State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 – Peer and Consumer 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 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?

- Describe your activities to date in establishing your Peer Support project, including how peer support specialists engage in one or more of the following: bridge to treatment, support for transitions between levels of care, active support for individuals in treatment, post-treatment support to strengthen sustainability of recovery gains, providing training in recovery skills/tools, sharing personal histories to bolster others' recovery, outreach/engagement to a variety of community settings, including education on recovery and resources. Successes? Challenges?

- State required data includes the following which should be reported each Quarter:
    - Number of individuals served this Quarter _____
    - Number of individuals served 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 of clients, or peers, receiving services who access other treatment and/or recovery support services (From Start of the Grant to End of This Quarter) _____

- Program Cost per client (From Start of the Grant to End of This Quarter) _____

    - Number and types of recovery outcomes achieved
        a) Employment (This Quarter) _____
        b) Employment (From Start of the Grant to End of This Quarter) _____
        c) Housing (This Quarter) _____
        d) Housing (From Start of the Grant to End of This Quarter) _____
        e) Education (This Quarter) _____
        f) Education (From Start of the Grant to End of This Quarter) _____
        g) Other (This Quarter) _____
        Describe:

h) Other (From Start of the Grant to End of This Quarter) _____

- 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 trained volunteers that provided operational support this quarter ____ _____

- 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?