

NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS
MONTHLY SERVICE DELIVERY REPORT
Crisis Services Programs

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| Provider No. | PRU Number | Provider/PRU Name | Report Month/Year |
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| Section | Monthly Activity | | Total | |
|---|--|-----|------------------------|------------------------|
| | | | All Clients | |
| CENSUS INFORMATION | Number in Treatment – Beginning of Month | C1 | | |
| | Number Admitted/Transferred to this program – This Month | C2 | | |
| | Number Discharged/Transferred from this program – This Month | C3 | | |
| | Number in Treatment – End of Month | C4 | | |
| PRIMARY SERVICE ACTIVITY | Patient Days (Inpatient/Residential) | C5 | | |
| | Visits (Ambulatory) | C6 | | |
| MEDICALLY MANAGED DETOXIFICATION | Number of Days in Observation Beds | C7 | | |
| | Number of Days in Medically Managed Detox Beds | C8 | | |
| | Number of Days in Medically Supervised Withdrawal Beds | C9 | | |
| STAFFING RESOURCES | | | Total Direct Care FTEs | Primary Counselor FTEs |
| | Direct Care Staff on Payroll – End of Month | C10 | | |
| | Direct Care Staff Vacancies – End of Month | C11 | | |
| | Total Direct Care Staff Positions – End of Month | C12 | | |