

BHWD (PWI/EPOC) Quarterly Data Report

ORGANIZATIONAL INFORMATION & CONTACT INFORMATION

Welcome to the PWI/EPOC Quarterly Data Report. Completion of this quarterly data report is required for invoice approval as it is tied to our requirements to DHCS. You will find the save button at the bottom of each page. You must fill out the page in order to save.

Once you arrive at the end of the survey and you have answered all questions, click "submit" and you will receive a confirmation email with a copy of your survey responses.

For any questions regarding this data report, please email bhwddata@ahpnet.com.

For all other questions, please reach out to your Grantee Coach.

The deadline for completing and submitting this report via the QuestionPro link is the 15th of the month. Please note, your invoice cannot be approved until you submit this completed report. You complete this report for the reporting quarter that just ended; you will need to select it from a drop-down menu below.

*Please reference the PDF copy of this report so you can view all questions at once and gather the necessary information. (Contact your Grantee Coach if you need a copy.)

*** I am completing this PWI/EPOC Quarterly Data Report for the following reporting quarter:**

- (1/1/23 - 3/31/23)
- (4/1/23 - 6/30/23)
- (7/1/23 - 9/31/23)
- (10/1/23 - 12/31/23)

*** What grant is this report for?**

- PWI
- EPOC

*** Grantee Agency Name:**

- American Addiction Institute of Mind and Medicine
- BPSR Escondido Clubhouse
- Cal Voices
- California Clubhouse
- California Peer Parent Network

- Central California LGBTQ+ Collaborative
- Clubhouse Visalia (Shrank's Clubhouse)
- Community Veteran Justice Project, CVJP
- Community Whole Health Alliance
- Compator, Inc.
- Consumers Self Help Center
- Depression and Bipolar Support Alliance - California
- Dual Diagnosis dba Health care Integrated Services Inc.
- Friend In Deed (FIND)
- Gateway Mountain Center
- Healthy Hearts Medical Association dba. Health Care Integrated Services
- Heart and Soul, Inc.
- Kings View, Porterville
- Kings View, Tulare
- Los Angeles Recovery Connect
- Maternal Mental Health NOW
- Mental Health Association in Santa Barbara County DBA the Mental Wellness Center
- Mental Health Association of San Francisco
- Mental Health Client Action Network
- MFI Recovery Center
- Mission Merced, N. Street
- Mission Merced, Pinnacle Drive
- NAMI California

- NAMI Contra Costa
- NAMI Sacramento
- NAMI San Francisco
- NAMI SAN MATEO COUNTY
- NAMI Solano County
- NAMI, Santa Cruz County
- Nate's Place, A Wellness and Recovery Center
- Norooz Clinic Foundation
- One New Heartbeat
- Painted Brain
- Peer Voices of Los Angeles
- Peer Voices of Orange County
- Peer Voices of San Diego
- Peer Wellness Collective
- Peers and Clinicians Cooperative
- Peers Envisioning and Engaging in Recovery Services
- Progress House, Inc.
- Project Return Peer Support Network
- Purpose of Recovery
- Recovery Cafe San Jose, Inc
- Sacramento Youth Center
- Safe Refuge

- Somos Familia Valle Central
- Teens 4 Teens Help
- The Happier Life Project
- The Net Family Support
- The Race and Gender Equity (RAGE) Project
- The Young Peoples Foundation Inc.
- Transitions-Mental Health Association, San Luis Obispo
- Transitions-Mental Health Association, Santa Maria
- Turning Point
- Unity Hall dba Solano Recovery Project
- Valley Health Associates
- Voices of Recovery San Mateo County
- Wind Youth Services, Inc.
- Yuba Harm Reduction Collective

*** Unique ID- You can find this ID at the top of your contract, SOW, or Payment Schedule. Your Unique ID begins with "PWI" or "EPOC" followed by three letters and a number.**

Please include the contact information for the person responsible for submitting this form. This is the email address that will receive the continue link should you choose to save and return to this form before final submission. This email will also be sent a confirmation email with a copy of your survey responses after you submit.

First Name

Last Name

Phone

* Email Address

INDIVIDUALS SERVED DEMOGRAPHICS

*When asked about individuals served, we are asking for all individuals served by the PWI or EPOC-funded organization. We want to know how many individuals are being reached through services offered by organizations receiving BHWD funding. If the funding is being used in just one department, then we want to know how many individuals received services from that department this reporting quarter.

* 1. What is your total number of individuals served* this reporting period?

(If an individual has received services at your organization more than once, please count them only one time.)

* 2. Out of your total individuals reported in the previous question, how many of those are NEW individuals who received services at your organization this reporting period?

