



Engagement Specialist Quarterly Reporting Form

Reporting Month:

Year:

Name of Provider:

Reports are due quarterly. Please send your report to: deliverables@nsbhaso.org.

1.	Number of unique individuals contacted by Engagement Specialists for this reporting period by county:	
	<i>Snohomish</i>	
	<i>Skagit</i>	
	<i>Whatcom</i>	
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:	

Additional Notes/Information: