

2021 ADAMH AGENCY SERVICES PLAN PROGRAM/ALLOCATION NARRATIVE

Provider:	
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Program Name:	
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System Category:	Choose One:
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ADAMH-Funded Point-In-Time Program Capacity (Number of Consumers):	
Average Length of Stay (Number of Days):	
ADAMH-Funded Annual Cumulative Target (Number of Consumers):	

Site Addresses	

Evidence-Based Practices	Informational Website	Independent Accrediting/Fidelity* Assessment Agency (if applicable)

*if applicable – Submit copy of most recent Fidelity Review

Annual ADAMH Program Funding:	
Annual Medicaid Program Funding:	
Annual Total Program Funding:	
Total Program Direct Service FTEs:	

ASAM LOC (if applicable)	
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Describe the target population to be served by this program.
What is the referral process for this program? (Include eligibility criteria and any factors that render one ineligible for this program.)
What services and activities are provided by this program? (Identify the specific procedure codes being utilized.)
List other community partners who are part of the program.

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Provide us with a brief program description.

What outcomes are tracked as part of this program? (Short-term and Long-term)

What evaluation measures are part of this program (satisfaction, graduation, successful discharge, GPRA)?