

Emergency Room Linkage [ER]

Funded Agency _____ Year _____

Reporting is for the month of: ___ Jan ___ Mar ___ May ___ Jul ___ Sep ___ Nov
 ___ Feb ___ Apr ___ Jun ___ Aug ___ Oct ___ Dec

(Information is due for each month on the 10th of the following month – i.e., data for January is due by February 10)

Project Name:	Funds:	Funded Agency:
Measure	Data	Data Source
Number of calls/requests for ER linkage staff		
Number of persons engaged face-to-face		
Number that initiate MAT		
Number that initiate treatment services (non-MAT)		
Number that initiate recovery supports (non-peer)		