

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)

2. What is the average salary of your SOAR Staff? _____

3. Have you secured new funding this year? Please select

a. If yes, please describe: _____

Steering Committees/ Local Oversight

1. Do you hold steering committee or practitioner meetings? Please select

a. If yes, what type and how often? _____

Training

1. Have you facilitated any online training cohorts? Please select

a. If yes, how many trainings? _____ How many total participants? _____

2. Have you provided any SOAR Fundamentals trainings in the past year? Please select

a. 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