Demographics Instructions:

The following questions are based on the total given in Question 1 above. The totals given in each demographic section must match the totals provided in the first question in order to continue. For example, if you report you served 100 individuals this reporting quarter, then in the "Individuals Served Demographics" section, the numbers you provide must equal 100.

The demographics questions allow you to respond, "we do not collect this information" and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the "Unknown" or "Declined to answer" options.

* 3. Do you collect information on the age of individuals served?

- Yes, we can provide at least some exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" or "Declined to answer" options below.)
- No, we do not collect this information.

* 3a. Number of all individuals served in this reporting period who are aged:

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>

Unknown

Declined to answer

0

* 4. Do you collect information on the gender identity of individuals served?

Yes, we can provide at least some exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" or "Declined to answer" options below.)

No, we do not collect this information.

* 4a. Number of individuals served this reporting period who identify as:

Cisgender men (ie., identify with male gender assigned at birth)

Cisgender women (i.e., identify with female gender assigned at birth)

Transgender men/Transmasculine

Transgender women/Transfeminine

Non-binary/Genderqueer/Gender non-conforming

Other

Unknown

Declined to answer

4b. If you entered a number for "Other" in question 4a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 5. Do you collect information on the sexual identity of individuals served?

- Yes, we can provide at least some exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" or "Declined to answer" options below.)
- No, we do not collect this information.

* 5a. Number of all individuals served in this reporting period who identify as:

Heterosexual/Straight

Gay

Lesbian

Bisexual/Pan

Queer

Other

Unknown

Declined to answer

0

5b. If you entered a number for "Other" in question 5a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 6. Do you collect information on the race/ethnicity of individuals served?

- Yes, we can provide at least some exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" or "Declined to answer" options below.)
- No, we do not collect this information.

* 6a. Number of all individuals served this reporting period who are:

American Indian/Alaskan
Native

Asian American

Black/African American

Native Hawaiian/Pacific
Islander

Latinx/Chicanx/Hispanic

More than one race	<input type="text"/>
White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

6b. If you entered a number for "Other" in question 6a, please list the other identification(s) and counts for each. (Max. of 1200 characters

* 7. Do you collect information on the languages spoken by individuals served?

- Yes, we can provide at least some exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.).
- No, we do not collect this information.

* 7a. Number of all individuals served in this reporting period who speak:

(If an individual speaks more than one language, count one for EACH language.)

	Number served
English	<input type="text"/>
Spanish	<input type="text"/>

Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	
Armenian	
Persian	
Arabic	
	Number served
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	
Unknown	

7b. If you entered a number for "Other" in question 7a, please list the other language(s) and counts for each. (Max. of 1200 characters)

* 8. Did you have individual representation from the following groups during this reporting period?

[Check all that apply]

- Unhoused (aka person experiencing homelessness)
- Returning to community from incarceration/Justice-involved.
- Experiencing drug/alcohol challenges and/or in recovery from drug or alcohol problems.
- Experiencing mental health challenges and/or in recovery from a mental illness.
- My organization did not have participant representation from any of the above-mentioned groups.

STAFF DEMOGRAPHICS

***When asked about PWI/EPOC staff, this refers to any staff doing work related to PWI/EPOC or being paid partially or fully by PWI/EPOC funds. This can include indirect staff if part of their salaries are being paid by the PWI/EPOC grant.**

* 9. What is your total number of staff* doing work related to PWI/EPOC as of the end of this reporting period? **(full time + part time)**

***When asked about PWI/EPOC staff, this refers to any staff doing work related to PWI/EPOC or being paid partially or fully by PWI/EPOC funds. This can include indirect staff if part of their salaries are being paid by the PWI/EPOC grant.**

* 9a. Of the PWI/EPOC staff you entered in the previous question, how many identify as peers*?

***Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience**

* 10. How many total FTE staff do you have organization-wide (**including but not limited to PWI/EPOC grant-related staff**) as of the end of this reporting period?

* 10a. Of the total organization-wide staff you entered in the previous question, how many identify as peers*?

***Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience**

* 11. How many total part-time staff do you have organization-wide (**including but not limited to PWI/EPOC grant-related staff**) as of the end of this reporting period?

Staff Demographics Instructions:

The following questions are based on the total given in Question 9 or 10 above. You will be asked if you can provide demographic information for your PWI/EPOC grant-related staff, your total organization-wide staff, or you can respond that you do not collect demographic information of any staff. The totals given in each demographic section must match the totals you reported above for either grant-related staff or your total org-wide staff in order to continue. For example, if you report you had 10 total staff this reporting quarter, then in the “Staff Demographics” section, the numbers you provide must equal 10.

The demographics questions allow you to respond, “we do not collect this information” and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the “Unknown” or “Declined to answer” options.

