**FY24 – Peer and Consumer Support Services Quarterly Report**

**CLUBHOUSE Model**

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

**Attention Grant Administrator**: Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Grant Number:** Click or tap here to enter text.

**Form submitted:** Click or tap here to enter text.

**Quarter (check one):** Click or tap here to enter text.

Describe your activities to date in establishing and/or continuing your Peer Support project, including efforts to increase access to a full range of recovery services through provision of peer support, including peer mentoring/coaching, recovery group facilitation, peer recovery resource connections, building peers’ participation in their communities, and community outreach/engagement. Successes? Challenges? Click or tap here to enter text.

\*If applicable to your grant, list the number of trained Peer Support Specialists to date:

**\* State required data also includes the following, which should be reported each**

**Quarter:**

Number of individuals served by your PSS’s this Quarter: Click or tap here to enter text.

**Types of services or referrals this quarter:**

Please count participants that received these services for your number: Click or tap here to enter text.

**Behavioral Health/Medical/SUD services/Other Treatment**

How many were referred or offered to mental health treatment: Click or tap here to enter text.

How many were hospitalized for acute mental health needs: Click or tap here to enter text.

How many were referred or offered or referred for medical treatment: Click or tap here to enter text.

How many were referred or offered substance misuse treatment: Click or tap here to enter text.

How many were referred or offered other treatment: Click or tap here to enter text.

Please describe other treatment offered or referrals to other programs this quarter to peers: Click or tap here to enter text.

**Housing**

How many were homeless at the beginning of the quarter: Click or tap here to enter text.

How many were homeless at the end of the quarter: Click or tap here to enter text.

How many were in independent housing: Click or tap here to enter text.

How many were in transitional housing: Click or tap here to enter text.

How many participants received housing support services: Click or tap here to enter text.

Please describe housing supports provided: Click or tap here to enter text.

**Supported Employment/Transitional**

How many participants were employed this quarter: Click or tap here to enter text.

How many received job readiness training: Click or tap here to enter text.

How many received assistance completing resumes/applications for employment: Click or tap here to enter text.

How many received coaching for interviews: Click or tap here to enter text.

How many participants were in transitional employment this quarter: Click or tap here to enter text.

**Supported Employment/ IPS**

Total number of participants enrolled in supported employment services: Click or tap here to enter text.

Number of new enrollees or referrals this quarter (unduplicated): Click or tap here to enter text.

Total Number of participants employed: Click or tap here to enter text.

Number of participants obtaining employment this quarter: Click or tap here to enter text.

How many participants with cases jointly being served by DBH grantee and DVR currently: Click or tap here to enter text.

Number of individuals successfully discharged from grantee supported employment services this quarter due to gainful employment: Click or tap here to enter text.

Average earnings per participant that is employed (earnings/number of people employed: Click or tap here to enter text.

**Employment Services**

Please describe PSS efforts with any other employment services or supports: Click or tap here to enter text.

**Education/Education Support Services**

Please describe PSS efforts with any other education services or supports: Click or tap here to enter text.

**Basic Needs/Public Entitlements**

How many were assisted with filing for public entitlements: Click or tap here to enter text.

How many were assisted with meeting basic needs such as food pantries, clothing banks, other resources: Click or tap here to enter text.

Please describe other services that were provided by PSS to meet participants basic needs: Click or tap here to enter text.

**Legal Involvement**

How many participants were on probation this quarter: Click or tap here to enter text.

How many participants were on parole this quarter: Click or tap here to enter text.

How many participants were incarcerated in the 90-day period: Click or tap here to enter text.

**Legal Support Services**

Please describe any efforts PSS did to assist participants with legal involvement: Click or tap here to enter text.

**Cost per Client**

Number of unduplicated clients receiving services from beginning of fiscal year to end of current quarter: Click or tap here to enter text.

Program Cost per client this Quarter: Click or tap here to enter text.

Program Cost per client (From Start of the Grant to End of This Quarter): Click or tap here to enter text.

**Audits**

Have you had any audits or site visits that occurred this quarter? Click or tap here to enter text.

