

**State of Alaska**  
**Department of Health and Social Services/Division of Behavioral Health**  
**Pregnant and Parenting Women SUD Services**  
**FY22 Quarterly Report**

**Organization Name:** \_\_\_\_\_

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

\* Children are defined as age 16 and younger.

	Q1	Q2	Q3	Q4	YTD
1) Number of pregnant/parenting women (PG/PW) receiving case management services.					
2) Number of PG/PW receiving case management services who entered SUD treatment.					
3) Number of PG/PW who successfully completed SUD treatment.					
4) Number of *children impacted by their mother's involvement in these services.					
5) Average number of days from first contact to beginning of case management services.					

Please describe case management services provided by your organization during the quarter (transportation, mental health, housing, education, voc/ed, legal services, etc.):

**1<sup>st</sup> Quarter:**

**2<sup>nd</sup> Quarter:**

**3<sup>rd</sup> Quarter:**

**4<sup>th</sup> Quarter:**

**Please describe outreach activities to (a) encourage PG/PW in need of substance use disorder treatment to undergo treatment, and (b) educate primary care and social service providers about your services for PG/PW:**

**1<sup>st</sup> Quarter:**

**2<sup>nd</sup> Quarter:**

**3<sup>rd</sup> Quarter:**

**4<sup>th</sup> Quarter:**

**Please describe any challenges and barriers to the provision of these service during this quarter:**

**1<sup>st</sup> Quarter:**

**2<sup>nd</sup> Quarter:**

**3<sup>rd</sup> Quarter:**

**4<sup>th</sup> Quarter:**