

# Arorp Ort Milestones

Please complete the survey below.

Thank you!

## Description of Milestones

- |                                                                                                                                                                 |                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Please discuss your milestones completed this quarter<br>Include a brief description of progress made on all milestones. Include dates items were completed. | We have developed a system throughout this year and quarter in how we operate and respond to events and emergencies. We finished out our first evaluation and are concentrating on the next year. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 1st Report (Year 1)

- |                                      |       |
|--------------------------------------|-------|
| 2) Hire law enforcement investigator | ⊗ Yes |
| 3) Hire peer specialist(s)           | ⊗ Yes |
| 4) Develop recovery support program  | ⊗ Yes |
| 5) Develop education materials       | ⊗ Yes |

## 2nd Report (Year 1)

- |                                      |       |
|--------------------------------------|-------|
| 6) Continue recovery support program | ⊗ Yes |
|--------------------------------------|-------|

## 3rd Report (Year 1)

- |                                      |       |
|--------------------------------------|-------|
| 7) Continue recovery support program | ⊗ Yes |
|--------------------------------------|-------|

## 4th Report (Year 1)

- |                                    |       |
|------------------------------------|-------|
| 8) Yearly ARORP evaluation meeting | ⊗ Yes |
|------------------------------------|-------|

## 5th Report (Year 2)

- |                                      |      |
|--------------------------------------|------|
| 9) Continue recovery support program | ⊗ No |
|--------------------------------------|------|

## 6th Report (Year 2)

- |                                       |      |
|---------------------------------------|------|
| 10) Continue recovery support program | ⊗ No |
|---------------------------------------|------|

## 7th Report (Year 2)

- |                                       |      |
|---------------------------------------|------|
| 11) Continue recovery support program | ⊗ No |
|---------------------------------------|------|

**8th Report (Year 2)**

12) Continue recovery support program ☒ No

13) Attended yearly ARORP evaluation meeting ☒ No