

## Default Question Block

Select the organization/contract for which you are filling this form out.

- ADDS
- CFR
- Ulowa North
- Ulowa South
- UCS

Select the Semi-Annual report for which this form is being filled.

- September 30, 2020 - March 31, 2021
- April 1, 2021 - September 29, 2021
- September 30, 2021 - March 31, 2022
- April 1, 2022 - September 29, 2022

How many SOR CL admissions (completed GPRA intake) did your organization complete during this reporting period?

Select all MAT services that were offered on-site by your organization (not subcontracted to UCS or other OTP) during this reporting period.

- MAT Medical Care
- MAT Medical Evaluation
- MAT Medication
- Not applicable

Select all MAT services that were offered by a partnering organization this reporting period.

- MAT Medical Care
- MAT Medical Evaluation
- MAT Medication

Not applicable

Select all Recovery Support Services (RSS) your clients received from SOR CL in this reporting period.

- Co-Pays
- Dental Services
- Drug Testing
- HIV & Viral Hepatitis Testing
- Housing Assistance
- Recovery Calls
- Recovery Peer Coaching
- Supplemental Needs- Clothing/Personal Hygiene Products
- Supplemental Needs- Education
- Supplemental Needs- Transportation: Bus
- Supplemental Needs- Transportation: Gas Cards / Cab / Ride Sharing Apps
- Supplemental Needs- Utility Assistance
- Supplemental Needs- Wellness

If you did **not** select a RSS in the previous question, explain why that service(s) was not provided to SOR CL clients this reporting period.

How many **Naloxone Kits (or vouchers)** have you distributed to the following populations within this reporting period? If none, please type 0.

Number of Naloxone Kits (or vouchers)

First Responders

Client and Client's family/friends

Community Service Organizations

Other (please describe)

### How many trainings did your organization provide on **Opioids and Prescribing Guidelines** within this reporting period?

Number of Trainings

Primary Health Care Providers (physicians, nurses, PA's, .etc)

Behavioral Health Care Providers (counselors, prevention staff, peer support coaches, etc.)

Jails and Corrections Staff

Other (please describe)

### To whom have you provided trainings on **MAT** during this reporting period, and for how many? (estimate to the best of your ability)

Number of Trainings

Primary Health Care Providers (physicians, nurses, PA's, .etc)

Behavioral Health Care Providers (counselors, prevention staff, peer support coaches, etc.)

Jails and Corrections Staff

Other (please describe)

### To whom have you provided trainings on **Naloxone/Opioid Poisoning (Overdose) Prevention** during this reporting period, and for how many?

Number of Trainings

Primary Health Care Providers (physicians, nurses, PA's, .etc)

Behavioral Health Care Providers (counselors, prevention staff, peer support coaches, etc.)

Jails and Corrections Staff

Number of Trainings

Other (please describe)

Select the Correctional staff and/or facilities you have collaborated with during this reporting period and describe the nature of that collaboration.

- Drug Court
- Jails
- Prisons
- Work Release
- Community Corrections
- Other

Please describe barriers to treatment for people with SUD involved in the criminal justice system in your service area.

Please describe the development and engagement of the community stakeholder group during this reporting period.

Please describe the community stakeholder group's efforts in identifying solutions to barriers for formally and currently incarcerated people with substance use disorders during community re-entry during this reporting period.

I confirm that I will submit a correspondance in IowaGrants stating I have completed this report.

Yes

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