# Peer and Consumer Support Services (PCSS) – Peer Bridger Model

# FY25 Comprehensive Behavioral Health Treatment and Recovery (CBHTR)

Quarter Program Report

**To:** DOH Finance & Management Services Grants & Contracts Section

**Attention:**

**Agency:**

**Grant Number:**

**Form submitted by:**

**Date:** Submitted on  **Quarter:** Select quarter reported

**Instructions:**

Step 1: Complete the Cumulative Financial Report (CFR) in GEMS. If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.

Step 2: Complete the PCSS – Peer Bridger Model Quarter Program reporting questions below.

Step 3: Submit and upload this the PCSS – Peer Bridger Model Quarter Program Report into GEMS.

 *\*Including the Minimal Sata Sets and any relevant attachments*

# CBHTR PCSS– Peer Bridger Model Quarter Program Reporting Questions:

Please enter the number of Participants, New Enrollments, Discharges, Referrals, or Activities conducted this quarter below:

Participants in the Peer Bridger program:

New enrollment of participants into the Peer Bridger program:

Participants discharged from the Peer Bridger program:

Referrals from Alaska Psychiatric Institute (API):

Referrals from other hospitals:

Referrals from API who engaged in Peer Bridger services:

Referrals from other hospitals who engaged in Peer Bridger services:

Inreach presentations at API:

Cases the team participated in the discharge planning from an institution:

Participants connected to mental health treatment:

Participants connected to substance misuse treatment:

Participants connected to other resources to meet basic needs:

Participants assisted with continuing medication:

Participants who entered into education program:

Participants assisted with employment services:

Participants became employed:

Participants that attended your Drop-in hours:

Participants assisted with housing services to maintain or obtain housing:

Participants that obtained permanent housing:

Participants who transitioned out of Peer Bridger program:

Average length in the program:

 *(please remember participants should be in the program no more than 120 days as the goal is to bridge them to other services.)*

Please describe what Peer Bridger services staff performed during this quarter:

Please describe what staff have done to access other hospitals and community crisis facilities *(Please include who was contacted at what institution and on what date)*:

Please describe obstacles the Peer Bridger program has incurred this quarter:

**Cost per Client**

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):

Please identify **technical assistance** needs, if any:

Have you had any **audits or site visits** that occurred this quarter? select one

If yes, were there any substantial findings?

Did you have any **changes in staffing**: select one

 If yes, did you report their resume and training certificated or training plans:

Are there any current challenges your agency is dealing with that could impact the program’s sustainability through the fiscal year? select one

If yes, describe the challenges: