

State of Alaska
DHSS / Division of Behavioral Health
FY22 First Episode Psychosis Quarterly Report

Organization Name:

Grant Number:

Date:

Person Completing Form:

1) Describe any notable updates on the program for this quarter:

Quarter 1

Quarter 2

Quarter 3

Quarter 4

Please provide the following data for the quarter:

2) Please provide the following data for the quarter:	Q1	Q2	Q3	Q4	YTD Unduplicated Count
Number of individuals screened					
Number of clients admitted					
Average time from onset of symptoms					
Number of clients currently enrolled					
Number of clients using Emergency Room					
Number of clients hospitalized					

Number of clients enrolled in school					
Number of clients employed					
Number of clients with moderate or greater					
Number of clients with housing stability “within normal limits”					
Number of clients with legal involvement (arrests, incarceration, probation/parole)					
RBB Performance Measures	Q1	Q2	Q3	Q4	YTD
1) Cost per client (total grant expenditures/total number of participants)					
2) Percent of unduplicated program Participants who show improvement in symptoms per fiscal year. Goal: 75% or higher					