



MHS 16 Peer Delivered Services Quarterly Reporting

Contractor:

Contract Information:

Reporting Period:

Please complete this quarterly report form for the delivery of Peer Delivered Services (PDS). If you have questions, contact Brandy Hemsley at BRANDY.L.HEMSLEY@dhsoha.state.or.us.

a. Amount of funds spent from the MHS 16 allocation during the quarter:

Optional: HSD is trying to get an accurate accounting of the amount of PDS provided in Oregon, we are asking for your help. Thank you. Amount of funds spent from sources other than MHS 16 on PDS during the quarter:

b. Description of Peer Delivered Service (PDS) implementation challenges & technical assistance needs:

c. Number of individuals who received (PDS) with funds spent from the MHS 16 allocation during the reporting period:

Adult Children & Youth Family Member

Optional: Number of individuals who received (PDS) during the reporting period with funds spent from sources other than MHS 16.

Adult Children & Youth Family Member

d. How many served by MHS 16 funding improved their ability to work towards recovery or establish a recovery plan:

e. How many served by MHS 16 funding had improved quality of life as identified by the individuals receiving services:

f. How many Youth served by MHS 16 funding had improved school attendance and/or academic improvement:

Please send the completed form to AMHcontract.administrator@dhsoha.state.or.us

Table with 2 columns: Mental Health Peer Delivered Services Provided, Quarterly Report Due. Rows include July-September, October-December, January-March, and April-June.