

## Wilsonville Program Template

**Reporting Period**:

Report Submitted:					
1.	Referra	Referrals to the Program:			
	a.	Total number of individuals referred this quarter:			
	b.	Number of referrals for individuals with co-occurring mental health and substance use concerns:			
	c.	Number of referrals for individuals with substance use only:			
	d.	Referrals from Wilsonville Police Department and Clackamas County Sheriff's Office			
	e.	Referrals from Wilsonville City staff:			
	f.	Referrals from Wilsonville Community Sharing or Heart of the City:			
	g.	Were there any "inappropriate" referrals, why and where were they sent?			
2.	Individ	duals Served:			
	a.	Total Unique Individuals:			
	b.	New Individuals:			
3.	Demog	emographic Data:			
	a.	Age			
		1. 18-24:			
		2. 25-54:			
		3. 55+:			
	b.	b. Race/Ethnicity			
		1. Native American/American Indian/Alaskan Native:			
		2. Asian:			
		3. Black/African-American:			
		4. Hispanic, Latino/a/x, or Spanish origin:			
		5. Native Hawaiian or other Pacific Islander:			

C.	Gender	r	
	1.	Women:	
	2.	Men:	
	3.	Non-binary individuals:	
	4.	Individuals in these groups who self-identify as transgender:	
d.	d. Housing Status		
	1.	Stably Housed:	
	2.	Unstable Housing:	
	3.	Experiencing Houselessness:	
e.	Family	Status:	
f.	Income	e Level:	
	1.	\$0	
	2.	\$1 - \$9,999:	
	3.	\$10,000 - \$19,000:	
	4.	\$20,000 - \$29,000:	
	5.	\$30,000 - \$39,000:	
	6.	\$40,000 - \$49,000:	
	7.	\$50,000+:	
4. Referra	4. Referrals facilitated by type:		
a.	Detox/	Withdrawal Management:	
b.	Inpatie	nt SUDS Treatment:	
c.	Outpat	ient SUDS Treatment:	
d.	Housin	g:	
e.	Employ	ment:	

6. White:

f. Primary Healthcare:

5. Harm Reduction

g. Mental or Behavioral Healthcare:

7. Other Race Not Listed:

8. Prefer Not to Answer or Unknown:

- a. Number of interactions where naloxone kits were distributed:
- b. Number of interactions where harm reduction support was provided

## **Mid-Services Assessment**

- 6. Total assessments completed:
- 7. What percentage of individuals receiving PSS from your program this quarter felt that their overall wellness (whole health) has improved with PSS?
- 8. What percentage of individuals receiving peer support from your program this quarter felt that their quality of life has improved with peer support?
- 9. What percentage of individuals receiving PSS from your program this quarter had an increase in natural supports?
- 10. What percentage of individuals receiving PSS from your program this quarter felt accepted in their community?
- 11. What percentage of individuals receiving PSS from your program this quarter reported they would have returned to a higher level of care if not for PSS?
- 12. If individuals DID return to a higher level of care, what sort of higher level of care did they access?
- 13. How many families served by your program this quarter were involved with DHS/Child Welfare in some way?
- 14. How many families served by your program this quarter were involved with Juvenile Justice or Oregon Youth Authority in some way?
- 15. How many individuals served by your program this quarter were involved with the adult court systems in some way?
- 16. How many individuals served by your program this quarter were involved with the Mental Health system in some way?

## **Success Stories:**