

Organization Name:

Time Period for the Report:

## **Collaboration with Local Emergency Rooms**

With the ultimate goal of embedding a Peer Pathfinder on site, provide a description of efforts made in collaboration with local community hospitals, emergency room departments and ER-staffed behavioral health social workers. Describe key activities to fulfill the roles and activities of the MOU. Describe the coordination of activities and policies with those organizations:

Do you have a current MOU in place with Local Community Hospitals and Emergency Departments? If so, how many and with who?

Provide a description of activities of your work with local law enforcement (Police Departments, jails, etc.):

Do you have a current MOU in place with Law Enforcement Agencies? If so, how many and with who?

## **Service Provision**

Describe your organization's successes and challenges of the Peer Pathfinder Project:

### Services

Describe how the services to be provided using Peer Pathfinder funds are used to target street outreach and engagement as priority services and serving the most vulnerable adults who are experiencing an opiate use disorder and/or stimulant use disorder:

Describe any gaps that exist in the current service system:

Provide any specific examples of how the agency serves to better link clients with Medication for Opiate Use Disorder (MOUD), and/or Hub and Spoke services for individuals. Please include inpatient and outpatient services, as well as referrals to community support groups:

### Personnel

Specific to the date range of this report, list all Peer Pathfinder staff hired for their lived experience (homelessness, substance use, co-occurring MH/BH disorders) and how they will contribute to the overall project. Please include work email addresses for newly hired individuals:

Is your program fully staffed (yes or no)? If not, describe obstacles encountered while filling vacancies, if any, as well as potential strategies for filling vacancies:

List any barriers or challenges the peer mentors/specialists faced during the time period for which you are reporting as well as the program's effort to address them:

Describe the staff development trainings provided this quarter for Peer Pathfinder funded staff:

### **Data**

Describe the success and challenges with collecting data in the HMIS system for Peer Pathfinder services. Describe plans for continued training and how providers will support new staff to learn HMIS data collection processes and best practices:

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| Time Period for the Report:<br><i>[Q1: Oct - Dec; Q2: Jan - Mar; Q3: Apr - June; Q4: July - Sept]</i>    |  |
| Number of adult persons served for the Quarter:  |  |
| Number of adult persons outreached for the Quarter that have opiate use disorder:                        |  |
| Number of adult persons enrolled for the Quarter that have opiate use disorder:                          |  |
| Number of adult persons enrolled for the Quarter with opiate use disorder connected to MAT services:     |  |
| Number of adult persons enrolled for the Quarter with opiate use disorder connected with SUD Treatment:  |  |
| Number of adult persons outreached for the Quarter that have stimulant use disorder:                     |  |
| Number of adult persons enrolled for the Quarter that have stimulant use disorder:                       |  |
| Number of adult persons enrolled for the Quarter with stimulant use disorder connected to SUD treatment: |  |
| Number of adult persons enrolled for the Quarter housed:   |  |
| Number of adult persons enrolled for the Quarter connected to benefits:                                  |  |

## Success Story

Provide a success story from your program occurring during this reporting period: