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| **NORTH SOUND BEHAVIORAL HEALTH ADMINSTRATIVE SERVICES ORGANIZATION** |
| **SABG CAPACITY MANAGEMENT REPORT FORM** |
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| Capacity Management is a continually updated system process for the ASO to identify substance use disorder treatment capacity for Pregnant and Postpartum Women and Women with Dependent Children (PPW), and Individuals Using Intravenous Drugs (IUID) under the federal SABG funding. This requires information in a written report from each Provider. |
| If an individual who meets one of the above SABG priorities cannot be admitted to your substance use disorder treatment when requested after completion of substance use disorder assessment, and determined to be financially eligible with ASO Available Resources, they must be informed of the approximate wait time and offered another available treatment program that has the capacity to admit them. A warm hand off to the available treatment must be provided for each individual. If there is not another available treatment program, or the individual declines the other offered program to remain on a Wait List due to circumstances such as lack of reliable transportation, Interim Services must be established, offered and provided to the individual while the individual is on the Wait List. If the individual is on a Wait List, Interim Services must be offered and established. If an individual was offered Interim Services and not participating, or is receiving Interim Services, they are considered to be on the Wait List. |
| Using this report format, your Agency report will identify your Wait List for substance use disorder treatment services including the provision of Interim Services. |
| There are two sections or two pages to complete in this Provider report. One section/page is for PPW and one section/page is for IUID. Both of these sections/pages must be completed each month. Use “None” in the first box of each section if there are no individuals on the Wait List or receiving Interim Services. The report must be submitted each month by the 15th whether or not there is anyone on the Wait List or receiving Interim Services. |
| The provision of Interim Services for each individual is transmitted to CIS according to SERI. Wait List and Interim Services are provided according to North Sound BH-ASO policy and contract. |

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| **NORTH SOUND BH ASO** | | | | |
| **CAPACITY MANAGEMENT MONTHLY REPORT** | | | | |
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| Reporting Month/Year: |  | | | |
| Provider Name: |  | | | |
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| **Pregnant, Postpartum, Women with Dependent Children (PPW)** | | | | |
| **Unique Client Identifier** | **Date of first contact** | **# of days on waitlist** | **Service Type Individual is waiting for** | **Date Interim Services Began** |
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| **Number of Individuals removed from Wait List:** | | | | |
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| **List each individual removed from Wait List by Unique Client Identifier and explain reason removed from Wait List:** | | | | |
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| **NORTH SOUND BH ASO** | | | | |
| **CAPACITY MANAGEMENT MONTHLY REPORT** | | | | |
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| Reporting Month/Year: |  | | | |
| Provider Name: |  | | | |
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| **Individuals Using Intravenous Drugs (IUID)** | | | | |
| **Unique Client Identifier** | **Date of first contact** | **# of days on waitlist** | **Service Type Individual is waiting for** | **Date Interim Services Began** |
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| **Number of Individuals removed from Wait List:** | | | | |
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| **List each individual removed from Wait List by Unique Client Identifier and explain reason removed from Wait List:** | | | | |
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