

Department of Health and Social Services/Division of Behavioral Health
Transition to Independence Process (TIP) / Transitional Aged Youth (TAY) Grants and Programs
FY22 Quarterly Narrative Report

Date: _____

Organization: _____

Grant Number: _____

Person Completing: _____

Quarter: _____

1) FOR EACH QUARTER, PLEASE REPORT:	Q1	Q2	Q3	Q4	YTD
Total staff who participated in TIP training_(unduplicated).					
Total TAY served by staff trained in TIP.					
Total TAY served by the TIP program not included in AKAIMS (did not meet criteria, refused to participate, etc.)					
Total TAY served who are:					
a. IDD					
b. TBI					
c. SED					
d. FAS					
e. Homeless					
f. Who are also parents					
g. Employed					
h. In school					

2) On-going TIP Supervision & Training: Describe your plan for FY21 - must develop a site-based TIP trainer or have an agreement for another site to provide TIP supervision and training (submit current agreement). Include proposed trainer's status regarding application.

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

3) Which TIP SBT competencies has your SBT completed?	Q1	Q2	Q3	Q4	YTD
1) TIP Model Overview					
2) Strength Discovery and Needs Assessment					
3) Futures Planning					
4) Rationales					
5) In-Vivo Teaching					
6) SODAS Problem Solving and Decision Making					
7) What's Up? Prevention Planning					
8) SCORA Medication Method					
9) TIP Solutions Review (TSR)					

4) Anticipated date/name of sections your SBT will present toward certification?

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

5) FOR EACH QUARTER, PLEASE REPORT:	Q1	Q2	Q3	Q4	YTD
Number of TAY with an active Futures Plan?					
Number of TAY that have completed one or more steps toward a futures planning goal?					

6) Staff development: Report on the total number of staff who are progressing in TIP training (i.e. have had two or more trainings and are using TIP regularly).

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

7) Barriers & Questions: Based on Hexagon Tool analysis, please describe any barriers to TIP implementation.

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

8) Unmet Training or TA needs: Based on Hexagon Tool analysis, please describe any unmet training or TA needs related to TIP.

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.