

NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

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Engagement Specialist Quarterly Reporting Form

Reporting Month: Year:		
Name of Provider:		
Reports are due quarterly. Please send your report to: <u>deliverables@nsbhaso.org</u> .		
1.	Number of unique individuals contacted by Engagement Specialists for this reporting period by county:	
	Snohomish	
	Skagit	
	Whatcom	
2.	Number of individuals who are Medicaid:	
3.	Number of individuals who are Non-Medicaid:	
4.	Number of individuals entered/reengaged in SUD OP services:	
5.	Number of individuals entered/reengaged in MH OP services:	
6.	Number of individuals admitted to SUD residential services:	
7.	Number of individuals admitted to MH inpatient services:	
lditio	onal Notes/Information:	