Treatment and Recovery Services [TREAT]

Funded A	genc	Y _												Y	'ea	ar	
Reporting is for the month of:				_	Jan				_	N	⁄lar	May	Jul	5	Sep	Nov	
					_	Feb				Apr			Jun	Aug	_ c	Oct	Dec
(Information i	s due f	or e	eacl	n m	ont	:h o	n tl	ne 1	.O th	of t	he i	followin	g month – i.e., d	ata for January is due	by	February	10)
												Count	y:				
												Funde	d Agency:				
													t Period:				
												IBHS-					
		Project/Program Name							4								
													Address				
												Zip Co	STR Funds				
															* * 0] 000 ±	Opioic Response (C Project Inventory	
												Bupre	norphine-Mono	Ð	Me	Opioid State Targ Response to the Opio (Opioid STR) Inventory – Treatme	
													norphine-Combo	Assisted Treatment (Drop down menu)	Medication	onse Onse	•
													xone-Injectable	sisted eatma lown	- T		2
												Naltre	xone-Oral	ent men		State Tar to the Opic pioid STR Treatme	
												Metha	done	Ē		he Opio id STR	3
													ification-24 hour- e Hospital Inpatient			Opioid State Targeted ponse to the Opioid Crisis (Opioid STR) entory – Treatment and R	
												Detexi	fication-24 hour		Тур		
												Rehab	oilitation/Residential	(dr	geted id Crisis) nt and Recovery		
												Ambu	latory Detox	(drop down menu)	3		
												Outpa	tient/IOP	n mei	Type of Treatment Service/Setting		
												Recov	ery Support	EU)			
											-	Tele-H	lealth				
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