ADAD SUD COC SERVICE ARRAY
Annual Program Report

Report Submission Date:

Agency/Provider Name:

ASO Log Number:

Contract Year: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 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 INTERVNTION 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

Performance Measures

Report on Outcome Objectives:

1. Total follow-ups completed at six (6)-month post discharge: _____

Treatment Outcome Measures			
At six (6) months following post discharge, the total # of clients served:	**Total # of Clients**	**Actual Percentage**	**Threshold**
are employed, in school or engaged in a vocational rehabilitation training program			65%
have stable living arrangements			65%

have not had a substance abuse treatment episode since discharge			65%
are currently not in substance use treatment			65%
have not experienced significant periods of psychological distress during the past thirty (30) days			65%
have not missed any days of work/school because of using drinking/drug use			65%
have not been arrested since discharge			65%
have not been treated at a hospital emergency room since discharge			65%
have not been hospitalized for medical problems since discharge			65%

Provide an explanation and corrective actions for any measure that is below the 65% threshold to enhance performance.

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 the 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:

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

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 to 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 clients referrals rejected by the SUD COC within Hawai'i CARES due to administrative justification					
Number of clients referrals rejected by the SUD COC within Hawai'i CARES due to clinical justification					

Comments:

This reported was prepared by:

Name:

Title:

Date:

This reported was verified by:

Name:

Title:

Date: