

**2023 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 LOC (if applicable)

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

*if applicable – Submit copy of most recent Fidelity Review

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

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

[Empty text box for service description]

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

[Empty text box for population description]

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

[Empty text box for referral process]

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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)

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

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

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