

**2022 ADAMH AGENCY SERVICES PLAN  
SERVICE/PROGRAM ALLOCATION NARRATIVE**

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

Site Addresses	

**Is this service being delivered according to a trauma informed approach?**      **Yes**      **No**  
**ASAM IOC (if applicable)**

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

\*if applicable – Submit copy of most recent Fidelity Review

<b>Annual ADAMH Service/Program Funding:</b>	
<b>Annual Medicaid Service/Program Funding:</b>	
<b>Annual Total Service/Program Funding:</b>	
<b>Total Service/Program Direct Service FTEs:</b>	

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Provide us with a brief description of this service, include anticipated goal(s) or outcome(s).

Describe the need, characteristics, and demographics of the population to be served by this service/program. (For housing please identify gender)

What is the referral process for this service/program?  
(Include eligibility criteria and any factors that render one ineligible for this service/program)

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Provide a description for this service, include days and hours of operation and the scope of activity. (Identify the specific procedure codes being utilized)

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List other community partners affiliated with this service and their associated responsibilities. (Identify those who are a referral source)

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What short-term and long-term outcomes are tracked?

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What evaluation measures are utilized?  
(Satisfaction, Graduation, Successful-discharge, GPRA)