

ADAD SUD COC SERVICE ARRAY

Quarterly Program Report

Report Submission Date:

Agency/Provider Name:

ASO Log Number:

Contract Year: Year 1 Year 2 Year 3 Year 4

Quarter: Quarter 1 Quarter 2 Quarter 3 Quarter 4

Level of Care: Modalities and Services provided during this Quarter:

	PRE-TREATMENT SERVICES
	Outreach
	Motivational Enhancement
	Interim Services
	Screening
	Care Coordination
	TREATMENT SERVICES
	Assessment
	Placement Determination
	Care Coordination
	Health and Wellness Plan
	Urinalysis Screening
	Urinalysis Confirmatory
	Stabilization Bed
	Cultural Activities
	Individual Counseling
	Group Counseling
	EARLY INTERVENTION SERVICES
	Outreach
	Hepatitis C Screening
	Hep C Confirmatory
	HIV Screening
	HIV Confirmatory
	Case management
	Counseling

ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management (“WM”)			
Adolescent	Adult	Adult PWWDC	
ASAM 3.5 Clinically Managed High-Intensity Residential Services			
Adolescent	Adult	Adult PWWDC	Child
ASAM 3.2 WM Clinically Managed Residential Withdrawal Management			
Adolescent	Adult	Adult PWWDC	Child
ASAM 2.5 Partial Hospitalization Services (Day Treatment)			
Adolescent	Adult	Adult PWWDC	Child
ASAM 2.1 Intensive Outpatient (“IOP”)			
Adolescent	Adult	Adult PWWDC	Child
	OPIOID RECOVERY SUPPORT SERVICES		
	Annual Physical Exam		
	Initial Toxicology		
	Monthly Toxicology		
	Physician Office Visit		
	Methadone Dosing		
	Take Home Methadone Dosing		
	Buprenorphine Dosing		
	Take home Buprenorphine Dosing		
	RECOVERY SUPPORT SERVICES		
	Group Recovery Home		
	Care Coordination		
	Stabilization Bed		
	Revolving Loan Fund		
ASAM 3.1 Clinically Managed Low-Intensity Residential Services (Therapeutic Living Program (“TLP”))			
Adolescent	Adult	Adult PWWDC	Child
CLEAN AND SOBER HOUSING (“CS”)			
Adolescent	Adult	Adult PWWDC	Child

	OTHER AND TREATMENT RECOVERY SUPPORT SERVICES
	Individual Counseling
	Group Process Counseling
	Family Counseling
	Vocational Rehabilitation
	Employment Support
	Education Group
	Peer Support/Peer Coaching
	Skill Building Group
	Recreation Group
	Continuing Care
	Transportation Type A
	Transportation Type B
	Translation/ Interpreter
	Contingency Management
	GPRA/NOMs Assessment
	Intake GPRA/ NOMs Assessment
	3-Month Post Intake GPRA/NOMs Assessment
	6-Month Post Intake GPRA/NOMs Assessment
	Discharge GPRA/ NOMs Assessment
	Administrative GPRA/ NOMs Assessment
	Client Incentive for 3- Month and 6-Month Post Intake GPRA/ NOMs Assessment

Program Success this Quarter:

Program Challenges this Quarter:

Staff Training:

Please list staff Training for the Quarter and add attachments if you would like to include additional information.

Date	Duration of Training	Training Topic	# of Attendees

Program Client Caseload:

Please provide number of clients admitted into program, active clients, and discharges per month.

Please add attachments if you would like to include additional information

Month	Total # Admissions	Total # of Active Clients	Total # of Discharges

Average Length of Stay:

Please list Modality (e.g. IOP), number of clients served, and the average length of stay.

Please add attachments if you would like to include additional information.

Modality	# of Clients	Average Length of Stay

Insurances:

Please list month, number of clients on ADAD funds and number of clients pending insurance approval.

Month	# of Clients	# of Clients Pending Insurance

Waitlist: Please list level of care and number of clients on waitlist. Any additional comments, please list below.

Level of Care	# of clients on waitlist

Additional comments:

ADAD SUD COC SYSTEM COORDINATION OUTCOME MEASURES

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

This reported was prepared by:

Name:

Title:

Date:

This reported was verified by:

Name:

Title:

Date: