**Substance Abuse Block Grant (SABG) Capacity Management Form**

Capacity Management is a continually updated system to identify capacity and match Pregnant and Postpartum Women and Women with Dependent Children (PPW), and Individuals Using Intravenous Drugs (IUID) with an available treatment program.

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| --- | --- | --- | --- | --- |
| Individuals Using Intravenous Drugs (IUID) | | | | |
| Unique Client Identifier | **Date of first contact** | **# of days on waitlist** | **Service Type Individual is waiting for** | **When/what Interim Services Began** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Number of Individuals: | | | |
| Number of Individuals removed from waitlist and why | | | | |
| Document weekly contact (why and how individuals are removed from waiting list for any purpose other than admission to treatment) | | | | |

For each region, the Contractor must submit the Capacity Management Form quarterly to HCA. The Contractor shall manage a system that offers real time identification and response to treatment providers who are at 90% capacity to ensure Individuals have access to services in a timely manner. The Contractor shall notify HCA in writing, within two (2) business days, when their network is at 90% capacity.

|  |  |  |
| --- | --- | --- |
| RSA: | Submission Date/Quarter: |  |
| RSA Contact Person: | Phone Number | Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PPW |  | | | |
| Unique Client Identifier | **Date of first contact** | **# of days on waitlist** | **Service Type Individual is waiting for** | **When/what Interim Services Began** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Number of Individuals: | | | |

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| Additional Questions |
| What are barriers encountered when trying to help an individual receive services? |
| How can we help to address barriers to increase access to services? |
| Mechanism for matching and facilitating admission to treatment programs with sufficient capacity for PPW and IUID |
| Capacity percentage for each county |