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

**YOUTH AND PEER 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? Click or tap here to enter text.

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

**Quarter:**

Number of individuals served (for this model please count both youth and family members) by your PSS’s this Quarter: Click or tap here to enter text..

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

Please count participants (for this model please count both youth and family members) 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.

**After School Programs**

Did your program offer any after school programs: Click or tap here to enter text.

Did your program provide any substance misuse supports in this after school program: Click or tap here to enter text.

How many youth were served in these after school programs? 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/Employment Services**

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.

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 assisted with college preparation classes or needs: 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.

**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.

**Minimal Data Sets**

Your Program will need to complete all Minimal Data Sets for participants for this program.

**Please attach your report to this quarterly.**