

**State of Alaska**  
**Department of Health and Social Services/Division of Behavioral Health**  
**FY22 Quarterly Narrative Report**  
**Peer Navigation Grants**

**Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**Person Completing:** \_\_\_\_\_

**1. Please report the following based off the total number of clients enrolled in your Peer Navigation Program during this quarter:**

	Q1	Q2	Q3	Q4	YTD
a) Number of families served. (Unduplicated)					
Families who participated in parenting coaching.					
<i>Calculated %</i>					
Families who demonstrated improvement in parenting coaching					
<i>Calculated %</i>					
Families with OCS or DJJ involvement.					
<i>Calculated %</i>					
b) Number of caregivers served. (Unduplicated)					
Parents w/MH Issues (diagnosed, self identified or anecdotal evidence).					
<i>Calculated %</i>					
Parents w/SUD Issues (diagnosed, self identified or anecdotal evidence).					
<i>Calculated %</i>					
Parents w/DD, FASD/FAE, TBI, ASD (diagnosed, self identified or anecdotal evidence).					
<i>Calculated %</i>					
Parents in jail or on probation.					
<i>Calculated %</i>					
c) Total number of youth served. (Unduplicated)					
Primary referral youth (Unduplicated)					
Siblings of primary referral youth or other youth (Unduplicated)					
Youth whose primary referral reason is OCS or DJJ related (Unduplicated)					
Unattached or emancipated youth (Unduplicated)					
d) Youth w/ <u>SED</u> (by history, diagnosis or self-report).					
<i>Calculated %</i>					
e) Youth w/ <u>SUD</u> (by history, diagnosis or self-report).					
<i>Calculated %</i>					
f) Youth w/ <u>DD, FASD/FAE, TBI, ASD</u> (by history, diagnosis or self-report).					
<i>Calculated %</i>					

**1. Please report the following based off the total number of clients enrolled in your Peer Navigation Program during this quarter: Continued:**

	Q1	Q2	Q3	Q4	YTD
g) Youth who are also parents.					
<i>Calculated %</i>					
h) Youth who made improvements on their goals.					
<i>Calculated %</i>					
i) Youth who went into long-term residential setting this quarter (RPTC, RTC, or jail)					
<i>Calculated %</i>					
j) Youth who were in a residential setting (BH or DJJ) in previous 12 months.					
<i>Calculated %</i>					
l) Number of family members served (Unduplicated - individuals not included in "b" or "c" .)					
Total number of individuals served					
m) Number of individuals attending support/education groups.					
Parents/Caregivers					
Youth (13 - 24)					
Tweens (8 - 12)					
Children (birth - 7)					
n) Number of new referrals received.					
o) Number of individuals served who received information & referral only.					
<i>Calculated %</i>					
p) Number of hours of direct service provided this quarter (includes training, meetings, individual/group support, phone calls, etc.)					
q) Number of youth that completed an organization satisfaction survey.					
r) Number of youth that completed an organization satisfaction survey that were "satisfied" with services.					
<i>Calculated %</i>					
s) Number of parents that completed an organization satisfaction survey.					
t) Number of parents that completed an organization satisfaction survey that were "satisfied" with services.					
<i>Calculated %</i>					

**2. Please list the communities where AYFN provided peer navigation services this quarter. Identify whether services were provided by on-site or itinerant staff, or via distance only.**

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

**3. Describe the types of family support, parenting training, and in-home services provided this quarter. Identify and describe progress towards obtaining resources to introduce new evidence-supported parenting models.**

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

**4. Please describe staff training activities or accomplishments this quarter (participation in training or providing training)**

1st Quarter:

2nd Quarter: Note any changes this quarter.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.



**5. Please describe any MOA, MOU or collaborative agreements that are in place this year.**

1<sup>st</sup> Quarter:

2<sup>nd</sup> Quarter: Note any additions this quarter.

3<sup>rd</sup> Quarter: Note any additions this quarter.

4<sup>th</sup> Quarter: Note any additions this quarter.

**6. Please describe your collaborative work with OCS, DJJ or other state entities.**

1<sup>st</sup> Quarter:

2<sup>nd</sup> Quarter: Note any additions this quarter.

3<sup>rd</sup> Quarter: Note any additions this quarter.

4<sup>th</sup> Quarter: Note any additions this quarter.

**7. Please advise if there are any technical assistance needs.**

1st Quarter:

2nd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

3rd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

4th Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

**8. Please provide any additional information that you would like DBH to know about the services provided this quarter.**

1st Quarter:

2nd Quarter:

3rd Quarter:

4th Quarter: