**Health Systems Division**

**Service Element 63**

**Peer Delivered Services for Substance Use Disorder (SUD) Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor: |  | Reporting Period: |  |
| Contract #: |  |  |  |

*(Please use this form to report on the progress of your to date. The “success stories” will be used to highlight Peer Delivered Services across the state to the legislature and leadership.)*

**Referring to your project deliverables, answer the following questions for this reporting period:**

1. The amount of SE #63 funds spent during this reporting period: 

Optional: The amount besides the SE#63 funds on PDS, I am trying to get an idea of how much support there is for Peer Delivered Services. 

1. Breakdown of Service Received: On site: 
	1. The number of people served:

In the community: 

1. Number of individuals served in the following areas:
2. Age 12-18 e. Female 
3. Age 19-25 f. Male 
4. Age 26-55 g. Transgender 
5. Age 56+ 

Ethnicity

1. American Indian/Alaska Native e. Hispanic, Latino 
2. Asian f. Pacific Islander 
3. African/African American/Black g. White 
4. Unknown h. Decline to Answer 

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1. Number of people who acquired a safe, permanent alcohol and drug free place to live in the community during Service participation: 
2. Number of people who gained employment or engaged in productive educational or vocational activities during Service participation: 
3. Number of people who remained crime-free during Service participation: 
4. Number of people served who are being retained from the previous quarter: 
5. (Optional) Success stories from this last quarter: 

|  |  |
| --- | --- |
| Reporting Period for Quarterly Reports | Quarterly Report Due  |
| July-September  | November 14th  |
| October-December  | February 14th  |
| January-March  | May 15th  |
| April-June  | August 14th  |

Completed forms should be returned electronically to: AMHcontract.Administrator@dhsoha.state.or.us

Email subject line should include contract number/report