

Organization Name:

Time Period for the Report:

## **Peer Pathfinder Transition From Incarceration**

With the goal of embedding a Peer Pathfinder within jail transition programs, describe your current staffing plan, as well as the key activities you are doing to incorporate Certified Peer Counselors within your jail transition programs:

Provide a description of activities of your work with local law enforcement, medical services, behavioral health providers and/or other resources in your community:

## **Service Provision**

Describe your organization's successes related to the Peer Pathfinder Transition from Incarceration Pilot Project:

Describe how you are implementing services within your community:

Describe any gaps or challenges that exist in the current service system:

Time Period for the Report:	
Number of persons served for the Quarter:	
Number of persons enrolled with a mental health (MH) condition served:	
Number of persons enrolled with a substance use disorder (SUD) served:	
Number of persons enrolled with a co-occurring disorder (COD) served:	
Number of persons connected to MH, SUD and/or COD services in their community:	
Number of persons enrolled connected to housing:	
Number of persons enrolled connected to benefits:	
Number of persons enrolled connected to other services:	
Number of persons exited from the program:	

### **Success Story**

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