

NOTE:

This PDF is only a template intended to help you prepare your data. Please submit all data reports via the web portal at the link below:

[DATA REPORTING PORTAL](#)

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

Your email address

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

Services Provided

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.

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	Year	Month	Buprenorphine (e.g., Suboxone®, Bunavail®, Zubsolv®)	Extended-release naltrexone (e.g., Vivitrol®)	Methadone
Month 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Of patients who started treatment with MAT during the quarter, percent (%) 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. Responses are required to the "ANY treatment" and

"Incentives/Contingency Management" categories. Responses to the "Other behavioral treatments," "Exercise interventions," and "Medications"

categories are optional.

	Year	Month	ANY treatment for stimulant use (total)	Incentives/Contingency Management	Other behavioral treatments (MI, CBT)
Month 1	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month 2	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month 3	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Exercise Interventions	Medications
Month 1	<input type="text"/>	<input type="text"/>
Month 2	<input type="text"/>	<input type="text"/>
Month 3	<input type="text"/>	<input type="text"/>

Of patients who started treatment for stimulant use during the quarter, percent (%) 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 in treatment for opioid or stimulant use** 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

Patient Demographics

Percent (%) of current patients in treatment for opioid or stimulant use 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 opioid or stimulant use who are

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

Male

Female

Transgender

Non-binary/gender queer

Percent (%) of current patients in treatment for opioid or stimulant use 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 opioid or stimulant use who are

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

Latinx/Chicanx/Hispanic

Not Latinx/Chicanx/Hispanic

Number of current patients in treatment for opioid or stimulant use who are pregnant

Note: Please enter the total number

Total number of 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 opioid or stimulant treatment services

Certified counselors providing opioid or stimulant treatment related services

Peer specialists assisting patients in recovery for opioid or stimulant use

Substance Use Navigators (SUNs) - emergency department/hospital

Other staff (clinical or non-clinical)

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

MAT prescribers

Nurses providing opioid or stimulant treatment services

Counselors providing opioid or stimulant treatment related services

Peer specialists

SUNs

Other Staff

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	<input type="text"/>	<input type="text"/>
Webinars held	<input type="text"/>	<input type="text"/>
Trainings provided	<input type="text"/>	<input type="text"/>
Other meetings/conventions held	<input type="text"/>	<input type="text"/>

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 [here](#).