* 12. Do you collect information on the age of staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the PWI/EPOC grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

* 12a. Total number of all staff in this reporting period who are aged:

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

*

12a. Total number of all staff in this reporting period who are aged:

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

* 13. Do you collect information on the gender identity of staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the PWI/EPOC grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

* 13a. Total number of staff this reporting period who identify as:

Cisgender men (ie., identify with male gender assigned at birth)	
Cisgender women (i.e., identify with female gender assigned at birth)	
Transgender men/Transmasculine	
Transgender women/Transfeminine	
Non-binary/Genderqueer/Gender non-conforming	
Other	
Unknown	
Declined to answer	
	0

13b. If you entered a number for "Other" in question 11a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 13a. Total number of staff this reporting period who identify as:

Cisgender men (ie., identify with male gender assigned at birth)	
Cisgender women (i.e., identify with female gender assigned at birth)	
Transgender men/Transmasculine	
Transgender women/Transfeminine	
Non-binary/Genderqueer/Gender non-conforming	
Other	
Unknown	
Declined to answer	
	0

13b. If you entered a number for "Other" in question 11a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 14. Do you collect information on the sexual identity of staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the PWI/EPOC grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

* 14a. Total number of all staff in this reporting period who identify as:

Heterosexual/Straight	<input type="text"/>
Gay	<input type="text"/>
Lesbian	<input type="text"/>
Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

14b. If you entered a number for "Other" in question 12a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 14a. Total number of all staff in this reporting period who identify as:

Heterosexual/Straight	<input type="text"/>
Gay	<input type="text"/>
Lesbian	<input type="text"/>
Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

14b. If you entered a number for "Other" in question 12a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 15. Do you collect information on the race/ethnicity of staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the PWI/EPOC grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

* 15a. Total number of all staff this reporting period who identify as:

American Indian/Alaskan Native	<input type="text"/>
Asian American	<input type="text"/>
Black/African American	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>
Latinx/Chicanx/Hispanic	<input type="text"/>
More than one race	<input type="text"/>
White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

15b. If you entered a number for "Other" in question 13a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 15a. Total number of all staff this reporting quarter who are:

American Indian/Alaskan Native

Asian American

Black/African American

Native Hawaiian/Pacific Islander

Latinx/Chicanx/Hispanic

More than one race

White

Other

Unknown

15b. If you entered a number for "Other" in question 13a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

* 16. Do you collect information on the languages spoken by staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the PWI/EPOC grant .
- Yes, we can provide exact counts and will be reporting on total organization-wide staff.
- No, we do not collect this information.

* 16a. Number of all staff in this reporting period who speak:

(If a staffer speaks more than one language, count one for EACH language.)

	Number of staff
English	
Spanish	
Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	
Armenian	
Persian	
Arabic	
	Number of staff

Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	

16b. If you entered a number for "Other" in question 14a, please list the other language(s) and counts for each. (Max. of 1200 characters)

* 16a. Number of all staff in this reporting quarter who speak:

(If a staffer speaks more than one language, count one for EACH language.)

	Number of staff
English	
Spanish	
Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	

Armenian	
Persian	
Arabic	
Number of staff	
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	

16b. If you entered a number for "Other" in question 14a, please list the other language(s) and counts for each. (Max. of 1200 characters)

ACCOMPLISHMENTS AND CHALLENGES

* 17. Note 2-3 major milestones or accomplishments this reporting period. (Max. of 1200 characters)

* 18. Please select all the areas below in which you have experienced any challenges or barriers this

reporting period.

(Not all options are relevant to all grants within BHWD.)

	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Recruitment (of staff/interns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention (of staff/interns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing (other staffing challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program/Service (development, coordination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget/Funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operations/Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliverable/contract requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Intern engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering intern employment post-internship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiring lag for interns post-internship (ASW licensing time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health partners/referral pathways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer certification (CA peer support specialist certification)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Cal billing (preparation, infrastructure, maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Outreach (community outreach/client recruitment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data (collection, storage, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18a. Optional: Please elaborate on these challenges. If you selected "Other", please describe. (Max. of 2400 characters)

* 19. Has your organization created any PWI/EPOC grant-related program materials during this reporting period? [Select all that apply.]


- Outreach or recruitment flyers
- One-page guides
- Onboarding manuals
- Training handbooks
- MOUs
- Policies and procedures
- Educational curriculum
- Documentation guides
- How-To videos
- Other
- None

* 19a. Since "other" was selected, please list below. (Max. of 1200 characters)

19b. For each box selected in question 18, please attach 1 copy of each of your program materials. Note: If your materials are electronically available, please include a PDF with links to the existing materials. You will not be able to upload video files to this space. If you have a video or otherwise exceed the maximum upload capacity, please directly email your files to the project inbox. Include your organization name and unique ID in the body of the email. Reach out to your grantee coach if you have additional issues.

