

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 Treatment and Recovery Program Quarterly Narrative 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

1. Please provide an update on your organizations overall status and any challenges faced (e.g. workforce issues) and successes achieved during the time period covered by this quarterly report

2. In the interest of the Division being aware of the variety of audit or accreditation reviews your organization has scheduled, please provide a list of any reviews that have occurred this quarter or will be occurring in the next quarter.

3. RBB Measures

Number of days elapsed between initial behavioral health assessment and first service:

Goal: 14 days or less

Actual:

Data Source: AKAIMS

For clients who are low income, 85% or more will have a source of insurance.

Actual:

Data Source: AKAIMS