



FY25 SUD Required Monthly Call Attendance

Month: _____

Provider Name: _____

Staff Submitting Form: _____

Please document all calls attended/not attended. Submit to QM@ntbha.org by the 5th Business Day of the following Month that is being reported.

Call/Contract/Meeting List – All calls and/or meetings may not be listed and times are subject to change: (if you need any additional information please contact Alvin Mott at provider.relations@ntbha.org)

- **NTBHA**
 - **NTBHA Monthly Provider Meeting: Last Friday of Every Month (November and December meeting combined 2nd Friday in December)**
 - **OSAR Quarterly Meeting**
- **HHSC Substance Intervention Treatment Prevention (SITP)**
 - **Waitlist & Capacity (Quarterly; October, January, April, June)**
 - **TRA/TRF Combined (Every Other Month 3rd Monday at 10am)**
 - **COPSD (Every Other Month 3rd Monday)**
 - **TRY (Every Other Month)**
- **Texas Targeted Opioid Response**
 - **HHSC OTS/MAT/OBOT (2nd Friday Every Month)**
 - **HHSC GPRA (3rd Tuesday Every Month)**
- **OBOT Be Well Texas Providers**
 - **Monthly Provider Call (Last Friday of Month at 12pm)**
 - **TxRx ECHO (Medications for SUD) – (2nd & 4th Thursday from 12pm – 1pm)**