**FY24 Crisis Stabilization and Residential**

**Transmittal Coversheet Checklist and Quarterly Report**

**To:** DOH Finance & Management Services, Grants & Contracts Section

**Attention Grant Administrator:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Organization:** Click or tap here to enter text.

**Grant Number:** Click or tap here to enter text.

**Form Submitted by:** Click or tap here to enter text.

**Quarter** (check one): Choose an item.

The checklist below will help ensure your organization’s quarterly report submission contains all necessary reports and appropriate documentation.

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

[ ] Cumulative Financial Report (CFR) for the quarter

[ ] Program Reports (Select one or more as appropriate)

 [ ]  Crisis Observation and Stabilization Services (COS)

 [ ]  Crisis Residential Stabilization Services (CSS)

**Instructions:** Please provide a complete response to each question. The response should provide a detailed description for the specific grant funded program versus a broad overview of the organization. Each response should be relevant to this quarter and not contain information already provided in past quarterly reports, unless providing a status update.

Please identify any challenges or barriers encountered this quarter for the Crisis Observation and Stabilization Service (COS) OR the Crisis Residential Stabilization Service (CSS) program funded through this grant and provide a description of how the program has been (or will be) impacted. Please include any actions taken to address challenges. Click or tap here to enter text.

Please describe successes achieved this quarter for the program funded through this grant. Click or tap here to enter text.

Please list any requests for technical assistance. Requests should include when the technical assistance is needed and a point of contact for the request.  Click or tap here to enter text.

Please provide a list of any audits or accreditation reviews that have occurred this quarter or will be occurring in the next quarter. Click or tap here to enter text.

**RBB Measures: 23-Hour Crisis Observation & Stabilization (COS)**

**Efficiency Measure: Average length of stay**

Data Collection: average of total length of stay (in hours) for all clients who have utilized services.

Collection Method: AKAIMS

**Actual:** Click or tap here to enter text. *Average Length of Stay (in hours)*

**Effectiveness Measure: first responder drop-off time**

Data Collection: the average time (in minutes) of responder dropping off individuals; time starts when first responder arrives and stops when they leave.

Collection Method: Quarterly Reports

**Actual:** Click or tap here to enter text. *Average First Responder drop off time*

*(in minutes)*

**Referral Source Measure**

Data Collection: percentage in each category referral source: Self, First responders (law enforcement, community service patrol, fire department personnel, emergency medical services), Mobile crisis team, ER, Community BH service provider, Community SUD provider, Shelter, Friend/family, Other: please specify.

Collection Method: Quarterly reports.

**Actual:** (*Referral source*)

Percentage of Self: Click or tap here to enter text.

Percentage of First Responders: Click or tap here to enter text.

Percentage of Mobile Crisis Team: Click or tap here to enter text.

Percentage of ER: Click or tap here to enter text.

Percentage of Community BH service provider: Click or tap here to enter text.

Percentage of Community SUD service provider: Click or tap here to enter text.

Percentage of Shelter: Click or tap here to enter text.

Percentage of Friend/Family: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Population Served Descriptive Measure: voluntary versus involuntary status**

Data Collection: percentage in each category: Voluntary, Involuntary, and 3) Not Applicable (N/A).

Collection Method: Quarterly reports

**Actual:** (*Of the total Population Served*)

Percentage of Voluntary: Click or tap here to enter text.

Percentage of Involuntary: Click or tap here to enter text.

Percentage Not Applicable: Click or tap here to enter text.

**Population Served Descriptive Measure: Insurance type per client served**

Data Collection: percentage in each category: Medicaid, Private insurance, No insurance or self-pay, Unknown, Other- please specify.

Collection Method: Quarterly reports

**Actual:** (*Insurance type*)

Percentage of Medicaid: Click or tap here to enter text.

Percentage of Private Insurance: Click or tap here to enter text.

Percentage of No Insurance or Self-pay: Click or tap here to enter text.

Percentage of Unknown: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Discharge Disposition Measure**

Data Collection: percentage in each category discharge disposition: home/community- no follow up care, inpatient hospitalization, ER, detox facility, crisis residential, community SUD services, community BH services, shelter, other- please specify.

Collection Method: Quarterly reports

**Actual:** (*Category discharge disposition*)

Percentage of Home/community- no follow up care: Click or tap here to enter text.

Percentage of Inpatient hospitalization: Click or tap here to enter text.

Percentage of ER: Click or tap here to enter text.

Percentage of Detox facility: Click or tap here to enter text.

Percentage of Crisis residential: Click or tap here to enter text.

Percentage of Community SUD services: Click or tap here to enter text.

Percentage of Community BH services: Click or tap here to enter text.

