

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 State Opioid Response – 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: _____

How many unduplicated clients have been served in this quarter? _____

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

2. Please describe any barriers the program or participant incurred that impeded the recovery process.

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

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

5. Indicate any progress related to the eventual meeting of NARR Standards.

6. 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:

- 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) _____
- Effectiveness-Percent of residents that gain employment per fiscal year (*Total number of unduplicated program participants that gain employment per fiscal year/ total number of unduplicated program participants per fiscal year*). _____
- Number of unduplicated participants who were referred to employment services, such as DVR. _____
- 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) _____