

BH SUD COC Service Array
Annual Program Report

1. Provider Information.

- A. **Report Submission Date:** _____
B. **Provider/Agency Name:** _____
C. **Provider ASO Log Number:** _____
D. **Contract Year:** Year 1 Year 2

2. Modalities and services in your contract:

Place an "X" in all that applies.

Pre-Treatment

- | | |
|--|---|
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Motivational Enhancement |
| <input type="checkbox"/> Interim Services | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Addiction Care Coordination | <input type="checkbox"/> Stabilization Bed |

Treatment

- Assessment
- Placement Determination/Referral
- Health and Wellness Planning
- Residential Treatment
 - Medically Monitored Inpatient Withdrawal Management
 - Clinically Managed Residential Withdrawal Management
 - Clinically Managed High-Intensity Residential Services
- Day Treatment
- Intensive Outpatient
- Outpatient
- Opioid Recovery Services
 - Health Maintenance
 - Medication Dosing
 - Toxicology Screening
 - Urinalysis
 - Urinalysis Confirmatory
- Child Care
- Stabilization Bed

Recovery Support Services

- TLP
- Clean and Sober Housing
- Group Recovery Homes
- Continuing Care Services
- Stabilization Bed

Other

- Transportation Services
- Translation Services
- Cultural Activities
- Child Care
- Contingency Management

3. Performance Measures:

- a. Total number of 6-month post discharge follow-ups completed: _____
- b. Report on Outcome Objectives:

List and summarize the results from each of the outcome measures listed. Threshold percentages below 85% shall provide explanation and corrective actions to be implemented to improve performance for each performance measure.

TREATMENT OUTCOME MEASURE	# Clients Meeting	Total # of Clients	ACTUAL PERCENTAGE	THRESHOLD
1. Clients completing treatment.				85%
2. At six months following program discharge, the number of clients served who are employed, in school or engaged in a vocational training program.				85%
3. At six months following program discharge, the number of clients with stable living arrangements.				85%

4. At six months following program discharge, the number of clients served who have not had a substance abuse treatment episode since discharge.				85%
5. At six months following program discharge, the number of clients who are not currently in substance abuse treatment.				85%
6. At six months following program discharge, the number of clients who have not experienced significant periods of psychological distress during the past thirty (30) days.				85%
7. At six months following program discharge, the number of clients who have not missed any days of work/school because of drinking/drug use.				85%
8. At six months following program discharge, the number of clients who have not been arrested since discharge.				85%
9. At six months following program discharge, the number of clients who have not been treated at a hospital emergency room since discharge.				85%

10. At six months following program discharge, the number of clients who have not been hospitalized for medical problems since discharge.				85%
11. Frequency: See next table				85%
12. Usual route: See next table				85%

Provide explanation and correction actions to be implemented for all outcome measures with actual percentages that are below the required threshold of no less than 85%.

c. Frequency and Usual Route:

	# of Clients	Percentage
What was the frequency of substance use within the thirty (30) days prior to follow up.		
01- None in past 30 days		
02- 1-3 times in past 30 days		
03- 1-2 times per week		
04- 3-6 times per week		
05- Daily		
97-Unknown		
What was the usual route of drug administration in the thirty (30) days prior to follow up.		
01- Oral		
02- Smoking		
03- Inhalation		
04- Intravenous		

05- Intramuscular		
20- Other		
97- Unknown		

d. BH COC SYSTEM COORDINATION OUTCOME MEASURES

Hawai'i CARES Referral Data					
BH COC System Coordination Outcome Measure	Q1	Q2	Q3	Q4	Total
1. Number of clients referred from agency to Hawai'i CARES.					
2. Number of clients referred from Hawai'i CARES and accepted by agency.					
3. Number of clients referred from Hawai'i CARES and rejected by agency.					
4. Number of client referrals rejected by Hawai'i CARES due to administrative justification.					
5. Number of client referrals rejected by Hawai'i CARES due to clinical justification.					

This report was prepared by:

 Name Title Date

Verified by:

 Name Title Date