**FY 24 First Episode Psychosis Program Quarterly Report**

**To**: DOH; Finance & Management Services; Grant & Contracts Section

**Organization / Program Name:** Click or tap here to enter text.

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

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

**Person Completing the Form:** Click or tap here to enter text.

**Quarter:** Choose an item.

**Describe your quarterly activities to date.** Please include any technical assistance needs, successes and challenges for the program. Click or tap here to enter text.

**Please provide the following data for the corresponding quarter:**

Number of individuals screened:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients admitted to the program:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Average time from onset:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of adults receiving Coordinated Specialty Care/FEP services:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of child/adolescents receiving Coordinated Specialty Care/FEP services:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients using Emergency services:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients hospitalized this quarter:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients employed:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients in school:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients applied for public entitlements:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients with housing:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients on probation:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients on parole:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients incarcerated this quarter:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients with legal involvement:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients receiving substance use treatment:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients with moderate or greater impairment in functioning due to substance use:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

Number of clients referred to substance treatment:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD Unduplicated Count: Click or tap here to enter text.

**Cost per Client**

Number of unduplicated clients receiving services from beginning of fiscal year to end of current quarter: Click or tap here to enter text.

Program Cost per client this Quarter: Click or tap here to enter text.

Program Cost per client *(From Start of the Grant to End of This Quarter)*: Click or tap here to enter text.

Percent of unduplicated program participants who show improvement in symptoms per fiscal year. *Goal 75% or higher*: Click or tap here to enter text.

Did you monitor to fidelity for the Coordinated Specialty Care services: Click or tap here to enter text.

\*If so, what fidelity measure do you use and how often: Click or tap here to enter text.

Has staff been specifically trained to implement the Coordinated Specialty Care EBP? Click or tap here to enter text.

Have you had any audits or site visits that occurred this quarter? Click or tap here to enter text.

\*If so, were there any substantial findings? Click or tap here to enter text.

**Your Program will need to complete all Minimal Data Sets for participants for this program. Please attach your report to this quarterly.**