

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 ASAM Level 3.3 Residential SUD Services Quarterly Report

Organization / Program Name: _____

Date submitted: _____ Grant Number: _____

Quarter (check one):

July 1 – Sept. 30 Oct. 1 – Dec. 31 Jan 1 – March 31 April 1 – June 30

Please use this as an opportunity to tell your organizations story.

1. Please provide an update on your organization's overall status, any challenges faced (e.g. workforce issues), and successes achieved during the time period covered by this quarterly report.

2. Please describe how your agency is meeting the timeline submitted with the RFP.

3. Please describe how your agency is meeting the performance measures as identified on the RFP:

a. Number of clients receiving services from beginning of fiscal year to end of current quarter (AKAIMS).

i. Unduplicated clients: _____

ii. Total episodes: _____

b. Completion rate for this program compared to statewide completion rate for other residential programs (AKAIMS): _____

Definition of Successful completion: Satisfactory completion, Referral to another program with satisfactory progress, and Transferred to another facility for health reasons.

c. Please provide percentage and description of discharged clients who are linked to wrap-around services at discharge:

- i. Percent: _____
- ii. Description: _____

4. Total number of beds days for this grant program during current quarter (AKAIMS):

- a. Designated: _____
- b. Utilized: _____
- c. Percent utilized: _____

5. Please describe the efforts your agency is taking to be in compliance with GPRA reporting.

6. 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 occur in the next quarter.

7. In this quarter how many individuals who were served were:

- a. Pregnant injecting drug users; _____
- b. Pregnant substance users; _____
- c. Injecting drug users; or _____
- d. All others _____

8. How many individuals are currently on the waitlist?

- A. Of these how many are pregnant women? _____
- B. How individuals on the wait list are injection drug users? _____

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

9. How many individuals that are on your waitlist are receiving interim services? _____
A. Of these how many have been referred out to another agency? _____
10. How many individuals were receiving interim services provided by your agency? _____
11. Are any individuals on waitlist not receiving interim services? If so please provide explanation.

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

12. 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.
13. Please provide an update on your organization's progress to date on the provision of the services outlined in your proposal, including any challenges faced and successes achieved during the quarter.