

Substance Abuse Block Grant Monthly Service Report

BHO Name: North Sound BHO		Date of Report:									
Contract Number: 1669-58051		For Month of:						Supplemental:			
Category/Sub Category	Current Month Undup. # Clients Served	Current Month # of Svs. Provided	YTD Undup. # Clients Served	Total for Adult Clients	Total for Youth Clients	Total for Pregnant and Parenting Women	Total for Individual Using Intravenous Drugs	Treatment	A19 Total	Notes/Comments	
Prevention & Wellness - Preventive services, such as drug use prevention and early intervention, are critical components of wellness.											
Outreach									\$ -		
Brief Intervention (Include SBIRT Screening)									\$ -		
Drug Screening									\$ -		
Tuberculosis Screening									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Engagement Services - Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care.											
Assessment									\$ -		
Engagement and Referral									\$ -		
Interim Services									\$ -		
Educational Programs (DO NOT INCLUDE ADIS)									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Outpatient Services - Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 388-877B											
Outpatient Group Therapy									\$ -		
Outpatient Individual Therapy									\$ -		
Brief Outpatient Treatment									\$ -		
Medication Assisted Therapy (MAT)									\$ -		
Opiate Substitution Treatment									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Community Support (Rehabilitative) - Consist of support and treatment services focused on enhancing independent functioning.											
Case Management									\$ -		
Recovery Housing									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other Support (Habilitative) - Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.											
PPW Housing Support Services									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Intensive Support Services - Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management and/or other recovery based services.											
Therapeutic Intervention Services for Children									\$ -		
Sobering Services									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Out of Home Residential Services - 24-hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 388-877B											
Sub-acute Withdrawal Management									\$ -		
Crisis Services Residential/Stabilization									\$ -		
Intensive Inpatient Residential Treatment									\$ -		
Long Term Residential Treatment									\$ -		
Recovery House Residential Treatment									\$ -		
Involuntary Commitment									\$ -		
Family Hardship									\$ -		
Room and Board									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Acute Intensive Services - 24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 388-877B.											
Acute Withdrawal Management									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Recovery Supports - A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.											
Transportation									\$ -		
Childcare Services									\$ -		
Recovery Coach									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other SABG activities- any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/training, logistics cost for conferences regarding SABG services and requirements, capacity management, infrastructure, and conducting needs assessments.											
Naloxone									\$ -		
Continued Education/Training (For Staff)									\$ -		
Alcohol/Drug Information School									\$ -		
Interpreter Services									\$ -		
Sub Total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Grand total	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		


Substance Abuse Block Grant

Monthly Subcontractor Report (Entity)

BHO Name:	North Sound BHO
Contract Number:	1669-58051

Date of Report:	1/0/00
For Month of:	00000

Reporting Unit ID	Subcontractor Legal Name/DBA	I-BHS Number	Street Address	City	State	Zip	Total for Adult Clients	Total for Youth Clients	Total for PPW Clients	Total for IUID Clients	Total for Non-Direct Service Activities	A19 Total
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
Total							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

FORM A19-1A		 State of Washington Invoice Voucher		VENDOR OR CLAIMANT (warrant payable to)			Contract # 1669-58051	
AGENCY NAME				Name: North Sound BHO		Agency No. 3000	Month and Year of Service 0	Supplemental # 0
Department of Social and Health Services Division of Behavioral Health and Recovery PO Box 45600 Olympia, Washington 98504-5600				301 Valley Mall Way STE 110 Mount Vernon, WA 98273-5462				
				VENDOR NUMBER: SWV0019709-00				
<i>Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination.</i>								
(signature) _____								
(title) _____ (date) _____								
SABG								
Type of Service Provided			Adult	Youth	PPW	IUID	Treatment	Total
Prevention & Wellness								\$0.00
Outreach					\$0.00		\$0.00	
Brief Intervention							\$0.00	
Drug Screening							\$0.00	
Tuberculosis Screening							\$0.00	
Subtotal					\$0.00	\$0.00	\$0.00	
Engagement Services								\$0.00
Assessment			\$0.00	\$0.00	\$0.00	\$0.00		
Engagement and Referral							\$0.00	
Interim Services			\$0.00	\$0.00	\$0.00	\$0.00		
Educational Programs							\$0.00	
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Outpatient Services								\$0.00
Outpatient Group Therapy			\$0.00	\$0.00	\$0.00	\$0.00		
Outpatient Individual Therapy			\$0.00	\$0.00	\$0.00	\$0.00		
Brief Outpatient Treatment			\$0.00	\$0.00	\$0.00	\$0.00		
Medication Assisted Therapy (MAT)			\$0.00	\$0.00	\$0.00	\$0.00		
Opiate Substitution Treatment-			\$0.00	\$0.00	\$0.00	\$0.00		
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Community Support (Rehabilitative)								\$0.00
Case Management			\$0.00	\$0.00	\$0.00	\$0.00		
Recovery Housing			\$0.00	\$0.00	\$0.00	\$0.00		
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other Support (Habilitative)								\$0.00
PPW Housing Support Services					\$0.00			
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Intensive Support Services								\$0.00
Therapeutic Intervention Services for Children				\$0.00				
Sobering Services							\$0.00	
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Out of Home Residential Services								\$0.00
Sub-acute Withdrawal Management							\$0.00	
Crisis Services Residential/Stabilization							\$0.00	
Intensive Inpatient Residential Treatment			\$0.00	\$0.00	\$0.00	\$0.00		
Long Term Residential Treatment			\$0.00	\$0.00	\$0.00	\$0.00		
Recovery House Residential Treatment			\$0.00	\$0.00	\$0.00	\$0.00		
Involuntary Commitment							\$0.00	
Family Hardship				\$0.00				
Room and Board							\$0.00	
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Acute Intensive Services								\$0.00
Acute Withdrawal Management							\$0.00	
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Recovery Supports								\$0.00
Transportation					\$0.00		\$0.00	
Childcare Services							\$0.00	
Recovery Coach			\$0.00	\$0.00	\$0.00	\$0.00		
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Other SABG Activities								\$0.00
Naloxone							\$0.00	
Continued Education/Training (For Staff)							\$0.00	
Alcohol/Drug Information School							\$0.00	
Interpreter Services							\$0.00	
Subtotal			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THIS AREA BELOW FOR DBHR USE ONLY:								
DBHR Contract Manager Name (printed) and Telephone								

Date processed:				Processed by:				
_____				_____				

A-19 INSTRUCTIONS

Monthly Service Report- Input information

Column B: **Current Month of Unduplicated Clients Served**- notate how many clients were served, without counting clients more than once, in line with the service that is applicable.

Column C: **Current Month Number of Services that were provided**-notate how many times services were provided.

Column D: **Year to Date Number of Unduplicated Clients Served**- you would notate, cumulatively, how many clients have been served to date.

Column E-F: Total dollars spent for appropriate client group.

Column I: This column reflects general use.

****Information from Monthly Service Report will appear in the A-19 automatically**

Monthly Subcontractor Report

This report is for entering in the subcontractor (entity) information. This will also be helpful during SAMHSA annual reporting for the entity report.

A-19

The A-19 is linked to the information you provided in the Monthly Service Report.

Step 1: Review and ensure all is correct.

Step 2: Print and sign in the appropriate box.

Step 3: Scan the signed copy and save as a PDF.

Step 4: Send the signed PDF, along with the completed excel workbook to the program manager for approval. (This entire excel workbook)