

State of Alaska
Division of Behavioral Health
FY 23-24 SORIII Recovery Housing Coversheet & Quarterly Report

To: Division of Behavioral
Health Grants and Contracts
Section Attention: Katlyn Felkl,
Grant Administrator

DATE OF GRANT EXECUTION

Date:
Grant Type: SOR III Recovery Housing
Organization:
Grant Number:
Form submitted by:

Quarter (check one):

☐ July 1 – Sept 30 ☐ Oct 1 – Dec 31 ☐ Jan 1 – March 31 ☐ April 1 – June 30

1. Maximum number of beds designated for this grant program during current quarter:

If this number fluctuated during the quarter, please explain below:

2. How many unduplicated clients have been served in this quarter:
3. Please describe your agency's internal process for ensuring GPRA completion and upload to AKAIMS.
4. Please describe any barriers the program or participants incurred that impeded the recovery process.

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5. Please describe your agency's efforts to overcome or adjust to the barriers identified in question 4.
6. Please describe your agency's efforts this quarter to align with NARR Standards.
7. Please list any request for technical assistance, including who the program manager should contact to arrange for technical assistance.
8. Please provide details related to any staff turnover that occurred this quarter, efforts made to fill any open positions, and qualifications of any newly hired staff.

State required data includes the following which should be reported each Quarter:

9. Efficiency-Percent of occupancy per fiscal year (Number of beds occupied/Total number of beds allocated for program)
 - Month 1
 - Month 2
 - Month 3
10. Average length of stay before discharging this quarter.
11. Program Cost per client this Quarter.