

State of Alaska

Department of Health and Social Services/Behavioral Health

FY23 Fairbanks Sobering Center

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. Number of unique admissions in current quarter: _____
2. Number of unduplicated clients served in current quarter: _____
3. Number of unduplicated clients served in current fiscal year: _____
4. Cost per client served in current quarter (total amount of grant expenditures/total number of unique admissions) : _____
5. Number of emergency room admissions in current quarter compared to baseline (Fairbanks ER data) : _____
6. Number of Title 47 protective holds in current quarter compared to baseline (Fairbanks Corrections data) : _____
7. Number of clients referred to treatment in current quarter: _____
8. Number of clients connected to permanent supportive housing in current quarter (i.e. Housing First): _____

9. Number of clients referred to other recovery-oriented services in current quarter: _____
a. If greater than 0, please describe “other” services:

10. Provide an update on progress made providing 1115 Medicaid services. Describe challenges and successes with onboarding 1115 services in your program. Please identify any areas where technical assistance is needed:

11. Please describe the progress made on the Sustainability Plan: