# Residential Care for Children & Youth (RCCY)

FY25 Treatment and Recovery Grant

Quarter Program Report

**To:** DOH Finance & Management Services Grants & Contracts Section

**Attention:**

**Agency:**

**Grant Number:**

**Form submitted by:**

**Date:** Submitted on  **Quarter:** Select quarter reported

**Instructions:**

Step 1: Complete the Cumulative Financial Report (CFR) in GEMS. If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.

Step 2: Complete the Residential Care for Children & Youth (RCCY) Quarter Program reporting questions below.

Step 3: Submit and upload this the RCCY Quarter Program Report into GEMS.

 *\*Including monthly attendance sheets and any relevant attachments*

# Residential Care for Children & Youth (RCCY) Quarter Program Reporting Questions:

1. Provide a narrative summary that addresses the overall operational status of the program, including any changes in administrative staffing, challenges, successes, and other relevant updates to the program:

*\*Providers may attach any relevant documents or additional information for this narrative question.*

1. During this quarter how many children and youth for this RCCY Grant-funded program were:
	1. **Referred**:

*Comments:*

* 1. **Admitted:**

*Comments:*

* 1. **Denied admission:**

*Comments:*

* 1. **Discharged upon completion of treatment**:

*Comments:*

* 1. **Discharged prior to completion of treatment:**

Please provide a summary outlining the reasons for the discharges which were prior to completion of treatment:

1. Provider has submitted their monthly attendance sheet(s) to designated division recipient (per grant and provider agreements) of this RCCY Grant-funded program: select one

*\*Providers must submit their monthly attendance sheets, irrespective of provider agreement billing status.*

3.1. Please list the staff trainings provided and accessed for this RCCY Grant-funded program this quarter:

*Include the number of staff who attended and sources of training (i.e. internal, virtual, DBH provider/sponsored, RCCY Training Grant funded trainings, etc..).*

*Exclude initial orientation trainings that are not specific to the program.*

*\*Providers may attach any relevant documents or additional information to answer this question.*

1. Has the RCCY Training Grant been utilized? select one

*\*Provided by* [*AK Child & Family*](https://www.akchild.org/what-we-do/training-grant.html) *through June 30, 2026.*

4.1. Describe *utilization or lack of utilization of the RCCY Training Grant:*

1. During this quarter, has the RCCY Grant-funded program or provider undergone any other evaluations (e.g., accreditation, Medicaid, licensing, etc.): select one
	1. Please include a summary of the Evaluation Results:
2. Are there any current challenges your agency is dealing with that could impact the program’s sustainability through the fiscal year? select one

If yes, describe the challenges: