

DBH Treatment and Recovery FY23 Grant
CASE MANAGEMENT
Quarterly Report Checklist & Transmittal Coversheet

To: DHSS Finance & Management Services
 Grants & Contracts Section,
 Attention: _____,
 Grant Administrator

Date: _____
 Organization: _____
 Grant Number: _____
 Form submitted by: _____

The checklist below will help you ensure that your organization’s quarterly report contains all the necessary reports and appropriate documentation.

Upload the completed checklist and required documentation listed below as a single PDF into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

Please continue to send forms to the Grant

Quarter (check one):

- July 1- Sept 30 Oct 1-Dec 31 Jan 1-March 31 April 1-June 30

- A Cumulative Financial Report (CFR) for the quarter.
- Updated FY23 Reentry Case Manager Excel Sheet
- Case Manager FY23 Outcome Checklist
- Recidivism Reduction Quarterly Narrative, Program Impact, and case management milestone sections

Reentry Coalition FY23 Outcome checklist

Case Management Milestones	Status	Grantee Comments
Reentry Case Manager attended FY22 Reentry Case Management Training	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Case Management Milestones	Status	Grantee Comments
<p>Regular attendance by the reentry case manager at the Monthly DBH case management meetings.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Reentry Case Manager is utilizing AKAIMS to make regular client notes, including tracking intake, admission, discharge, and referrals</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>The following AKAIMS reports have been submitted with this coversheet:</p> <ul style="list-style-type: none"> • Number of new case management referrals • Number of new case management participants • Number of in-reaches that occurred within 90 days prior to release either in-person or telephonically • Number of participants assisted in accessing mental health services • Number of participants assisted in accessing substance abuse services • Number of participants that violated probation or parole while they were enrolled in the program • Number of participants that were charged with a new crime while they were enrolled in the program • Number of participants who completed the program • Number of participants who were involuntarily discharged 	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached* <p>*If the reports are not attached explain why.</p>	

Case Management Outcomes		
Case Management Milestones	Status	Grantee Comments
How many case management referrals has the case manager received from the Department of Corrections this quarter?	_____ <input type="checkbox"/> Unknown	<i>If unknown, please explain:</i>
How many case management referrals has the case manager received from community providers this quarter?	_____ <input type="checkbox"/> Unknown	<i>If unknown, please explain:</i>
How many new participant intakes , as documented in AKAIMS, did the case manager have this quarter?	_____ <input type="checkbox"/> Unknown	<i>If unknown, please explain:</i>
How many Phase I Transition plans have been completed this quarter?	_____ <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	<i>If unknown, please explain:</i>
How many Phase II Transition plans have been completed this quarter?	_____ <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	<i>If unknown, please explain:</i>
How many Phase III Transition plans have been completed this quarter?	_____ <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	<i>If unknown, please explain:</i>

Case Management Quarterly Narrative

Trainings Attended

Please list, using brief descriptions, any trainings that you or grants staff attended that relate to the work of the grant during this grant quarter.

Opportunities / Initiatives

Please list, adding brief descriptions, any new opportunities or initiatives that were started during this grant quarter.

Challenges / Barriers

Please list, adding brief descriptions, any challenges or barriers that may be disrupting to the work of this grant (unrelated to staffing/administrative issues) during this quarter.

Staffing / Administrative Updates

Please list, adding brief descriptions, any updates regarding staff or administration, including challenges, barriers, and opportunities during this quarter.

Quarterly Program Impact

The following are a series of questions that revolve around collaboration, communication, and partnerships. These questions are intended to document progress or digression in each area for each grantee.

This section may be scored by the Program Manager to track reporting scales over time.

Collaboration

Community stakeholders are positively engaged in the work generated through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Implementation collaboration(s) with the Department of Corrections (DOC) staff located in the grant area, including both institutional and field DOC staff, are positive and built upon mutual trust.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

The local community (including community coalitions and providers) is supportive of the work generated through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

The local community is supportive of collaborating on topics and issues that overlap with the target population represented through this grant.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Communication

Community stakeholders are knowledgeable about the grant and its desired impacts and outcomes.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Misconceptions or incorrect information among community members (including other coalitions and providers) about the current activities of the grant are minimal.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Staff member(s) of the grant are able to connect and receive/provide feedback to the local Department of Corrections staff at both the pre-release and post-release stage of case management.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Case Management Implementation

Preparation for the in-reach beings at the 30-45 day mark for most participants of the program.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

Initial contact with the Single Point of Contact at DOC begins at the 90-day mark.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

The Offender Management Plan (OMP) – available at 90-days – and the participant release plan – available at 30-days – is accessible to case managers for all participants of the program.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (optional):

RBA Performance Measures

- Effectiveness: Decrease in recidivism rates*
- Efficiency: Increase in access to appropriate services*

**These measures will be evaluated by the DBH Program Manager by utilizing data from AKAIMS and DOC to assess the effectiveness of case management for reentrants.*