

### **THETEAM**

**UCLA ISAP** 

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#### Your email address

Note: This is where you will receive your report confirmation. Please double check to confirm that you have entered your email addr

### I am submitting a

- New report (submitting data for this reporting period for the first time)
- Revised report (making revisions to an already submitted report)

### 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.

Name of reporting location

# 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!

#### California Hub and Spoke SOR 2 Data Reporting Portal

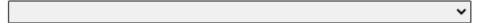
If you have any questions while filling out this form, please contact the UCLA Evaluation team at the following link:

https://forms.gle/2H8N1c1PrW8aVhMTA

Your name Make sure you enter your email Your email address address Note: This is where you will receive your report confirmation. Please double check to confirm that you have entered your email address correctly. correctly! I am submitting a New report (submitting data for this reporting period for the first time) Revised report (making revisions to an already submitted report)

### Name of reporting location:

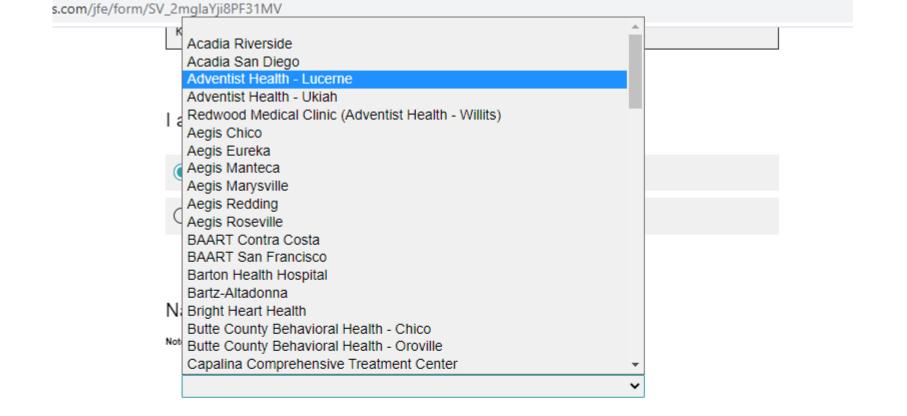
Note: Please be sure to double check that you selected the correct site



### Data reported here are for the following quarter:

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

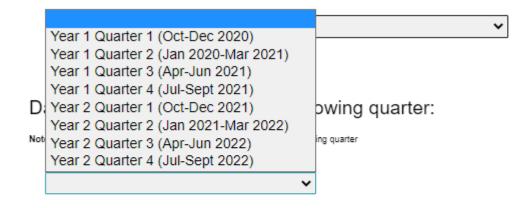




#### Data reported here are for the following quarter:

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





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### **COUNT ALL PATIENTS STARTING MAT**

### **REGARDLESS OF PAYER**

0%		1009

### 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, percent (%) whose medication costs were funded by the gra	ınt

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	~	~					

# 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

### 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

Latinx/Chicanx/Hispanic

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

Number of current	patients in	treatment for	SUDw	≀ho are	pregnan
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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 ouprenorphine, 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

<del>)</del>

0% -		- 100°

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.



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 <a href="here">here</a>.

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: \* Ouestion about data definition(s) Ouestion about how to enter data O Issue with data reporting form functionality Need to submit revision Other:



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