OMB No. 0930-0329

 Expiration Date: 09/30/19

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  The OMB control number for this project is 0930-0329.  Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

**Attachment B**

Additions to the

SAMHSA SOAR Web-Based Data Form

NEW Part II: Annual State Reporting

### **What’s New?**

What about your SOAR program are you especially proud of this year?

### **Challenges**

What challenges has your community/state experienced this year? How were they addressed and/or do you need additional assistance?

### Funding and Staffing

1. What are your sources of funding for SOAR staff?
(*Enter the FTEs for each applicable funding source)*

PATH:      CABHI:      CDBG:      MHBG:      Foundation:      Medicaid:      Local or State:

Other:      (Please specify)

1. What is the average salary of your SOAR Staff?
2. Have you secured new funding this year?
	1. If yes, please describe:

### Steering Committees/ Local Oversight

1. Do you hold steering committee or practitioner meetings?
	1. If yes, what type and how often?

### Training

1. Have you facilitated any online training cohorts?
	1. If yes, how many trainings?      How many total participants?
2. Have you provided any SOAR Fundamentals trainings in the past year?
	1. If yes, how many trainings?      How many total participants?

### Collaborations

Please select/describe the collaborations that your SOAR program has with the following:

#### Hospitals/Health Care Facilities

[ ]  Funding (grants or contracts):

[ ]  Dedicated staff:

[ ]  Expedited access to medical records:

[ ]  Schedules assessments/evaluations:

[ ]  Provides reimbursement data:

[ ]  Other:

#### Justice Involved Persons

[ ]  Jail/Prison In-Reach:

[ ]  Jail/Prison Re-entry:

[ ]  SSA Pre-release agreement:

[ ]  Diversion/treatment court:

[ ]  Community supervision:

[ ]  Other:

#### Veterans

[ ]  VA Medical Centers:

[ ]  SSVF:

[ ]  HUD-VASH:

[ ]  HVRP:

[ ]  Other:

#### American Indian/Alaska Natives Communities

#### Housing Providers

#### Employment Programs

#### TANF

#### General Assistance Programs