

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION CAPACITY REPORTING FORM

Every BBHWP-funded program must report, within 1 day, to the BBHWP when they reach 90% capacity or greater. Please fill out the following form and email it to BBHWP at MOT_MM@health.nv.gov titled “90% Capacity Reporting – Agency Name”.

Program Name _____ Person Filling out Report _____

As of _____ (time of day) on _____ (date of report), the following service levels have reached 90% capacity.

	A	B	C	D
LEVELS/TYPE OF SERVICE	Number of Clients Currently Served	Number of Clients on Waiting List	Of those on the Waiting List Number of Pregnant Women and IVDU Clients	Type of Interim Services Provided to Pregnant Women and IVDU Clients
ASAM Level I Outpatient Services				
ASAM Level II Intensive Outpatient/Partial Hospitalization				
ASAM Level II.5 Partial Hospitalization				
ASAM Level III.1 Residential				
BADA Level III.2 High Intensity Residential.				
ASAM Level III.3 Medium-Intensity Residential Treat				
ASAM Level III.5 Med/High-Intensity Residential				
ASAM Level III.2-D Clinically-Managed Detoxification				
ASAM Level III.7-D Medically-Monitored Inpatient Detoxification				
ASAM Opioid Maintenance Therapy				
Transitional Housing				
Other				
Other				

Please email this information to the BBHWP at MOT_MM@health.nv.gov titled “90% Capacity Reporting – Agency Name” weekly until the service level falls below the 90% capacity rate. Thank-you for your cooperation.