



North Sound Behavioral Health Administrative Services Organization

OPIOID OUTREACH SERVICES

Monthly Reporting Form

Reporting Month \_\_\_\_\_ and Year \_\_\_\_\_

Name of Provider/County: \_\_\_\_\_

1. Number of outreach hours provided this month: \_\_\_\_\_
2. Number of individuals provided outreach services this month:
  - a. Of the total, number of individuals that are pregnant: \_\_\_\_\_
  - b. Of the total, number of individuals who are parenting: \_\_\_\_\_
  - c. Of the total, number of individuals who are pregnant or parenting that use drugs intravenously: \_\_\_\_\_
  - d. Number of other individuals that use drugs intravenously: \_\_\_\_\_
3. Number of individuals who completed a SUD assessment this month: \_\_\_\_\_
4. Number of individuals who admitted to SUD treatment this month: \_\_\_\_\_
5. Number of individuals who initiated MAT this month: \_\_\_\_\_
6. Number of individuals provided access to other identified needed services (medical, housing, food, clothing, etc.): \_\_\_\_\_

Additional Notes/Information: \_\_\_\_\_