

**Department of Health and Social Services/Division of Behavioral Health**  
**Permanent Supportive Housing (ACT & ICM) Grants**  
**FY22 Quarterly Narrative Report**

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**Person Completing:** \_\_\_\_\_

<b><i>FOR EACH QUARTER, PLEASE REPORT:</i></b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number of new individuals formally enrolled this quarter.				
Number of individuals served (those being actively served, those engaged through outreach as well as those newly enrolled) this quarter.				
Total number of unduplicated individuals being served from start of fiscal year to end of current quarter.				
Total staff (FTE) in program.				
Ratio of staff to clients served this quarter.				
Number of clients that received active Outreach and Engagement services.				
Number of previously enrolled clients who dropped out of the program.				
Number of clients currently placed in Permanent and Stable Housing.				
Number of clients currently residing in unstable housing.				
Average number of days between formal program enrollment and clients being placed into permanent and stable housing.				
Number of clients that received Psychotherapy services.				
Number of clients that received Wellness Self-Management & Relapse Prevention services.				
Number of clients that received Integrated Dual Disorders treatment for substance use services.				
Total number of clients that received Tenancy Support services.				
Number of clients that received Education or Vocational services.				
Number of clients that received attained competitive, integrated employment.				
Number of clients that received Psychiatric Rehabilitation and assistance with Activities of Daily Living services (as defined in ACT/ICM standards).				
Number of clients that received assistance accessing mainstream benefits (e.g., SSI, APA).				
Number of clients that received access to Primary Care services.				
Number of clients that received Peer Support services.				
Program cost per client for this quarter.				
Program cost per client from start of the grant to the end of this quarter.				

**Please describe any success in reaching the intended goals of this grant:**

**1st Quarter:**

**2nd Quarter:**

**3rd Quarter:**

**4th Quarter:**

**Please describe any challenges in reaching the intended goals of this grant:**

**1st Quarter:**

**2nd Quarter:**

**3rd Quarter:**

**4th Quarter:**

**Please describe any technical assistance needs that would assist the team in reaching the intended goals of this grant:**

**1st Quarter:**

**2nd Quarter:**

**3rd Quarter:**

**4th Quarter:**