

DBH Treatment and Recovery FY23 Grant
Covid Mitigation (special SAMHSA Block Grant COVID Testing and Mitigation funding)
Quarterly Report Checklist & Transmittal Coversheet

To: GEMS
 Grants & Contracts Section,
 Attention: _____,
 Grant Administrator

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

The checklist and table below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation

Upload this 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.

Quarter (check one):

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

Quarterly Reports

Providers are required to turn in the following reports quarterly using guidance provided by the department for submission of this information.

- A Cumulative Financial Report (CFR) for the quarter. Located in GEMS
- Data report. (See table below
- Narrative Report
 Program Narrative reporting program general status

Please report the following based on the total number of transition aged youth each quarter.

	Q1	Q2	Q3	Q4	YTD
1. Number of youth served. (Total unduplicated count)	_____	_____	_____	_____	_____
2. Number of youth referred.	_____	_____	_____	_____	_____
3. Youth w/SUD (by history, diagnosis, or self-report).	_____	_____	_____	_____	_____
Youth w/SUD who received the following:					
i. Case management and outreach services	_____	_____	_____	_____	_____
ii. Facilitated access to behavioral health services and access to primary care health providers	_____	_____	_____	_____	_____
iii. Support in gaining/maintaining employment and/or resources or services to gain or resume independent living following resolution of COVID-19 issues	_____	_____	_____	_____	_____
iv. Appropriate guidance to mitigate exposure and spread of COVID-19	_____	_____	_____	_____	_____

v. Provision of, or facilitated supervised transportation to/from quarantine, testing, and medical care	_____	_____	_____	_____	_____
4. Youth w/SED (by history, diagnosis, or self-report).	_____	_____	_____	_____	_____
Youth w/SED who received the following:					
i. Case management and outreach services	_____	_____	_____	_____	_____
ii. Facilitated access to behavioral health services and access to primary care health providers	_____	_____	_____	_____	_____
iii. Support in gaining/maintaining employment and/or resources or services to gain or resume independent living following resolution of COVID-19 issues	_____	_____	_____	_____	_____
iv. Appropriate guidance to mitigate exposure and spread of COVID-19	_____	_____	_____	_____	_____
v. Provision of, or facilitated supervised transportation to/from quarantine, testing, and medical care	_____	_____	_____	_____	_____
vi. Average time from referral to admission into program/receipt of service	_____	_____	_____	_____	_____
5. Youth w/ dual diagnosis (Both SUD and BH by history or diagnosis)	_____	_____	_____	_____	_____
Youth w/dual diagnosis who received the following:					
Case management and outreach services	_____	_____	_____	_____	_____
Facilitated access to behavioral health services and access to primary care health providers	_____	_____	_____	_____	_____
Support in gaining/maintaining employment and/or resources or services to gain or resume independent living following resolution of COVID-19 issues	_____	_____	_____	_____	_____
Appropriate guidance to mitigate exposure and spread of COVID-19	_____	_____	_____	_____	_____
Provision of, or facilitated supervised transportation to/from quarantine, testing, and medical care	_____	_____	_____	_____	_____
Average time from referral to admission into program/receipt of service	_____	_____	_____	_____	_____

1. Staff Reporting Criteria

a. Staff training provided since last report.

b. Report of any noncompliance with staff training requirements.

2. Program Evaluation Results (4th Quarter, End of Grant period)
