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

**DROP-IN MODEL**

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

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

**Date:** Click or tap to enter a date.

**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):** Choose an item.

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?

\*If applicable to your grant, list the number of trained Peer Support Specialists to date: Click or tap here to enter text.

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

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.*

**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.

Please describe where PSS’s assisted with obtaining employment: 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**

How many participants were enrolled in GED programs: Click or tap here to enter text.

How many participants were enrolled in certificate programs: Click or tap here to enter text.

How many participants were enrolled in college classes: Click or tap here to enter text.

How many participants were enrolled in an apprenticeship program: Click or tap here to enter text.

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.

**Number of individuals who participated in member activities This Quarter (For Drop In and Resource Centers)**

Not Applicable: Click or tap here to enter text.

Lunch: Click or tap here to enter text.

Showers: Click or tap here to enter text.

Laundry: Click or tap here to enter text.

Use of center resources e.g., computer access: Click or tap here to enter text.

Describe: Click or tap here to enter text.

Center sponsored social/recreational integration activities: Click or tap here to enter text.

Describe. 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 fill out the table below for total members serve.**

**Table A:**

**Gender**

Click or tap here to enter text. – Female

Click or tap here to enter text. – Male

Click or tap here to enter text. – Transgender (woman)

Click or tap here to enter text. – Transgender (man)

Click or tap here to enter text. – Gender Non-conforming

Click or tap here to enter text. – Other

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

**Age**

Click or tap here to enter text. – 18-25

Click or tap here to enter text. – 26-35

Click or tap here to enter text. – 36-45

Click or tap here to enter text. – 46-55

Click or tap here to enter text. – Over 55

Click or tap here to enter text. – Prefer not to disclose

**Table B.**

This table will need to be **updated each quarter with unduplicated participants** and is specific to participants with a serious mental illness.

**AGE: Adults with Serious Mental Illness** (from July 1, 2023 – June 30, 2024)

Receiving Family Psychoeducation

Click or tap here to enter text. – 18-20

Click or tap here to enter text. – 21-64

Click or tap here to enter text. – 65-74

Click or tap here to enter text. – 75+

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)

Click or tap here to enter text. – 18-20

Click or tap here to enter text. – 21-64

Click or tap here to enter text. – 65-74

Click or tap here to enter text. – 75+

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Illness Self-Management and Recovery

Click or tap here to enter text. – 18-20

Click or tap here to enter text. – 21-64

Click or tap here to enter text. – 65-74

Click or tap here to enter text. – 75+

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Medication Management

Click or tap here to enter text. – 18-20

Click or tap here to enter text. – 21-64

Click or tap here to enter text. – 65-74

Click or tap here to enter text. – 75+

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

**Gender: Adults with Serious Mental Illness** (from July 1, 2023 – June 30, 2024)

Receiving Family Psychoeducation

Click or tap here to enter text. – Female

Click or tap here to enter text. – Male

Click or tap here to enter text. – Transgender (woman)

Click or tap here to enter text. – Transgender (man)

Click or tap here to enter text. – Gender Non-conforming

Click or tap here to enter text. – Other

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)

Click or tap here to enter text. – Female

Click or tap here to enter text. – Male

Click or tap here to enter text. – Transgender (woman)

Click or tap here to enter text. – Transgender (man)

Click or tap here to enter text. – Gender Non-conforming

Click or tap here to enter text. – Other

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Illness Self-Management and Recovery

Click or tap here to enter text. – Female

Click or tap here to enter text. – Male

Click or tap here to enter text. – Transgender (woman)

Click or tap here to enter text. – Transgender (man)

Click or tap here to enter text. – Gender Non-conforming

Click or tap here to enter text. – Other

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

Receiving Medication Management

Click or tap here to enter text. – Female

Click or tap here to enter text. – Male

Click or tap here to enter text. – Transgender (woman)

Click or tap here to enter text. – Transgender (man)

Click or tap here to enter text. – Gender Non-conforming

Click or tap here to enter text. – Other

Click or tap here to enter text. – Not Available

Click or tap here to enter text. – Total

**Race: Adults with Serious Mental Illness** (from July 1, 2023 – June 30, 2024)

Receiving Family Psychoeducation

Click or tap here to enter text. – American Indian/Alaska Native

Click or tap here to enter text. – Asian

Click or tap here to enter text. – Black/African American

Click or tap here to enter text. – Hawaiian/Pacific Islander

Click or tap here to enter text. – White

Click or tap here to enter text. – More than one race

Click or tap here to enter text. – Unknown

Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)

Click or tap here to enter text. – American Indian/Alaska Native

Click or tap here to enter text. – Asian

Click or tap here to enter text. – Black/African American

Click or tap here to enter text. – Hawaiian/Pacific Islander

Click or tap here to enter text. – White

Click or tap here to enter text. – More than one race

Click or tap here to enter text. – Unknown

Receiving Illness Self-Management and Recovery

Click or tap here to enter text. – American Indian/Alaska Native

Click or tap here to enter text. – Asian

Click or tap here to enter text. – Black/African American

Click or tap here to enter text. – Hawaiian/Pacific Islander

Click or tap here to enter text. – White

Click or tap here to enter text. – More than one race

Click or tap here to enter text. – Unknown

Receiving Medication Management

Click or tap here to enter text. – American Indian/Alaska Native

Click or tap here to enter text. – Asian

Click or tap here to enter text. – Black/African American

Click or tap here to enter text. – Hawaiian/Pacific Islander

Click or tap here to enter text. – White

Click or tap here to enter text. – More than one race

Click or tap here to enter text. – Unknown

**Hispanic/Latino Origin: Adults with Serious Mental Illness** (from July 1, 2023 – June 30, 2024)

Receiving Family Psychoeducation

Click or tap here to enter text. – Hispanic/Latino Origin

Click or tap here to enter text. – Non-Hispanic/Latino

Click or tap here to enter text. – Hispanic Origin Not Available

Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)

Click or tap here to enter text. – Hispanic/Latino Origin

Click or tap here to enter text. – Non-Hispanic/Latino

Click or tap here to enter text. – Hispanic Origin Not Available

Receiving Illness Self-Management and Recovery

Click or tap here to enter text. – Hispanic/Latino Origin

Click or tap here to enter text. – Non-Hispanic/Latino

Click or tap here to enter text. – Hispanic Origin Not Available

Receiving Medication Management

Click or tap here to enter text. – Hispanic/Latino Origin

Click or tap here to enter text. – Non-Hispanic/Latino

Click or tap here to enter text. – Hispanic Origin Not Available

**Do you monitor for fidelity for the following services?**

Receiving Medication Management: Choose an item.

\*if yes, What Fidelity Measure do you use? Click or tap here to enter text.

How often is fidelity measured? Click or tap here to enter text.

Is the SAMHSA EBP Toolkit used to guide EBP implementation? Click or tap here to enter text.

Have Staff been specifically trained to implement EBP? Click or tap here to enter text.

Receiving Integrated Treatment for Co-occurring Disorders (MH/SA): Choose an item.

\*if yes, What Fidelity Measure do you use? Click or tap here to enter text.

How often is fidelity measured? Click or tap here to enter text.

Is the SAMHSA EBP Toolkit used to guide EBP implementation? Click or tap here to enter text.

Have Staff been specifically trained to implement EBP? Click or tap here to enter text.

Receiving Illness Self-Management and Recovery: Choose an item.

\*if yes, What Fidelity Measure do you use? Click or tap here to enter text.

How often is fidelity measured? Click or tap here to enter text.

Is the SAMHSA EBP Toolkit used to guide EBP implementation? Click or tap here to enter text.

Have Staff been specifically trained to implement EBP? Click or tap here to enter text.

Receiving Medication Management: Choose an item.

\*if yes, What Fidelity Measure do you use? Click or tap here to enter text.

How often is fidelity measured? Click or tap here to enter text.

Is the SAMHSA EBP Toolkit used to guide EBP implementation? Click or tap here to enter text.

Have Staff been specifically trained to implement EBP? Click or tap here to enter text.