

BH SUD COC Service Array

RFP 21-1 pg. 2-23 to 2-24

Annual Report

The PROVIDER shall:

- Submit the Annual Report in the format specified by ADAD, Annual Program Reports and Quarterly Program Reports.
- Refer to Section 5, Attachments C-1 and C-2 for sample Annual Program Reports and Quarterly Program Reports. ADAD reserves the right to revise these reports, as needed.

Procedure:

1. Complete the Annual Report form.
 - a. In the modalities and services of your contract, please select all that apply.
2. Email the completed Annual Report form by no later than 45 days by the due date below to doh.adad.treatment@doh.hawaii.gov
3. In the email subject line, please type “ASO #, Agency Initials, Annual Report.”
For example: “22-000, HI, Annual Report”

For contracts beginning Oct 1: Report	Timeframe	Due Date
Quarter 1	Oct 1 – Dec 31	Jan 31
Quarter 2	Jan 1 – Mar 31	Apr 30
Quarter 3	Apr 1 – Jun 30	Jul 31
Quarter 4	Jul 1 – Sep 30	Oct 31
Annual	Oct 1 – Sep 30	Nov 15

**BH SUD COC Service Array
Annual Program Report**

Report Submission Date:

ASO Log Number and Provider Initials:

Contract Year: Year 1 Year 2 Year 3 Year 4

Modalities and services in your contract:

Pretreatment

Outreach	Interim Services
Addiction Care Coordination	Motivational Enhancement
Screening	Stabilization Bed

Treatment

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

Recovery Support Services

Therapeutic Living Program (TLP)	Clean and Sober Housing
Group Recovery Homes	Continuing Care Services
Stabilization Bed	

Other

Transportation services	Translation Services
Cultural Activities	Child Care
Contingency Management	

Performance Measures

Report on Outcome Objectives:

- 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 65% shall provide explanation and corrective actions to be implemented to improve performance for each performance measures.**

Treatment Outcome Measure	# of Clients Meeting	Total # of clients	Actual Percentage	Threshold
Clients completing treatment				65%
At six (6) months, following program discharge, the # of clients: served who are employed, in school or engaged in a vocational training program				65%
At six (6) months, following program discharge, the # of clients: with stable living arrangements				65%
At six (6) months, following program discharge, the # of clients: who have not had a substance abuse treatment episode since discharge				65%
At six (6) months, following program discharge, the # of clients: served who are currently not in substance use treatment				65%
At six (6) months, following program discharge, the # of clients: who have not experienced significant periods of psychological distress during the past thirty (30) days				65%
At six (6) months, following program discharge, the # of clients: who have not missed any: days of work/school because of drinking/drug use				65%
At six (6) months, following program discharge, the # of clients: who have not been arrested since discharge				65%
At six (6) months, following program discharge, the # of clients: who have not been treated at a hospital emergency room since discharge				65%
At six (6) months, following program discharge, the # of clients: who have not been hospitalized for medical problems since discharge				65%
Frequency: See Next table				65%
Usual Route: See Next Table				65%

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 65%.

Frequency and Usual Route

What was the frequency of substance use within the thirty (30) days prior to follow up:

Frequency	# of Clients	Percentage
01: None in the 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		
06: 97: Unknown		

What was the usual route of drug administration in the thirty (30) days prior to follow up:

Route of Drug Administration	# of Clients	Percentage
01: Oral		
02: Smoking		
03: Inhalation		
04: Intravenous		
05: Intramuscular		
20: Other		
06: 97: Unknown		

BH SUD COC SYSTEM COORDINATION OUTCOME MEASURES

Hawai'i CARES Referral Data	Q1	Q2	Q3	Q4	TOTAL
Number of clients referred from agency to Hawai'i CARES					
Number of clients referred from Hawai'i CARES and accepted by agency					
Number of clients referred from Hawai'i CARES and rejected by agency					
Number of clients referrals rejected by Hawai'i CARES due to administrative justification					
Number of clients referrals rejected by Hawai'i CARES due to clinical justification					

This reported was prepared by:

Name, Title, and Date:

This reported was verified by:

Name, Title, and Date: