

## Attachment B – Examples of Quarterly Reports

### 1. Cumulative Fiscal Report



STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
GRANTS & CONTRACTS  
CUMULATIVE FISCAL REPORT



| GRANTEE NAME     | GRANT PROGRAM/PROJECT NAME | GRANT NUMBER |
|------------------|----------------------------|--------------|
| REPORTING PERIOD | DATE BEGINNING             | DATE ENDING  |

| EXPENDITURES           |                          |                 |                |                 |       |                            |                               |                                 |                  |                |                 |       |
|------------------------|--------------------------|-----------------|----------------|-----------------|-------|----------------------------|-------------------------------|---------------------------------|------------------|----------------|-----------------|-------|
| BUDGET CATEGORIES      | EXPENDITURES THIS PERIOD |                 |                |                 |       | APPROVED GRANT AWARD TOTAL | APPROVED PROJECT BUDGET TOTAL | CUMULATIVE EXPENDITURES TO DATE |                  |                |                 |       |
|                        | STATE GRANT AWARD        |                 | REQUIRED MATCH | PROJECT SUPPORT | TOTAL |                            |                               | STATE GRANT AWARD               |                  | REQUIRED MATCH | PROJECT SUPPORT | TOTAL |
|                        | PRIMARY AWARD            | SECONDARY AWARD |                |                 |       |                            |                               | PRIMARY AWARD                   | SECONDARY AWARD  |                |                 |       |
| 100 PERSONNEL SERVICES | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 200 TRAVEL             | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 300 FACILITY EXPENSES  | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 400 SUPPLIES           | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 500 EQUIPMENT          | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 600 OTHER EXPENSES     | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| 800 INDIRECT COSTS     | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| TOTALS                 | -                        | -               | -              | -               | -     | -                          | -                             | -                               | -                | -              | -               | -     |
| STATUS TRACKING        |                          | ON              | BY             |                 |       |                            |                               |                                 | NOTES (OPTIONAL) |                |                 |       |
| SUBMITTED              |                          |                 |                |                 |       |                            |                               |                                 |                  |                |                 |       |
| ACCEPTED               |                          |                 |                |                 |       |                            |                               |                                 |                  |                |                 |       |
| APPROVED               |                          | 1               |                |                 |       |                            |                               |                                 |                  |                |                 |       |
| NOTIFIED               |                          |                 |                |                 |       |                            |                               |                                 |                  |                |                 |       |

## Attachment B – Examples of Quarterly Reports

### 2. Quarterly Prevention Reports





**State of Alaska**  
Department of Health & Social Services  
*Comprehensive Prevention Quarterly Report*

**GRANT AND QUARTER INFORMATION**

Grant Number

Agency Name

Fiscal Year

FY12 (2011-2012)

Quarter

1st, July-Sept

Your Name

Your Phone

**PROJECT INFORMATION**

**Division of Behavioral Health Overarching Goal:**  
*Promoting Healthy Communities Utilizing Effective Practices and Partnerships*

1. Project Name

2. Coordinator

**The contributing factors your project will address** (identify no more than two, total)

3. Risk Factors (select from drop down menu)

4. Protective Factors (select from drop down menu)

5. If you are using an evidence-based model identified by SAMHSA (described by NREPP) please list it below.

1.

2.

3.

[Please click here to view SAMHSA's NREPP website.](#)





List the activity information for each activity in your grant project. Please see "Guide to the Prevention Quarterly & Biannual Report" for further information on how to fill out this report or contact your program coordinator.

| Activity Information                   |  |                                               |  |                                           |  |                   |  |  |  |
|----------------------------------------|--|-----------------------------------------------|--|-------------------------------------------|--|-------------------|--|--|--|
| 1. Activity Type (select from list)    |  | 2. IOM                                        |  | 3. Prevention Strategy (select from list) |  |                   |  |  |  |
|                                        |  | Universal Direct                              |  |                                           |  |                   |  |  |  |
| 4. Focus Population (select from list) |  | 5. Brief Description of the selected Activity |  |                                           |  |                   |  |  |  |
|                                        |  |                                               |  |                                           |  |                   |  |  |  |
| 6. Communities Served                  |  |                                               |  |                                           |  |                   |  |  |  |
|                                        |  |                                               |  |                                           |  |                   |  |  |  |
|                                        |  |                                               |  |                                           |  |                   |  |  |  |
|                                        |  | 7. Times Offered                              |  |                                           |  | 8. Total Contacts |  |  |  |
|                                        |  |                                               |  |                                           |  |                   |  |  |  |

| Universal Direct   | Age by Race Totals |  | Race                              |     |                           |     |       |     |                                           |     |                    |     | Ethnicity             |     | Gender             |     |                    |                        |                  |   |
|--------------------|--------------------|--|-----------------------------------|-----|---------------------------|-----|-------|-----|-------------------------------------------|-----|--------------------|-----|-----------------------|-----|--------------------|-----|--------------------|------------------------|------------------|---|
|                    |                    |  | Native Alaskan or American Indian |     | Black or African American |     | Asian |     | Native Hawaiian or Other Pacific Islander |     | White or Caucasian |     | Race Unknown or Other |     | More than One Race |     | Hispanic or Latino | Not Hispanic or Latino | All Participants |   |
|                    |                    |  | ALL                               | N/A | ALL                       | N/A | ALL   | N/A | ALL                                       | N/A | ALL                | N/A | ALL                   | N/A | ALL                | N/A | ALL                | N/A                    | M                | F |
| Age Groups         |                    |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 0 - 4              |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 5 - 11             |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 12 - 14            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 15 - 17            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 18 - 20            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 21 - 24            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 25 - 44            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 45 - 64            |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    | 65 & Over          |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
| Total Participants |                    |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |
|                    |                    |  |                                   |     |                           |     |       |     |                                           |     |                    |     |                       |     |                    |     |                    |                        |                  |   |

**9. OPTIONAL:** Please feel free to include additional data/information other than how many people you served and how often.  
*(Attach any documents you would like to submit with this report that indicates how much you have accomplished over the past quarter)*





**State of Alaska**  
**Department of Health & Social Services**  
***Comprehensive Prevention Bi-Annual Narrative***

**GRANT AND QUARTER INFORMATION**

|              |                  |
|--------------|------------------|
| Grant Number |                  |
| Fiscal Year  | FY12 (2011-2012) |

|                  |                     |
|------------------|---------------------|
| Agency Name      |                     |
| Bi-annual Period | 1st Half, July-Dec. |

|           |  |
|-----------|--|
| Your Name |  |
|-----------|--|

|            |  |
|------------|--|
| Your Phone |  |
|------------|--|

***1. How many people are being reached through your prevention efforts?***

This question will be answered by filling out the quarterly "population/demographic form" every quarter. Each of the major activities will be tracked by number of sessions or times offered as well as participants by age, gender and ethnicity. Additional output information on how much is being implemented can be included on the quarterly report form.

|                                                                                                                                |                                   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>2 a. How well are the prevention efforts being delivered? In the past 6 months, did you collect "How well" information?</b> |                                   |
| <b>Indicators:</b>                                                                                                             | <b>How will you measure this?</b> |
| 1. How well indicator:                                                                                                         |                                   |
| 2. How well indicator:                                                                                                         |                                   |
| <b>2 b. As a result of asking these questions, what did you learn?</b>                                                         |                                   |
| Describe how the measurement information was used to improve or modify services, based on what was learned.                    |                                   |
| Words: 0                                                                                                                       |                                   |
|                                                                                                                                |                                   |



**2 c. If you did not ask any "how well" questions: please explain why not and your plans to collect this information in the future.**

Words: 0

|  |
|--|
|  |
|--|

**3. Is anyone better off? In the past 6 months, did you collect information for your Short Term Outcomes?**

If No, explain in the summary section below what data you did use or why you did not collect the information and what your plans are to collect it in the future.  
 If Yes, provide a brief explanation how the measurement information is impacting your identified outcome(s) and or community conditions.

**Short Term Outcome #1**

|                          |    |  |   |  |   |      |                      |          |    |
|--------------------------|----|--|---|--|---|------|----------------------|----------|----|
| 1.                       |    |  |   |  |   |      |                      |          |    |
| Current Baseline         | n= |  | # |  | % | 0.0% | of...                |          |    |
| Outcome Result           | n= |  | # |  | % | 0.0% | Increase or Decrease | % Change | 0% |
| Brief Summary of Results |    |  |   |  |   |      |                      |          |    |

Short Term Outcome #2

2.

|                  |    |  |   |  |   |      |                      |          |
|------------------|----|--|---|--|---|------|----------------------|----------|
| Current Baseline | n= |  | # |  | % | 0.0% | of...                |          |
| Outcome Result   | n= |  | # |  | % | 0.0% | Increase or Decrease | % Change |

Brief Summary of Results

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|



### Short Term Outcome #3

|                          |    |  |   |  |   |      |                      |          |    |
|--------------------------|----|--|---|--|---|------|----------------------|----------|----|
| 3.                       |    |  |   |  |   |      |                      |          |    |
| Current Baseline         | n= |  | # |  | % | 0.0% | of...                |          |    |
| Outcome Result           | n= |  | # |  | % | 0.0% | Increase or Decrease | % Change | 0% |
| Brief Summary of Results |    |  |   |  |   |      |                      |          |    |
|                          |    |  |   |  |   |      |                      |          |    |

Short Term Outcome #4

|                          |    |  |   |  |   |      |                      |          |    |
|--------------------------|----|--|---|--|---|------|----------------------|----------|----|
| 4.                       |    |  |   |  |   |      |                      |          |    |
| Current Baseline         | n= |  | # |  | % | 0.0% | of...                |          |    |
| Outcome Result           | n= |  | # |  | % | 0.0% | Increase or Decrease | % Change | 0% |
| Brief Summary of Results |    |  |   |  |   |      |                      |          |    |
|                          |    |  |   |  |   |      |                      |          |    |

*4. Describe a success or accomplishment that occurred in your prevention efforts, during this time period, while using the SPF.*

Words: 0

|  |
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|  |
|--|



|                                                                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>5a. Describe any barriers, challenges, and/or "lessons learned" that occurred in your prevention efforts, during this time period while using the SPF.</b>                                         | Words: 0 |
| <b>5b. How have you addressed this barrier, challenge, and/or "lesson learned"? How have you used this information to make changes or adaptions to improve or enhance your project in the future?</b> | Words: 0 |
|                                                                                                                                                                                                       |          |

6. Please identify any technical assistance you would like to receive from your DBH Program Coordinator over the next six months. Examples: Help with evaluation, assessment, maintaining a coalition, recruitment strategies, reporting requirements, etc.

Words: 0

## Attachment B – Examples of Quarterly Reports

### 3. Quarterly Treatment & Recovery Reports



**State of Alaska**  
**Department of Health and Social Services / Behavioral Health**  
**FY 14 Treatment and Recovery Program Report**

Agency / 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. Update on agency's overall status and any challenges faced and successes achieved during the time period covered by this quarterly report.)
  
2. Workforce Issues – (staff vacancies, hiring challenges)
  
3. Integrated Grant and Departmental Approval On-Site Review Plan of Correction (POC) Status (only applicable for agencies with an incomplete POC from recent On-Site Review)
  
4. **Special Condition(s) Reporting:** **If you have special program conditions** as part of your FY 2014 grant award, you must report on your agency's compliance with or progress toward meeting the requirements of those special conditions per the instructions on your grant award.

**DBH Treatment and Recovery FY 2014 Grant**  
**Comprehensive Behavioral Health Treatment and Recovery (CBHTR)**  
***Quarterly Report Checklist & Transmittal Coversheet***

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

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Form submitted by: \_\_\_\_\_

The checklist below will help you ensure your agency's quarterly report submittals contain all the necessary reports and appropriate documentation

*For agencies reporting on multiple grants, documents which are related to the overall agency need to be submitted only once.*

Send this completed checklist to Grants and Contracts as the coversheet to your agency's FY 2014 quarterly grant report after submitting your CFR.

**Quarter (check one):**

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

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(Evidence Based Practice Programs should submit only items identified in the EBP Specialty Report)

- ☐ A Cumulative Financial Report (CFR) for the quarter, submitted on-line by your agency directly to DHSS' e-Grants reporting system.
- ☐ FY14 Specialty Program Reports (Peer Navigation, Transition to Independence, Evidence Based Practice, Opioid Treatment Provider, SSDI/SSI Outreach Access Recovery) if applicable.
- ☐ A PDF of your agency's AKAIMS Quarterly Summary Report for the quarter.
- ☐ DBH Agency Financial Indicator Report – Not required in quarter 1.
- ☐ Governing Board or Advisory Board meeting minutes and financial reports provided for any meetings occurring this Quarter.
- ☐ FY14 Community Action Plan Report (CAP); list the current activities and outcomes of your local community BH planning group (can also include related activities conducted by your particular agency). Please identify meeting date and participants.
- ☐ FY14 Treatment & Recovery Logic Model Quarterly Report Form; outputs during the quarter, including progress on the evaluation indicators listed in the Logic Model your agency submitted with its FY 2014 grant proposal.

- Grantees are to use the DBH Logic Model Report Addendum for CBHTR to report on 5 specific performance measures required by DBH to be tracked.

