

**State of Alaska**  
**Department of Health and Social Services / Behavioral Health**  
**FY22 Rural Recovery Housing 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

Total number of beds designated for this grant program during current quarter: \_\_\_\_\_

Number of beds filled in this grant program at the end of current quarter: \_\_\_\_\_

1. If this is your first year providing State Opioid Response (SOR) funded services in this grant please answer a, b, and c.

a. Please describe how the agency is meeting the timeline submitted with the RFP.

b. Please describe how the agency is meeting the performance measures as identified on the RFP.

c. Please describe efforts the agency is taking to be in compliance with GPRA reporting.

2. If you are in a continuation year for your SOR funded grant, then please only answer # 2 a  
a. Please describe efforts the agency is taking to be in compliance with GPRA reporting.

3. Describe the system for “governance” or day-to-day decision making for the residence and the degree to which residents are involved.

4. Describe the status of relationships with immediate neighbors.

5. Describe the provision of recovery supports such as connections to 12-step programs, legal services, substance abuse treatment and mental health services this quarter.

6. Number of unduplicated participants who were referred to employment services, such as DVR this quarter.

7. Number of unduplicated participants who gained employment this quarter.

8. Number of unduplicated participants who were reunified with their family this quarter.

9. Describe any barriers staff or participants incurred during this period that impeded to further the recovery process.

10. Indicate any progress related to the eventual meeting of NARR Standards this quarter.

11. The evaluation of this project will include both reporting of Federally-required "GPRA" information as well as state-required information. Information on data collection requirements related to GPRA information will be provided separately by the Division.

State required data includes the following which should be reported each Quarter:

- Number of clients served (Start of Grant to End of this Quarter): \_\_\_\_\_
- Efficiency-Percent of occupancy per fiscal year (*Total number of occupied program residences per fiscal year/ total number of program residences per fiscal year*): \_\_\_\_\_
- Average length of stay (Start of Grant to End of this Quarter): \_\_\_\_\_
- Number of unduplicated recovery housing participants who report an increase in quality of life and well-being: \_\_\_\_\_
- Program Cost per client this Quarter: \_\_\_\_\_
- Program Cost per client (From Start of the Grant to End of This Quarter): \_\_\_\_\_