

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 Emergency COVID-19 (and Supplemental Covid-19) Services Quarterly
Narrative 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 a Brief Description of your Project:

Identify any use of Evidence-Based Practices:

Identify any use of Recovery Supports (peer support, recovery housing, etc.):

Identify any use of Crisis MH Services (if not described above):

Total number of unduplicated clients served to date beginning July 1, 2021 by this Grant: _____

Describe outcomes, progress, and challenges regarding the screening and assessing clients for mental, SUD & co-occurring disorders and developing appropriate treatment approaches, as needed.

Provide the total number of individuals with a SMI/SED/SUD or Co-Occurring disorder served to date beginning July 1, 2021, by this grant. _____

Describe outcomes, progress, and challenges regarding the implementation of mental and/or SUD treatment services for this population, including, telehealth services.

Provide the total number of individuals with a non-SMI or non-SED served to date beginning July 1, 2021, by this grant. _____

Describe outcomes, progress, and challenges regarding the implementation of mental and/or SUD treatment services for this population, including, telehealth services.

If your grant is serving clients 11 years old or younger, please provide us with a count of those individuals served to date beginning July 1, 2021. _____

2. Although serving healthcare professionals was not a requirement of this sub-grant, the Division would appreciate the number served if available. _____
3. Total Number of GPRA Intakes questionnaires completed to date with this Grant: _____
4. Summary of Key Program Accomplishments this Quarter:

Please provide an example that highlights one of the individuals served.

Description of any difficulties encountered in achieving planned goals:

Actions taken to address these:

Do you have any Technical Assistance Needs from DBH on this project?

RBB Performance Measures

- o Number of days elapsed between the initial behavioral health assessment and first treatment service. Goal: 14 days or less. Data Source: AKAIMS

Actual: _____

- o GPRA intake questionnaires will be administered and submitted within required timelines. Goal: 100%. Data Source: AKAIMS

Actual: _____