

Treatment and Recovery Services [TREAT]

Funded Agency _____ Year _____

Reporting is for the month of: ___ Jan ___ Mar ___ May ___ Jul ___ Sep ___ Nov
 ___ Feb ___ Apr ___ Jun ___ Aug ___ Oct ___ Dec

(Information is due for each month on the 10th of the following month – i.e., data for January is due by February 10)

													County:	Project Inventory – Treatment and Recovery Opioid State Targeted Response to the Opioid Crisis (Opioid STR)	
													Funded Agency:		
													Report Period:		
													IBHS-ID		
													Project/Program Name		
													Street Address		
													Zip Code		
													Opioid STR Funds		
													Buprenorphine-Mono		Medication Assisted Treatment (Drop down menu)
													Buprenorphine-Combo		
													Naltrexone-Injectable		
													Naltrexone-Oral		
													Methadone		
													Detoxification-24 hour-service Hospital Inpatient		Type of Treatment Service/Setting (drop down menu)
													Detoxification-24 hour		
													Rehabilitation/Residential		
													Ambulatory Detox		
													Outpatient/IOP		
													Recovery Support		
													Tele-Health		

