

Data Collection for Specialized Projects

Project: **Central Vermont Substance Abuse Services MAT Program**

Report Date Range: _____ to _____

Total people served in this program this period? _____

Number of people new to the program this period: _____

Age and gender of all people served during the period:

	<12	12-17	18-24	25-34	35-44	45-64	65+
Male							
Female							

Of all people involved in the program within this PERIOD:

Outcome Component	Data Element	#
Program Participation	How many participated in all required program elements?	
	How many made it through induction?	
	How many people were transferred from another suboxone provider?	
	How many were discharged due to non-compliance?	
	How many were assigned to a permanent Buprenorphine physician?	
Recovery Support	How many received recovery support services? These include meetings such as AA, NA, recovery center visits, aftercare groups, contacts with recovery guides or coaches, groups/services specific to this project?	
	How many received assistance with access such as child care, transportation assistance, etc.	
Employment/ Education	How many gained employment (returned to school) this month?	
	How many maintained employment (or continued schooling) this month?	
Housing	How many are in need of safe housing?	
Family Systems	How many lost custody of their child/children?	
	How many regained custody of their child/children?	
Health	How many received mental health inpatient treatment?	

	How many had an emergency room visit?	
	How many received med checks?	
Substance Use	How many received urine screens?	
	Of these, how many were negative for illicit drug use?	
	Of these, how many were negative for alcohol use?	
	How many began residential substance abuse treatment?	
Criminal Justice	How many were arrested?	
	How many people in the program are on probation or parole?	
	Of these, how many complied with all conditions of probation or parole?	

Agency staff time (hours) for this program: _____

Of this, how much was spent collaborating with state agencies or state funded service providers? _____

Comments/clarification/suggestions/concerns:

Send this form quarterly to: ADAP Grant Administration, Vermont Department of Health, PO Box 70, Burlington, VT 05402