**State of Alaska**

**Department of Health/Division of Behavioral Health**

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

**Outpatient Treatment (SMI, SED, SUD, PES) 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)**:

[ ] July 1—Sept 30 [ ] Oct 1—Dec 31 [ ] Jan 1—March 31 [ ] April 1—June 30

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**

**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.

1. **Please identify any challenges or barriers encountered this quarter for each program service type funded through this grant (e.g., SMI, SED, SUD, OTP, PES) 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.

1. **Please describe successes achieved this quarter for each program service type funded through this grant.**

Click or tap here to enter text.

1. **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.

1. **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.

**SUD Providers Only**

1. **In this quarter how many individuals who were served were:**
2. **Pregnant injecting drug users:** Click or tap here to enter text.
3. **Pregnant substance abusers:** Click or tap here to enter text.
4. **Injecting drug abusers:** Click or tap here to enter text.
5. **All others:** Click or tap here to enter text.

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

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

 **b. Of these, how many are injection drug users?** Click or tap here to enter text.

1. **How many individuals on your waitlist are receiving interim services\*\*?** Click to enter text.
2. **Of these, how many have been referred to another agency for interim services?** Click or tap here to enter text.
3. **Are any individuals on your waitlist not receiving interim services? If so, please provide an explanation:** Click or tap here to enter text.
4. **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.

**OTP Providers Only**

1. **In this quarter how many individuals who were served were:**

 **a. Pregnant injecting drug users:** Click or tap here to enter text.

 **b. Pregnant substance abusers:** Click or tap here to enter text.

 **c. Injecting drug abusers:** Click or tap here to enter text.

 **d. All others:** Click or tap here to enter text.

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

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

 **b. Of these, how many are injection drug users?** Click or tap here to enter text.

**3. How many individuals on your waitlist are receiving interim services\*\*?** Click to enter text.

1. **Of these, how many have been referred to another agency for interim services?** Click or tap here to enter text.

**4. Are any individuals on your waitlist not receiving interim services?**

**If so, please provide an explanation:** Click or tap here to enter text.

**5. Number of unduplicated individuals with take-home privileges at the end of the quarter:**

1. **One dose per week:** Click or tap here to enter text.
2. **Two doses per week:** Click or tap here to enter text.
3. **Three doses per week:** Click or tap here to enter text.
4. **Four doses per week:** Click or tap here to enter text.
5. **Five doses per week:** Click or tap here to enter text.
6. **Six doses per week:** Click or tap here to enter text.
7. **Seven doses per week:** Click or tap here to enter text.
8. **Total:** Click or tap here to enter text.

**6. Number of patient transfers between OTPs:**

1. **Number of transfers from another OTP to your program:** Click or tap here to enter text.
2. **Number of transfers from your program to another OTP:** Click or tap here to enter text.
3. **Total:** Click or tap here to enter text.

**7. Please describe outreach activities to:**

1. **Select, train, and supervise outreach workers:** Click or tap here to enter text.
2. **Contacting, communicating, and following up with high-risk substance abusers, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2:** Click or tap here to enter text.
3. **Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV:** Click or tap here to enter text.
4. **Recommend steps that can be taken to ensure that HIV transmission does not occur:** Click or tap here to enter text.
5. **Encouraging entry into treatment:** 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.

\*\*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.

**RBB Measures**

Measure 1: **Cost Per Client**

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

*Collection Method*: AKAIMS and Cumulative Fiscal Reports

**Grant Award Expenditures to Date (taken from CFR):** Click or tap here to enter text.

**Total number of distinct clients served year-to-date (taken from AKAIMS Summary Report):** Click or tap here to enter text.

**Cost Per Client:** 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 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.

**PES Grantees Only**

Measure III: **Percentage of Clients Managed at a Lower Level of Care**

*Data Collection*: For this measure the grantee will identify the percentage of clients that received psychiatric emergency services during the quarter that were discharged at a lower level of care (i.e., all client discharges other than those that resulted in hospitalization, incarceration, or for youth a placement out of home). Grantee must provide information regarding their data collection method for this measure.

**Data Collection Method**: Click or tap here to enter text.

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

**Please confirm that PES Emergency Services Module has been completed for all PES clients served:**

[ ] Yes, all data has been submitted in AKAIMS for all PES clients served.

[ ] No, data has not been submitted in AKAIMS for all PES clients served.

If answered no, please provide an explanation: 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.