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| **ACC-RBHA:**  |  |
| **INDIVIDUAL(S) SUBMITTING REPORT:**  |  |
| **DATE:**  |  |

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| 1. **Provide a high-level overview of services provided under SABG** *(Include # served, demographics of those served, services provided, special or priority populations reached, any expansion of services, etc.)*
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| 1. **Please describe the outreach models used by SABG-funded programs** *(Consider the training and supervision of outreach workers, follow ups with potential members, promotion of health education including the prevention of HIV transmission, and activities that encourage individuals in need of substance use treatment to undergo such treatment)*.
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| 1. **Describe the referral process for members in need of SUD services under SABG. Include referral pathways/processes that are common/traditional as well as unique or innovative** *(e.g. community-based organizations, primary care or other providers, ACC plans, schools, etc.).*
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| 1. **How has the contactor provided education on services or activities (or both, as the case may be) that shall be made available to employees of the facility who provide the services or activities?** *(The ACC-RBHA shall ensure that such programs include a provision for continuing education for employees of the facility in its funding agreement).*
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| 1. **According to 45 CFR 96.132(c), how did the ACC-RBHA coordinate and monitor harm reduction, treatment and recovery activities with the provision of other appropriate services** *(including health, social, correctional, and criminal justice, educational, vocational rehabilitation, and employment services)***?**
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| 1. **Describe how SABG services are customized to the individual including the selection of a treatment modality for a given member.**
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| 1. **Describe any challenges experienced this report period for SABG.**
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| 1. **Describe any successes experienced this report period for SABG.**
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| 1. **Describe any activities/efforts to address areas for improvement identified by AHCCCS and/or ACC-RBHA Secret Shopper projects. Include the finding(s) that the activity/efforts were based on.**
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| 1. **Describe any activities/efforts to address areas for improvement identified by the most recent Independent Case Review by an AHCCCS contracted-entity. Include the finding(s) that the activity/efforts were based on.**
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| 1. **List/describe recommendations to improve the regional or statewide efforts under SABG.**
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