

## State of Alaska

### Department of Health and Social Services/Behavioral Health

#### FY22 TCC Sobering Center 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

1. Number of unique admissions in current quarter: \_\_\_\_\_
2. Number of unduplicated clients served in current quarter: \_\_\_\_\_
3. Number of unduplicated clients served in current fiscal year: \_\_\_\_\_
4. Cost per client served in current quarter (total amount of grant expenditures/total number of unique admissions) : \_\_\_\_\_
5. Number of emergency room admissions in current quarter compared to baseline (Fairbanks ER data) : \_\_\_\_\_
6. Number of Title 47 protective holds in current quarter compared to baseline (Fairbanks Corrections data) : \_\_\_\_\_
7. Number of clients referred to treatment in current quarter: \_\_\_\_\_
8. Number of clients connected to permanent supportive housing in current quarter (i.e. Housing First): \_\_\_\_\_

9. Number of clients referred to other recovery-oriented services in current quarter: \_\_\_\_\_  
a. If greater than 0, please describe “other” services:

10. Provide an update on progress made providing 1115 Medicaid services. Describe challenges and successes with onboarding 1115 services in your program. Please identify any areas where technical assistance is needed:

11. Please describe the progress made on the Sustainability Plan: