**FY24 Comprehensive Behavioral Health Treatment and Recovery (CBHTR)**

**Kodiak Area Native Association Peer Support Program**

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.

**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.

[ ] **Cumulative Financial Report** (CFR) for the quarter

[ ] **AKAIMS Quarterly Summary Report**

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

 [ ] Opioid Treatment Provider (OTP)

 [ ] SUD Outpatient Treatment Services (non-OTP)

 [ ] Outpatient Treatment (SMI, SED, PES)

**Please provide the total number of individuals served by the peer support program during the quarter broken out by active treatment status.**

Number of individuals *actively enrolled in treatment*: tap here to enter text.

Number of individuals on the *waitlist for treatment*: tap to enter text.

Number of individuals *not actively enrolled in treatment*: tap to enter text.

*Total number* of individuals served: Click or tap here to enter text.

**Please provide the total number of individuals served by the peer support program during the quarter broken out by program service type.**

SMI Adult (Type 4): Click or tap here to enter text.

SUD Adult (Type 16): Click or tap here to enter text.

**Please describe the types of peer support services provided during the quarter (check all that apply) and provide a brief description.**

[ ] Peer Mentoring/Coaching/Training/Support: Click or tap here to enter text.

[ ] Crisis Response: Click or tap here to enter text.

[ ] Recovery Group Facilitation: Click or tap here to enter text.

[ ] Peer Recovery Resource Connections: Click or tap here to enter text.

[ ] Community Outreach/Engagement: Click or tap here to enter text.

[ ] Other: Click or tap here to enter text.

**Please describe the progress to date in implementing your peer support program.**

Click or tap here to enter text.

**RBB Measures**

Measure 1: **Cost Per Client**

*Data Collection*: For this measure the grantee will divide the amount of grant funds spent each quarter by the total number of clients that received behavioral health services each quarter.

*Collection Method*: AKAIMS and Cumulative Fiscal Reports

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

Measure II: **Number of New Client Admissions**

*Data Collection*: For this measure a new admission is defined as a client that was enrolled in the grant project and received at least one service during the quarter.

*Collection Method*: AKAIMS

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

**Please confirm that AKAIMS Quarterly Summary report is attached.**

[ ] Attached

\*Although not required, if you desire you may provide a narrative with your report: Click or tap here to enter text.

**For organizations receiving Reducing Recidivism Funds (RRF) only**

Please provide the number of individuals served this quarter that were a) on probation or parole and b) who were incarcerated within 90 days of the date of admission to the program.

*Collection Method*: AKAIMS

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