

ORT Quarterly Reporting Form

Please fill this form out quarterly based on the due dates listed in your milestones. Please contact jspence@arorp.org with any questions or concerns.

Email *

censon@craigheadcounty.org

What is your organization's name? *

Craighead County Sheriffs Office

What date are you submitting your report on? *


MM DD YYYY

12 / 19 / 2023


Which quarterly report are you submitting? *

- 1st Quarterly Report
- 2nd Quarterly Report
- 3rd Quarterly Report
- 4th Quarterly Report
- 1st Annual Report
- 5th Quarterly Report
- 6th Quarterly Report
- 7th Quarterly Report
- 8th Quarterly Report
- 2nd Annual Report

Please upload your annotated budget. See an example [here](#). *

 Craighead - ORT ...

Please upload your annotated milestones. See an example [here](#). *

 Craighead - ORT ...

(Optional) Upload any supplemental materials necessary.

Data Tracking

Please enter data from the data tracking tool you received at the start of your funding. **If completing the quarterly report, answer questions with quarterly data. If completing an annual report, answer questions with annual data.**

How many fatal overdoses did the team respond to? *

*If completing your annual report, submit information for the year.

3

How many non-fatal overdoses did the team respond to? *

18

How many people did you administer naloxone to? *

0

How many non-fatal victim follow-ups did the ORT complete? *

2

How many family member follow-ups did the ORT complete? *

2

How many individuals attended an educational class hosted by the ORT? *

298

How many individuals were referred to recovery support services by the team? *

28

How many individuals were referred to treatment by the team? *

24

How many cases did the ORT open? *

5

How many arrests did the ORT make? *

0

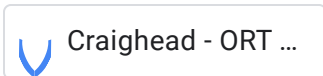
How many people attended Community ORT Promotions? *

64

How many community outreach events did the ORT host? *

0

Please upload your data tracking tool(s). *



Google Forms