THE TEAM

UCLA ISAP

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WHY DATA MATTER

- ✓ **Tracks our progress toward increasing access to treatment**

- ✓ **See our work in context of state as a whole**

- ✓ **Improves project implementation**

- ✓ **Target training and technical assistance**

A NEW DATA PORTAL

In collaboration with DHCS, AHP and Aurrera, UCLA created a new data portal for all SOR 2 projects using Qualtrics.

This allows us to integrate data and track trends across all projects.

THINGS ARE CHANGING!

- ❖ Quarterly reporting
  - ❖ Data reports for each quarter are due in the first week of the following quarter
  - ❖ Data for the first quarter (Oct 1 – Dec 31, 2020) are due by **JANUARY 8**
  - ❖ The drop dead deadline is January 15. **If you miss this deadline, you will not be able to invoice until the following quarter.**
- ❖ More items
- ❖ Start gathering your data early!

Name of reporting location:

Note: Please be sure to double check that you selected the correct site

⌄

Data reported here are for the following quarter:

Note: Please be sure to double check that you selected the correct reporting quarter

⌄

→

Acadia Riverside
Acadia San Diego
Adventist Health - Lucerne
Adventist Health - Ukiah
Redwood Medical Clinic (Adventist Health - Willits)
Aegis Chico
Aegis Eureka
Aegis Manteca
Aegis Marysville
Aegis Redding
Aegis Roseville
BAART Contra Costa
BAART San Francisco
Barton Health Hospital
Bartz-Altadonna
Bright Heart Health
Butte County Behavioral Health - Chico
Butte County Behavioral Health - Oroville
Capalina Comprehensive Treatment Center

Data reported here are for the following quarter:

Note: Please be sure to double check that you selected the correct reporting quarter

→

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D: [dropdown menu open showing:]

Year 1 Quarter 1 (Oct-Dec 2020)
Year 1 Quarter 2 (Jan 2020-Mar 2021)
Year 1 Quarter 3 (Apr-Jun 2021)
Year 1 Quarter 4 (Jul-Sept 2021)
Year 2 Quarter 1 (Oct-Dec 2021)
Year 2 Quarter 2 (Jan 2021-Mar 2022)
Year 2 Quarter 3 (Apr-Jun 2022)
Year 2 Quarter 4 (Jul-Sept 2022)

owing quarter:

Not   ing quarter

→

COUNT <u>ALL</u> PATIENTS STARTING MAT

REGARDLESS OF PAYER

0% ▬▬ 100%

Enter the **total number of new patients initiating each medication below for opioid use** during each month of the reporting quarter:

Note: Please count ALL patients starting MAT, regardless of funding source. Only exclude courtesy dosing.

	Year	Month	Buprenorphine (e.g., Suboxone®, Bunavail®, Zubsolv®, Sublocade®, Probuphine®)	Extended-release naltrexone (e.g., Vivitrol®)	Methadone
Month 1	⌄	⌄	☐	☐	☐
Month 2	⌄	⌄	☐	☐	☐
Month 3	⌄	⌄	☐	☐	☐

Enter the **total number of new patients initiating each medication below for opioid use** during each month of the reporting quarter:

Note: Please count ALL patients starting MAT, regardless of funding source. Only exclude courtesy dosing.

	Year	Month	Buprenorphine (e.g., Suboxone®, Bunavail®, Zubsolv®, Sublocade®, Probuphine®)	Extended-release naltrexone (e.g., Vivitrol®)	Methadone
Month 1	2020 ⌄	October ⌄	3	0	12
Month 2	2020 ⌄	November ⌄	1	1	16
Month 3	2020 ⌄	December ⌄	5	0	9

Of patients who started treatment with MAT during the quarter, <u>percent (%)</u> whose medication costs were funded by the grant

Note: Please enter a % between 0% and 100%

Of patients who started treatment with MAT during the quarter, **percent (%)** who *also* received counseling or other OUD recovery services

Note: Please enter a value that is less than or equal to the total of all patients starting MAT listed above.

Enter the **total number of new patients receiving treatment for stimulant use (includes amphetamines, cocaine, prescription stimulants)** during each of the reporting months:

Note: Please count ALL patients starting treatment, regardless of funding source.

