BH SUD COC Service Array
Quarterly 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 ☐

E. Quarter: 1☐ 2☐ 3☐ 4 ☐

2. LOC. Modalities and services provided during this quarter:

Place an "X" in all that applies.

☐ Outreach / Motivational Enhancement / Interim Care
☐ Screening
☐ Residential
☐ Non-Medical Social Detoxification
☐ Day Treatment
☐ Intensive Outpatient
☐ Outpatient
☐ Continuing Care
☐ Assessment
☐ Placement Determination
☐ Addiction Care Coordination
☐ Health and Wellness Planning
☐ Capitated Rate
☐ Other

☐ Opioid Only:
Health Maintenance
Medication Dosing
Toxicology Screening
Urinalysis
Urinalysis Confirmatory
☐ Clean and Sober Housing
☐ TLP
☐ Recovery Home
☐ Child Care
☐ Transportation
☐ Translation
☐ Contingency Management

3. **Staff**

A. Training. Please indicate all staff training for the Quarter.

Date	Duration of Training	Training Topic	Number of Attendees

B. Certification Exemption Status. Update Staff Certification Exemption information

Staff Name	Certification (PRSS, CSAC, ACC, CPS, etc)	Status Updates, training completed, hours completed (ie: # of live supervised client activities, college courses completed, supervised hours)	Projected Completion Date

4. Success Stories. Please share with us any "success stories" that illustrates the effectiveness of your intervention(s); and/or stories that illustrate the impact your services have made in the lives of your clients. Please assure client privacy by using an alias. ADAD reserves the right to use your response without notice or warning.

5. Waitlist Information. Describe coordination activities with Hawai'i CARES.

6. 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:

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Name Title Date

Verified by:

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Name Title Date