

North Sound BH-ASO

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North Sound Behavioral Health Administrative Services Organization

Northwest Youth Services

OPIOID OUTREACH SERVICES (YOUTH)	
Reporting Month: and Year: Name of Provider/County:	
1. Numb	per of individuals provided outreach services this month:
a.	. Of that, number of individuals that identified as Co-Occurring:
b	. Of that, number of individuals that are opioid users:
c.	Number of individuals that use drugs intravenously:
d	. Number of individuals that are poly substance users:
e.	. Of the total, number of individuals who are pregnant or parenting:
2. Number of individuals who completed a SUD assessment this month:	
3. Numb	per of individuals referred to SUD treatment this month:
4. Numb	per of individuals referred to mental health services:
5. Numb	per of individuals that received recovery planning this month:
	per of individuals provided access to other identified needed services (medical, housing, clothing, etc.):
Additional Notes/Information:	