	Year	Month	ANY treatment for stimulant use (total)	Incentives/Contingency Management	Other behavioral treatments (e.g. MI, CBT)	Exercise	Medications (e.g., mirtazapine, bupropion, etc)
Month 1	⌄	⌄					
Month 2	⌄	⌄					
Month 3	⌄	⌄					

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Of patients who started treatment for stimulant use during the quarter, <u>percent (%)</u> whose treatment costs were funded by the grant

Note: Please enter a % between 0% and 100%

←   →

During the reporting quarter, enter the total number of **unique patients** who were:

Tested for HIV and/or HCV

Provided with Hepatitis A & B vaccines

Screened for SUDs

Screened for mental health

Provided with case management services

Provided with counseling services

Provided with recovery and/or peer support services

Provided with harm reduction services

Provided services via telehealth

Referred for treatment services

Referred for recovery support services

Referred for housing support services

Percent (%) of current patients in treatment for SUD who are aged

Note: Please enter a % between 0% and 100%

17 and under ☐

18-24 ☐

25-44 ☐

45-64 ☐

65 and over ☐

Percent (%) of current patients in treatment for SUD who are

Note: Please enter a % between 0% and 100%

Male ☐

Female ☐

Transgender ☐

Non-binary/gender queer ☐

Percent (%) of current patients in treatment for SUD who are aged

Note: Please enter a % between 0% and 100%

17 and under	0
18-24	20
25-44	60
45-64	15
65 and over	5

Percent (%) of current patients in treatment for SUD who are

Note: Please enter a % between 0% and 100%

American Indian/Alaska Native [ ]

Asian American [ ]

Black/African American [ ]

Native Hawaiian/Pacific Islander [ ]

More than one race [ ]

White [ ]

Unknown [ ]

Percent (%) of current patients in treatment for SUD who are

Note: Please enter a % between 0% and 100%

Latinx/Chicanx/Hispanic [ ]

Not Latinx/Chicanx/Hispanic [ ]

Number of current patients in treatment for SUD who are pregnant

Note: Please enter the total number

Total number of MAT providers currently **working in your reporting location**

Total MAT prescribers
(i.e. MDs/NPs/PAs with
a waiver to prescribe
buprenorphine,
methadone prescribers)

MAT prescribers who
are *actively prescribing*
(i.e., have at least one
patient on their
caseload)

Nurses (i.e. RNs/FNPs)
providing SUD services

Certified counselors
providing SUD services

Peer specialists
assisting patients with
SUD in recovery

Substance Use
Navigators (SUNs) -
emergency
department/hospital

Other staff (clinical or
non-clinical)

Total number of FTEs currently **funded by the grant**

MAT prescribers [ ]

MAT nurses [ ]

Counselors [ ]

Peer specialists [ ]

SUNs [ ]

Other Staff [ ]

Total number of FTEs currently **funded by the grant**

MAT prescribers	4.0
MAT nurses	0.5
Counselors	1.0
Peer specialists	0
SUNs	0
Other Staff	1.0

←   →

During the reporting quarter, enter the total number of:

Naloxone (e.g.,
Narcan®, Evzio®) units
distributed

Overdose reversals
reported

In the first column, enter the total number of each of the following outreach/education activities your organization performed that were funded by the grant. In the second column, enter the total number of attendees among all events in each activity category. (Optional).

	Number of Events	Total Number of Attendees Among All Events
Meetings/presentations to external stakeholders		
Webinars held		
Trainings provided		
Other meetings/conventions held		

Who was the target audience for your outreach activities and events during the reporting quarter? (Optional).

- ☐ Potential patients
- ☐ General public
- ☐ Treatment providers
- ☐ Health care clinics
- ☐ Specialty substance use treatment programs
- ☐ Pharmacies/pharmacists
- ☐ Youth/community
- ☐ Community organizations
- ☐ Harm Reduction organizations
- ☐ Opioid coalitions
- ☐ Other

In the first column, enter the total number of each of the following outreach/education activities your organization performed that were funded by the grant. In the second column, enter the total number of attendees among all events in each activity category. (Optional).

	Number of Events	Total Number of Attendees Among All Events
Meetings/presentations to external stakeholders	0	
Webinars held	5	100
Trainings provided	0	
Other meetings/conventions held	0	

Who was the target audience for your outreach activities and events during the reporting quarter? (Optional).

- ☐ Potential patients
- ☐ General public
- ☐ Treatment providers
- ☐ Health care clinics
- ☐ Specialty substance use treatment programs
- ☐ Pharmacies/pharmacists
- ☐ Youth/community
- ☐ Community organizations
- ☐ Harm Reduction organizations
- ☐ Opioid coalitions
- ☐ Other

You have reached the end of the data reporting form. To submit, hit the forward arrow button at the bottom right corner.

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If you are not yet ready to submit the report, you can review your responses by navigating back through the form using the back arrow in the lower left corner.

←

If you have any questions about this form or how to enter data, you can contact our team by completing the inquiry form here.

←

→

0% ———————— 100%

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses	Download PDF

California Hub and Spoke SOR 2 Data Reporting Portal

If you have any questions while filling out this form, please contact the UCLA Evaluation team at the following link:

https://forms.gle/2H8N1c1PrW8aVhMTA

SOR2 Data Reporting Form Questions

Please submit questions about SOR2 Data Reporting Forms or data revision requests here

* Required

Email address *

Your email

Name *

Your answer

SOR2 Project *

Choose ▼

Which of the following topics does your question concern: *

○ Question about data definition(s)

○ Question about how to enter data

○ Issue with data reporting form functionality

○ Need to submit revision

○ Other:

THANK YOU!

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