DBH Treatment and Recovery FY24 Grant
CASE MANAGEMENT
Coversheet & Quarterly Narrative Report

To: DHSS Finance & Management Services
Grants & Contracts Section,   Date: _____
Attention: _____,
Grant Administrator   Organization: _____

                                                Grant Number: _____

                                                Form submitted by: _____

The checklist below will help you ensure that your organization's quarterly report contains all the necessary reports and appropriate documentation.

Upload the completed checklist and required documentation listed below as a single PDF into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

Please continue to send forms to the Grant Administrator

Quarter (check one):

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

☐   A Cumulative Financial Report (CFR) for the quarter.

☐   AKAIMS Grantee Report

☐   Case Manager FY24 Outcome Checklist (Starts Page 1)

☐   Recidivism Reduction Quarterly Narrative, Program Impact, and case management milestone sections (Starts Page 4)

Reentry FY24 Outcome checklist

Case Management Milestones	Status	Grantee Comments
Reentry Case Manager attended FY22 Reentry Case Management Training	☐ YES ☐ NO	

Case Management Milestones	Status	Grantee Comments
Regular attendance by the reentry case manager at the Monthly DBH case management meetings.	☐ YES ☐ NO	
Reentry Case Manager is utilizing AKAIMS to make regular client notes, including tracking intake, admission, discharge, and referrals	☐ YES ☐ NO	
The following AKAIMS reports have been submitted with this coversheet: • Number of new case management referrals • Number of new case management participants • Number of participants assisted in accessing mental health services • Number of participants assisted in accessing substance abuse services • Number of participants that violated probation or parole while they were enrolled in the program • Number of participants that were charged with a new crime while they were enrolled in the program • Number of participants who completed the program	☐ Attached ☐ Not Attached* *If the reports are not attached explain why.	

Case Management Outcomes		
Case Management Milestones	**Status**	**Grantee Comments**
How many case management referrals has the case manager received **from the Department of Corrections** this quarter?	_____ ☐ Unknown	*If unknown, please explain:*
How many case management referrals has the case manager **received from community providers** this quarter?	_____ ☐ Unknown	*If unknown, please explain:*
How many **new participant intakes**, as documented in AKAIMS, did the case manager have this quarter?	_____ ☐ Unknown	*If unknown, please explain:*
How many **Phase I Transition plans** have been completed this quarter?	_____ ☐ Unknown ☐ Not Applicable	*If unknown, please explain:*
How many **Phase II Transition plans** have been completed this quarter?	_____ ☐ Unknown ☐ Not Applicable	*If unknown, please explain:*
How many **Phase III Transition plans** have been completed this quarter?	_____ ☐ Unknown ☐ Not Applicable	*If unknown, please explain:*

Case Management Quarterly Narrative

Trainings Attended
Please list, using brief descriptions, any trainings that you or grants staff attended that relate to the work of the grant <u>during this grant quarter</u>.

Opportunities / Initiatives
Please list, adding brief descriptions, any new opportunities or initiatives that were started <u>during this grant quarter</u>.

Challenges / Barriers
Please list, adding brief descriptions, any challenges or barriers that may be disrupting to the work of this grant (unrelated to staffing/administrative issues) <u>during this quarter</u>.

Staffing / Administrative Updates
Please list, adding brief descriptions, any updates regarding staff or administration, including challenges, barriers, and opportunities <u>during this quarter</u>.

Quarterly Program Impact

The following are a series of questions that revolve around collaboration, communication, and partnerships. These questions are intended to document progress or digression in each area for each grantee.

This section may be scored by the Program Manager to track reporting scales over time.

Collaboration

Community stakeholders are positively engaged in the work generated through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Implementation collaboration(s) with the Department of Corrections (DOC) staff located in the grant area, including both institutional and field DOC staff, are positive and built upon mutual trust.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

The local community (including community coalitions and providers) is supportive of the work generated through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

The local community is supportive of collaborating on topics and issues that overlap with the target population represented through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Communication

Community stakeholders are knowledgeable about the grant and its desired impacts and outcomes.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Misconceptions or incorrect information among community members (including other coalitions and providers) about the current activities of the grant are minimal.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Staff member(s) of the grant are able to connect and receive/provide feedback to the local Department of Corrections staff at both the pre-release and post-release stage of case management.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Case Management Implementation

Preparation for the in-reach begins at the 30-45 day mark for most participants of the program.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
Additional Comments [optional]:				

Initial contact with the Single Point of Contact at DOC begins at the 90-day mark.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Additional Comments [optional]:

The Offender Management Plan (OMP) – available at 90-days – and the participant release plan – available at 30-days – is accessible to case managers for all participants of the program.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Additional Comments [optional]:

RBA Performance Measures

- Effectiveness: Decrease in recidivism rates*
- Efficiency: Increase in access to appropriate services*

*These measures will be evaluated by the DBH Program Manager by utilizing data from AKAIMS and DOC to assess the effectiveness of case management for reentrants.