



North Sound Behavioral Health Administrative Services Organization

OPIOID OUTREACH SERVICES (YOUTH)

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: _____