

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 – Adult Rural Peer Support Services Quarterly Report

Organization / Program Name: _____

Date submitted: _____ Grant Number: _____

Quarter (check one):

July 1 – Sept 30 Oct 1 – Dec 31 Jan 1 – March 31 April 1 – June 30

- 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?

• Number of trained Peer Support Specialists to date: _____

• Number of staff trained in the supervision of Peer Support Specialists (PSS) to date: _____

- Number of certified 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 _____
- Number of individuals served by your PSS's from Start of Grant to End of This Quarter _____
- Number and types of referrals to:
 - a) Other treatment (this Quarter) _____
 - b) Other Treatment (from Start of Grant to End of this Quarter) _____
 - c) Recovery supports (this Quarter) _____
 - d) Recovery Supports (from Start of this Grant to End of Quarter) _____
 - e) Housing (this Quarter) _____
 - f) Housing (from Start of this Grant to End of Quarter) _____
 - g) Employment (this Quarter) _____
 - h) Employment (from Start of this Grant to End of Quarter) _____
 - i) Other (this Quarter) _____
Describe:

- j) Other (from Start of this Grant to End of Quarter) _____

- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (this Quarter) _____
 - Number and types of recovery outcomes achieved
 - a) Employment (This Quarter) _____
 - b) Housing (This Quarter) _____
 - c) Education (This Quarter) _____
 - d) Other (This Quarter) _____
Describe:

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

a) Not Applicable _____

b) Lunch _____

c) Use of center resources e.g., computer access _____

Describe:

d) Center sponsored social/recreational integration activities _____

Describe

- Number of unduplicated clients receiving services from beginning of fiscal year to end of current quarter _____
- Program Cost per client this Quarter _____
- Program Cost per client (From Start of the Grant to End of This Quarter) _____
- Have you had any audits or site visits that occurred this quarter? _____
If so, were there any substantial findings?