR.*

- ○ Yes
- ○ No

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...

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*
Peer recovery specialists to meet community needs	○	○	○	○
Other staff to support recovery programs	○	○	○	○
Fiscal/financial resources to meet community recovery needs	○	○	○	○
Training to provide comprehensive recovery services	○	○	○	○

Please provide any other comments related to changes in your agency's recovery capacity over the past year (Oct. 1, 2020 - Sept. 30, 2021).

Please provide any other information you would like to note for the SOR Recovery evaluation regarding the past quarter.

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 15th**. We expect the survey to take approximately 7 minutes. Thank you for your cooperation!

Please Note: **This survey is specifically referring to SOR-funded activities in the past quarter** (July 1 - September 30, 2021). If you have any questions, please contact SORSupport@omni.org.

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

Past Year Questions

As this is the Quarter 4 Quarterly Reporting Survey, this survey includes questions related to the entire grant fiscal year for reporting purposes. The next question asks about SOR-funded services provided in the past year (October 1, 2020 - September 30, 2021).

How many unique clients total received SOR-funded treatment services during the past year (Oct. 1 - Sep. 30, 2021)?

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

How many unique clients total received SOR-funded treatment services during the past quarter (Jul. 1 - Sep. 30, 2021)?

Please note:
- *This is a count of the total number of clients receiving any type of treatment service at some point during quarter 4.*
- ***Please do not count clients more than once if they received multiple services.***
- *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.*

How many unique clients received each of the following SOR-funded treatment services in the past quarter (Jul. 1 - Sep. 30, 2021)?

Please note:
- *This is a count of the number of clients receiving each type of treatment service listed at some point during quarter 4.*
- *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.*

➢ 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?
- ○ 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 (Jul. 1 - Sep. 30, 2021).

_____

How many MAT 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 (Jul. 1 - Sep. 30, 2021)?
- ○ Yes
- ○ No

How many **unique clients** received each of the following **SOR-funded** services in justice system settings in the past quarter (Jul. 1 - Sep. 30, 2021)?

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.*

➢ MAT services in the jail setting: _____
➢ 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 (Jul. 1 - Sep. 30, 2021)?

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. _____

Capacity Questions

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

To support clients with **Opioid Use Disorder,** my agency currently has enough...

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*
MAT prescribers (in-house or contracted) to meet community OUD treatment needs.	O	O	O	O
Other clinical staff to meet community OUD treatment needs.	O	O	O	O
Fiscal/financial resources to meet community OUD treatment needs.	O	O	O	O
Training to provide clinically appropriate services to individuals with an OUD.	O	O	O	O

This question is designed to assess how SOR funding may or may not have impacted your agency's capacity related to **Stimulant Use Disorder treatment**. Please **consider your agency's experience prior to receiving SOR II funding (before October 2020) and now** and rate how much you agree or disagree with the following statements.

To support clients with **Stimulant Use Disorder before SOR II funding (before Oct. 2020)**, my agency had enough...

	Strongly Agree	Agree	Disagree	Strongly Disagree
Other clinical staff to meet community Stimulant Use Disorder treatment needs.	O	O	O	O
Fiscal/financial resources to meet community Stimulant Use Disorder treatment needs.	O	O	O	O
Training to provide clinically appropriate services to individuals with a Stimulant Use Disorder.	O	O	O	O

To support clients with **Stimulant Use Disorder**, my agency currently has enough...

	Strongly Agree	Agree	Disagree	Strongly Disagree
Other clinical staff to meet community Stimulant Use Disorder treatment needs.	O	O	O	O
Fiscal/financial resources to meet community Stimulant Use Disorder treatment needs.	O	O	O	O
Training to provide clinically appropriate services to individuals with a Stimulant Use Disorder.	O	O	O	O

Please provide any other comments related to changes in your agency's treatment capacity over the past year (Oct. 1, 2020 - Sept. 30, 2021).

Please provide any other information you would like to note for the SOR Treatment evaluation regarding the past quarter. _____

COVID-19 Questions

Please answer the following question to the best of your ability based on your general experience. Please consider all SUD treatment and/or recovery services offered by your agency, not only those that are SOR funded.

During the past quarter (Jul. 1 - Sep. 30, 2021), to what extent has your agency been able to meet your clients' needs compared to before the COVID-19 pandemic?
- o More than before COVID-19
- o The same as before COVID-19

- Somewhat less than before COVID-19
- A lot less than before COVID-19
- Unsure

Approximately what percentage of appointments are now done via telehealth/virtually? (This is an estimation; you do not need to provide an exact number.) *[Select answer on scale of 0 to 100]*

Please provide any other information you would like to note regarding the impact of COVID-19 on your agency's service provision and/or client need and service usage. _____

General Questions

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? _____

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

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

To your knowledge, which hospitals in your catchment area operate MAT bridge programs in the emergency department?

Please Note:
- *Include any MAT bridge program that you are aware of regardless of whether it is SOR-funded and whether your agency is directly involved*

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.*

In what ways, if any, did your agency incorporate behavioral health equity into your work this year? 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.*

Success Stories

If this survey has jogged your memory of any success stories from your agency related to SOR funding, we would love to hear about it! These stories could be anything (e.g., a client win; new program implementation) and are helpful for showing the impact of SOR II funding on your community within grant reporting materials. Please submit any success stories through this form!

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.
_____