☐

Performance Measures Report for Final 10% of Grant

☐

Compliance with reporting requirements

☐

Percentage of Minimal Data Set - Client Household Income Report (Submit a PDF of your agency's AKAIMS "Data Integrity Overview" report on this specific measure)  
**5% or less Missing Data is requirement; and**

☐

Grant Specific Performance Measure - report the *"Percent of BH clients who report an improvement in quality of life domains between their initial CSR and the next subsequent CSR completed."*) **Agency requirement is to meet or exceed FY13 performance for a specific subpopulation (SMI/SED/SUD) or maintain a 90% or greater percentage. Specific sub-population will be agency's primary service population (largest number of clients served in FY13).**

☐

FY14 Treatment and Recovery Quarterly Narrative Report Form – Update on significant program or agency issues including staff vacancies, hiring challenges. If applicable, Plan of Correction Update and Special Conditions report.

**This form is available on the DBH Website at**

<http://dhss.alaska.gov/dbh/Pages/TreatmentRecovery/TreatmentRecoveryForms.aspx>



## Division Behavioral Health FY14 Treatment and Recovery Grant Program Community Action Plan

Agency Name / Service area:

### Organizations participating in planning team:

[illegible]

# TREATMENT AND RECOVERY FY14 LOGIC MODEL QUARTERLY REPORT

Grant #:

Agency Name:

FY14 quarter #:

| Proposed Outcomes* | Outputs Accomplished** | Proposed Indicators *** | Progress on indicator **** |
|--------------------|------------------------|-------------------------|----------------------------|
| Outcome #1         |                        |                         |                            |
| Outcome #2         |                        |                         |                            |
| Outcome #3         |                        |                         |                            |

\* **Proposed Outcomes** – List each outcome stated on your FY14 Logic Model Evaluation Chart (e.g. “Increase accuracy of AKAIMS data entry”).

\*\* **Outputs Accomplished** – List the outputs you have completed (e.g. “3 AKAIMS data completeness reports to staff”).

\*\*\* **Proposed Indicators** – List the indicators for the outcome that you proposed in your FY14 Logic Model (“90% of AKAIMS entries correct.”)

\*\*\*\* **Progress on Indicator** – Do your measures show that you achieved the outcome you proposed? Use data to demonstrate your progress. (“In FY14 2<sup>nd</sup> quarter, 80% of AKAIMS entries correct; accuracy is improving but has not reached proposed 90% correct indicator yet.”)

**USE ADDITIONAL COPIES OF THIS FORM TO REPORT ON OTHER OUTCOMES PROPOSED IN YOUR FY14 LOGIC MODEL.**

**State of Alaska**  
**Department of Health and Social Services/Behavioral Health**  
**Logic Model Indicator Report - Addendum**

Agency / 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

**Logic Model Indicators (Addendum)**

| Efficiency Measure                                              | Performance |
|-----------------------------------------------------------------|-------------|
| Average # of Days AST to First Service (RBA #3)                 |             |
| Percent of Clients Served within 30 Days of Enrollment (RBA #7) |             |
| Percent of Enrolled Clients not Served in 135 Days (RBA #7b)    |             |

| Effectiveness                                                                        |     |     |          |          |
|--------------------------------------------------------------------------------------|-----|-----|----------|----------|
| Target Population                                                                    | SMI | SED | SA Adult | SA Youth |
| Performance (%)                                                                      | %   | %   | %        | %        |
| Health Domains - % of Clients Improving (RBA #8)                                     |     |     |          |          |
| Quality of Life Domains - % of Clients Improving (RBA #9)                            |     |     |          |          |
| Client Satisfaction - % of Clients Satisfied with Quality of Services (RBA #10)      |     |     |          |          |
| Client Satisfaction - % of Clients Satisfied with Improved Quality of Life (RBA #11) |     |     |          |          |



**State of Alaska**  
**Department of Health and Social Services/Behavioral Health**  
**Performance Measures Report for Final 10% of Grant**

Agency / 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

☐ **Compliance with Reporting requirements** (check if submission is complete)

☐ **Percentage of Minimal Data Set - Client Household Income** *(if applicable)*  
Goal: **5% or less Missing Data**

Result this Quarter: \_\_\_\_\_

*\*\* Attach a PDF of your agency's AKAIMS "Data Integrity Overview" report on this specific measure)*

☐ **Grant Specific Performance Measure:**  
Measure: \_\_\_\_\_

Goal: \_\_\_\_\_

Result this Quarter: \_\_\_\_\_