

## SOR2 Organization & Program Information

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

- ADDS
- ASAC
- CADS
- CFR
- Crossroads
- Heartland
- HoM
- Jackson Recovery Area 1
- Jackson Recovery Area 4
- NEIMH
- New Opportunities
- Pathways
- Prairie Ridge
- Prelude
- SASC
- SATUCI
- SIEDA
- UCS
- Zion
- SASC-Clayton

Select the quarter for which this form is being filled.

- Year 1 - Quarter 1 (Sept. 30, 2020 - Dec. 31, 2020)
- Year 1 - Quarter 2 (Jan. 1, 2021 - March 31, 2021)
- Year 1 - Quarter 3 (April 1, 2021 - June 30, 2021)
- Year 1 - Quarter 4 (July 1, 2021 - Sept. 29, 2021)
- Year 2 - Quarter 1 (Sept. 30, 2021 - Dec. 31, 2021)
- Year 2 - Quarter 2 (Jan. 1, 2022 - March 31, 2022)
- Year 2 - Quarter 3 (April 1, 2022 - June 30, 2022)
- Year 2 - Quarter 4 (July 1, 2022 - Sept. 29, 2022)

How many SOR2 admissions (completed GPRA intake) did your organization complete this quarter?

### OUD and StimUD Treatment

Which of the three FDA approved medications for MAT does your agency offer to clients? (select all that apply)

- Buprenorphine
- Methadone
- Naltrexone

Which of the following buprenorphine formats does your agency offer?

- Tablet
- Film
- Injection

How many unique SOR2 clients obtained each of the FDA approved medications for OUD during this quarter from your agency?

Number of unique SOR2 clients

Buprenorphine

Methadone

Naltrexone

How many unique clients have received treatment services for Stimulant Use Disorder under SOR2 funds this quarter?

### HIV and Viral Hepatitis Testing

Fill in the number of **rapid HIV tests** provided on-site to SOR2 clients this quarter according to their associated reactivity and confirmatory status. If none, please fill in the

number 0.

	Number of Non-reactive Tests	Number of Reactive Tests
Rapid 1-Minute HIV Tests	<input type="text"/>	<input type="text"/>
Rapid 20-Minute HIV Tests	<input type="text"/>	<input type="text"/>

Fill in the number of **HIV testing referrals** provided to SOR2 clients during this quarter.

Fill in the number of **HIV-PrEP referrals** provided to SOR2 clients during this quarter.

Fill in the **number of Rapid HCV Tests provided on-site** according to their reactivity and confirmatory status. If none were provided this quarter, please fill in the number 0.

	Number of Non-reactive Tests	Number of Reactive Tests
Number of Rapid 20 min. HCV Tests	<input type="text"/>	<input type="text"/>

Fill in the **number of HCV testing referrals** to SOR2 clients within this quarter. If none, please write 0.

Please fill in the number of **referrals for vaccinations provided for Hepatitis A and B**. If none, please write 0.

	Number of Referrals
Hepatitis A Vaccine Referrals	<input type="text"/>
Hepatitis B Vaccine Referrals	<input type="text"/>

Describe any barriers to the implementation of **HIV & HCV testing**.

Describe any barriers to the implementation of **HIV and viral hepatitis testing and vaccine referrals**.

## Overdose & Naloxone

How many **Naloxone Kits and/or vouchers**, have you distributed to the following populations within this quarter? If none, please type 0.

Number of Naloxone Kits

First Responders

Client and Client's  
family/friends

Community Service  
Organizations

Other (please describe)



How many naloxone kits did your agency purchase using SOR funds during this quarter?

How many confirmed and/or reported overdose reversals were attributed to the naloxone your agency provided within the last quarter? If you are not aware of any, please write 0.

## Training

To how many people in each of the following groups have you provided trainings funded by SOR on Naloxone/Opium Poisoning (Overdose) Prevention within this quarter?

Number of people trained:

First Responders (eg:  
law enforcement, EMS,  
and fire)

Key Community  
Sectors (eg: family,  
peers, military, criminal  
justice, community  
groups and coalitions)

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

Number of people trained:

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

How many people were educated on the consequence of opioid and or stimulant misuse using strategic messaging (media campaign and social media)?

How many school-aged children received school-based prevention and education activities using SOR funds about opioids and/or stimulants?

How many people (eg: teachers, counselors, coaches, volunteers, etc.) were trained to provide school-based prevention and education activities to school-aged children (K-12th grade)?

To how many people in each of the following groups have you provided trainings funded by SOR on the consequences of opioid/stimulant use within this quarter?

Number of people

First Responders (eg:  
law enforcement, EMS,  
and fire)

Key Community  
Sectors (eg: family,  
peers, military, criminal  
justice, community  
groups and coalitions)

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

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

## Health Equity & Reflection

Select all **health equity initiatives** your SOR2 program has engaged in during this quarter.

- Trainings
- Coordination of Community Events
- Participation in Workgroups and Community Meetings
- Targeted outreach to underserved groups
- Other (please describe)

Please share a success of SOR2 efforts within this quarter (non-prevention efforts only).

Please share a success of SOR2 prevention efforts within this quarter (prevention only).

How many people were reached through outreach activities funded by SOR that target underserved and/or diverse populations (race, ethnicity, sex/gender, LGBTQIA, age, disability status) to address the opioid and/or stimulant crisis?

### Confirmation of Completion

I confirm that I will submit a correspondence in IowaGrants stating I have completed the quarterly report.

- Yes

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