

State of Alaska  
Department of Health and Social Services / Behavioral Health  
FY22 SUD Residential Treatment 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 organizations overall status and any challenges faced (e.g. workforce issues) and successes achieved during the time period covered by this quarterly report

2. 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.

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

A. Pregnant injecting drug users; \_\_\_\_\_

B. Pregnant substance abusers; \_\_\_\_\_

C. Injecting drug users; or \_\_\_\_\_

D. All others \_\_\_\_\_

2. 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.

3. How many individuals that are on your waitlist are receiving interim services? \_\_\_\_\_
  - A. Of these how many how many have been referred out to another agency? \_\_\_\_\_
4. How many individuals were receiving interim services provided by your agency? \_\_\_\_\_
5. 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

6. 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.
7. 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.

## Performance Measures

8. 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).  
\_\_\_\_\_
  
9. 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).  
\_\_\_\_\_
  
10. 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?  
\_\_\_\_\_