**DBH Treatment and Recovery FY24 Grant**

**CBHTR Substance Use Disorder Residential Treatment Services**

**Quarterly Report Checklist & Transmittal Coversheet**

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

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

The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation.

Upload this 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.

[ ]  A Cumulative Financial Report (CFR) for the quarter.

[ ]  Program Reports – CBHTR SUD Residential Treatment Services

[ ]  AKAIMS Quarterly Summary

**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 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. 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.

In the interest of the Division being aware of the variety of audit or accreditation reviews your organization has scheduled, please provide a list of any reviews that have occurred this quarter or will be occurring in the next quarter. Click or tap here to enter text.

**Other:**

In this quarter how many individuals who were served were:

Pregnant injecting drug users; Click or tap here to enter text.

Pregnant substance abusers; Click or tap here to enter text.

Injecting drug users; or Click or tap here to enter text.

All others Click or tap here to enter text.

How many individuals are currently on the waitlist? Click or tap here to enter text.

Of these how many are pregnant women? Click or tap here to enter text.

How many individuals on the wait list are injection drug users? Click or tap here to enter text.

**Definition of Waitlist:** An individual who presents for services and is not receiving any active treatment in any level of care.

How many individuals that are on your waitlist are receiving interim services? Click or tap here to enter text.

Of these how many how many have been referred out to another agency? Click or tap here to enter text.

How many individuals were receiving interim services provided by your agency? Click or tap here to enter text.

Are any individuals on waitlist not receiving interim services? If so, please provide explanation. Click or tap here to enter text.

**Definition of Interim Services:**Federally defined interim services, which require documentation, should at minimum include Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.

Please describe activities conducted this quarter that publicize the availability of your services and the fact that pregnant women and injection drug users receive priority admission preference. Click or tap here to enter text.

**Performance Measures**

What is your bed utilization rate for this fiscal year to date? *(Number of bed days utilized divided by number of bed days available, as documented in AKAIMS).* Click or tap here to enter text.

What is your Program Completion rate for this fiscal year to date? (to include Program Complete, Referral to another program with satisfactory progress, and Transferred to another facility for health reasons, as documented in AKAIMS). Click or tap here to enter text.

What percent of discharged clients, for this fiscal year to date, received education re: HIV/AIDS, Hepatitis C, and Tuberculosis, as documented in the client file? Click or tap here to enter text.

**AKAIMS**

Starting in FY24 you are required to submit your AKAIMS Quarterly Summary along with your Quarterly Report for this grant program. If there are discrepancies between the data in AKAIMS and the numbers you are reporting in this report, please explain why they are different.

**RRF**

If you have been identified as a recipient of Reducing Recidivism Funding (RRF), please provide the following information:

How many individuals in this program are currently on Probation or Parole? Click or tap here to enter text.

How many individuals in this program were incarcerated within the last 90 days? Click or tap here to enter text.

If there are discrepancies between the data in AKAIMS and the numbers you are reporting in this report, please explain why they are different. Click or tap here to enter text.