State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 CBHTR SUD Residential Withdrawal Management 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. 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.

4. 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:

5. What is your bed utilization rate for this fiscal year to date? (Number of beds utilized divided by number of beds available, as documented in AKAIMS). _____

6. 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). _____

7. What percent of discharged clients, this fiscal year to date, received education re: HIV/AID, Hepatitis C, and Tuberculosis, as documented in the client files?
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