Percentage of Shelter: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Effectiveness Measure: number of readmissions within 7, 14, 30, and 90 days**

Data Collection: number of readmissions within each category.

Collection Method: Quarterly reports

**Actual:** (*Readmissions within*)

7 days: Click or tap here to enter text.

14 days: Click or tap here to enter text.

30 days: Click or tap here to enter text.

90 days: Click or tap here to enter text.

**Please confirm** that minimal data set has been completed for all **23-Hour Crisis Observation and Stabilization Services (COS) clients served**: Choose an item.

[ ]  Yes, the Emergency Services Module has been submitted in AKAIMS for all COS clients served.

[ ]  No, the Emergency Services Module has not been submitted in AKAIMS for all COS clients served.

*\*If answered no, please provide an explanation:* Click or tap here to enter text.

**RBB Measures: Crisis Residential Stabilization Services (CSS) program**

**Efficiency Measure: Average length of stay**

Data Collection: average of total length of stay for all clients who have utilized CSS services.

Collection Method: AKAIMS

**Actual:**

 Average Length of Stay (in days): Click or tap here to enter text.

**Efficiency Measure: Occupancy rates**

Data Collection: To calculate occupancy rate, use days of care and bed days available in this formula: Days of Care/Bed Days Available.

Collection Method: AKAIMS

Actual:

Occupancy Rate: Click or tap here to enter text.

**Referral Source Measure**

Data Collection: percentage in each category referral source: Self, First responders (law enforcement, community service patrol, fire department personnel, emergency medical services), Mobile crisis team, ER, Community BH service provider, Community SUD provider, Shelter, Friend/family, Other: please specify.

Collection Method: Quarterly reports.

**Actual:** (*Referral source*)

Percentage of Self: Click or tap here to enter text.

Percentage of First Responders: Click or tap here to enter text.

Percentage of Mobile Crisis Team: Click or tap here to enter text.

Percentage of ER: Click or tap here to enter text.

Percentage of Community BH service provider: Click or tap here to enter text.

Percentage of Community SUD service provider: Click or tap here to enter text.

Percentage of Shelter: Click or tap here to enter text.

Percentage of Friend/Family: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Population Served Descriptive Measure: voluntary versus involuntary status**

Data Collection: percentage in each category: Voluntary, Involuntary, and 3) Not Applicable (N/A).

Collection Method: Quarterly reports

**Actual:** (*Of the total Population Served*)

Percentage of Voluntary: Click or tap here to enter text.

Percentage of Involuntary: Click or tap here to enter text.

Percentage Not Applicable: Click or tap here to enter text.

**Population Served Descriptive Measure: Insurance type per client served**

Data Collection: percentage in each category: Medicaid, Private insurance, No insurance or self-pay, Unknown, Other- please specify.

Collection Method: Quarterly reports

**Actual:** (*Insurance type*)

Percentage of Medicaid: Click or tap here to enter text.

Percentage of Private Insurance: Click or tap here to enter text.

Percentage of No Insurance or Self-pay: Click or tap here to enter text.

Percentage of Unknown: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Discharge Disposition Measure**

Data Collection: percentage in each category discharge disposition: home/community- no follow up care, inpatient hospitalization, ER, detox facility, crisis residential, community SUD services, community BH services, shelter, other- please specify.

Collection Method: Quarterly reports

**Actual:** (*Category discharge disposition*)

Percentage of Home/community- no follow up care: Click or tap here to enter text.

Percentage of Inpatient hospitalization: Click or tap here to enter text.

Percentage of ER: Click or tap here to enter text.

Percentage of Detox facility: Click or tap here to enter text.

Percentage of Crisis residential: Click or tap here to enter text.

Percentage of Community SUD services: Click or tap here to enter text.

Percentage of Community BH services: Click or tap here to enter text.

Percentage of Shelter: Click or tap here to enter text.

Percentage of Other: Click or tap here to enter text. Percentage: Click or tap here to enter text.

**Effectiveness Measure: number of readmissions within 7, 14, 30, and 90 days**

Data Collection: number of readmissions within each category.

Collection Method: Quarterly reports

**Actual:** (*Readmissions within*)

7 days: Click or tap here to enter text.

14 days: Click or tap here to enter text.

30 days: Click or tap here to enter text.

90 days: Click or tap here to enter text.

**Please confirm that minimal data set has been completed for all Crisis Residential and Stabilization Services (CSS)** clients served: Choose an item.

[ ]  Yes, all minimal data set, Encounter Notes and Miscellaneous Notes have been submitted in AKAIMS for all CSS clients served.

[ ]  No, all minimal data set, Encounter Notes, and Miscellaneous Notes have not been submitted in AKAIMS for all CSS clients served.

*\*If answered no, please provide an explanation:* Click or tap here to enter text.