If so, were there any substantial findings? Click or tap here to enter text.

**Please Provide the following demographic information**

**TABLE A -** Profile of Persons Served, by Age, Gender, and Race Unduplicated Client Counts

**The all the following categories and subcategories must be included in count.**

**Age:**

13-17 years

18-20 years

21-24 years

25-44 years

45-64 years

75+ years

Total

**Gender:**

Female

Male

Transgender (woman)

Transgender (man)

Gender Non-Conforming

Other

Gender Not available

**Pregnancy:**

Female Pregnant,

Transgender (woman) Pregnant

Transgender (man) Pregnant

Gender Non-Conforming Pregnant

Other Pregnant

**Race:**

American Indian or Alaska Native

Asian

Black/African American

Native Hawaiian or Other Pacific Islander

White

More than One Race

More than One Race reported – Subset: Part American Indian or Alaska Native

More than One Race reported – Subset: NOT Part American Indian or Alaska Native

**For example:**

**Age and Gender table** (including pregnancy)**:**

|  |  |
| --- | --- |
| Age | Gender |
|  |
| Female | Male | Transgender (woman) | Transgender (man) | Gender non-conforming | Other | Not Available |  |
| 13-17 years |   |   |   |   |   |   |   |  |
| 18-20 years |   |   |   |   |   |   |   |  |
| 21-24 years  |   |   |   |   |   |   |   |  |
| 25-44 years |   |   |   |   |   |   |   |  |
| 45-64 years  |   |   |   |   |   |   |   |  |
| 75+ years |   |   |   |   |   |   |   |  |
| Total |   |   |   |   |   |   |   |  |
| Pregnancy |   |   |   |   |   |   |   |  |

**Age, Gender, and Race table** (including pregnancy)**:**

|  |
| --- |
| Race (each subcategory indicated separately ) |
| Age | Gender |
|  |
| Female | Male | Transgender (woman) | Transgender (man) | Gender non-conforming | Other | Not Available |  |
| 13-17 years |   |   |   |   |   |   |   |  |
| 18-20 years |   |   |   |   |   |   |   |  |
| 21-24 years  |   |   |   |   |   |   |   |  |
| 25-44 years |   |   |   |   |   |   |   |  |
| 45-64 years  |   |   |   |   |   |   |   |  |
| 75+ years |   |   |   |   |   |   |   |  |
| Total |   |   |   |   |   |   |   |  |
| Pregnancy |   |   |   |   |   |   |   |  |

**TABLE B Hispanic Origin**

Profile of Persons Served, by Age, Gender, and Hispanic Origin Unduplicated Client Counts

**The all the following categories and subcategories must be included in count.**

Broken down by following categories and subcategories.

* Age
* Gender
* Pregnancy
* **Hispanic Origin**

**Age:**

13-17 years

18-20 years

21-24 years

25-44 years

45-64 years

75+ years

Total

**Gender:**

Female

Male

Transgender (woman)

Transgender (man)

Gender Non-Conforming

Other

Gender Not available

**Pregnancy:**

Female Pregnant,

Transgender (woman) Pregnant

Transgender (man) Pregnant

Gender Non-Conforming Pregnant

Other Pregnant

**Hispanic Origin**

Hispanic/Latino Origin

Non-Hispanic/Latino

Hispanic Origin Not Available

Total for ALL of Table B

**For example Age, Gender, & Hispanic Table** (including pregnancy)**:**

|  |
| --- |
| Hispanic Origin (indicate subcategory)  |
| Age | Gender |
|  |
| Female | Male | Transgender (woman) | Transgender (man) | Gender non-conforming | Other | Not Available |  |
| 13-17 years |   |   |   |   |   |   |   |  |
| 18-20 years |   |   |   |   |   |   |   |  |
| 21-24 years  |   |   |   |   |   |   |   |  |
| 25-44 years |   |   |   |   |   |   |   |  |
| 45-64 years  |   |   |   |   |   |   |   |  |
| 75+ years |   |   |   |   |   |   |   |  |
| Total |   |   |   |   |   |   |   |  |
| Pregnancy |   |   |   |   |   |   |   |  |