**FY 24 Quarterly Report Spreadsheet for Peer Bridger**

**To:** DOH; Finance & Management Services; Grant & Contracts Section

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

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

**Grant Number:** enter text.

**Submitted by:** Click or tap here to enter text.

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

**Quarter:** Choose an item.

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

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

Total Number of participants in the program this quarter: Click or tap here to enter text.

Total Number of new enrollment of participants into the Bridger program this quarter: Click or tap here to enter text.

**Number of Referrals from:**

Alaska Psychiatric Institute (API): Click or tap here to enter text.

API who engaged in Peer Bridger Services: Click or tap here to enter text.

Other hospitals: Click or tap here to enter text.

Other hospitals who engaged in Peer Bridger Services: Click or tap here to enter text.

Number of in reach presentations conducted by agency at API: Click or tap here to enter text.

Number of participants cases the team participated in the discharge planning: Click or tap here to enter text.

**Number of Participants connected to:**

Mental health treatment: Click or tap here to enter text.

Substance misuse treatment: Click or tap here to enter text.

Other resources to meet basic needs: Click or tap here to enter text.

**Number of Participants assisted with:**

Continuing medication: Click or tap here to enter text.

Education services: Click or tap here to enter text.

Entered an education program/s: Click or tap here to enter text.

Employment services: Click or tap here to enter text.

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

Number of participants that obtained permanent housing this quarter: Click or tap here to enter text.

Number of participants who transitioned out of the Peer Bridger program: Click or tap here to enter text.

The average length in the program: Click or tap here to enter text.

*\*(participants should be in the program no more than 120 days; the goal is to bridge participants to other services)*

Describe what Peer Bridger services staff performed: Click or tap here to enter text.

Describe what staff have done to access other hospitals and community crisis facilities: Click or tap here to enter text.

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

Program cost per participant this Quarter: Click or tap here to enter text.

Program cost per participant **from** the start of the grant **to** the end of this quarter: Click or tap here to enter text.

Have there been any audits or site visits during this quarter? Choose an item.

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