File 0 of 1

Max file size: 50.0 MB



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or [Browse](#)

* 20. Has your PWI/EPOC organization created or utilized any outcome measures or data collection tools to improve your PWI/EPOC program during this reporting period?

[Select all that apply.]

(Not all options are relevant to all grants within BHWD.)

- Participant satisfaction surveys
- Intern satisfaction surveys
- Exit interview surveys
- Qualitative and/or quantitative program evaluation measures
- Pre & post intern competency measures

- Pre & post mentor competency measures
- Pre & post training competency measures
- Cost/benefit analysis of program or service
- Process evaluation/document peer support delivery
- Impact/Outcome Evaluation
- Needs assessment
- Logic model matrix
- Sustainability assessment /PSAT Tool
- Other (Patient satisfaction with MIP intern, Mentor satisfaction with MIP program, Admin cost/benefit of BHWD program, etc.)
- None

* 20a. Since "other" was selected, please list below. (Max. of 1200 characters)

20b. For each box selected in question 19, if any, please attach 1 copy of each of your evaluation program materials. Note: If your materials are electronically available, please include a PDF with links to the existing materials. If you exceed the maximum upload capacity, please directly email your files to the project inbox. Include your organization name and unique ID in the body of the email. Reach out to your grantee coach if you have additional issues.



Drag your file here
or [Browse](#)

* 21. Did you purchase IT or telehealth infrastructure and equipment with PWI/EPOC funds this reporting period?

Yes

No

* 21a. Please list the equipment purchased. (Max. of 1200 characters)

SERVICE UTILIZATION AND ENGAGEMENT

* **The following two questions ask for the number of individuals who received various services (mental health services, substance use services, peer services, etc.) directly from your organization or through a referral.**

(Not all service categories may apply to you.)

22. Can you provide exact counts or estimates for these questions?

Exact Counts

Estimates

* 23. Select all of the services that your organization provides DIRECTLY.

Based on the services you select below, you will be prompted to enter the number of individuals who received each service directly from your organization during this reporting period on the following page.

(The next questions will ask for the services you connect individuals to through a referral. For example, your organization may provide mental health services directly and you may refer individuals you serve to a partner organization for substance use services.)

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Services
- Trauma-Informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Justice-involved Populations/Reentry Services/Diversion Programs
- Youth and/or Family Services
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Services

* Trauma-Informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Justice-involved Populations/Reentry Services/Diversion Programs

* Youth and/or Family Services

* Other

23a. If you entered a number for "Other" in question 23, please list the other service(s) and counts for each. (Max. of 1200 characters)

* 24. Select all of the services that your organization REFERRED individuals to receive through a partner organization.

Based on the services you select below, you will be prompted to enter the number of individuals who

received each service through a REFERRAL from your organization during this reporting period on the following page.

- rePeer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Services
- Trauma-Informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Justice-involved Populations/Reentry Services/Diversion Programs
- Youth and/or Family Services
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Services

* Trauma-Informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Justice-involved Populations/Reentry Services/Diversion Programs

* Youth and/or Family Services

* Other

24a. If you entered a number for "Other" in question 24, please list the other service(s) and counts for each. (Max. of 1200 characters)

* 25. What recruitment strategies did you use this reporting period? Check all that apply.

Outreach in the community

Advertisement

Online job boards

Recruitment from existing behavioral health partnerships

Referrals

Other

None

* 25a. Since "other" was selected, please explain/list. (Max. of 1200 characters)

*** The following two questions ask for the number of your grant-related staff who RECEIVED trainings on certain topics this reporting period and how many trainings your grant agency PROVIDED to your internal staff or to external organizations.
(Not all service categories may apply to you.)**

26. Can you provide exact counts or estimates for these questions?

Exact Counts

Estimates

* 27. Select all of the training topics that your PWI/EPOC grant-related staff (not including interns) PARTICIPATED in training(s) on this reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?

***There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your PWI/EPOC grant-related staff who participated in trainings on each topic during this reporting period on the following page.**

(The next questions will ask for the trainings you PROVIDED/HOSTED to your own staff or external staff from other organizations.)

Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

Life Skills Development

Digital Literacy

Mental Health Topics

Trauma-informed Care

Substance Use Disorder (SUD (including alcohol Services

Medication Assisted Treatment (MAT Services

Recovery Planning

Community Outreach

Medi-Cal Billing

Expanding Referral Pathways

Formalizing Partnerships/MOUs

Data Collection/Data Tracking

Organizational Capacity Building

Justice-involved Populations/Reentry

Confidentiality and Ethics

Becoming a 501(c)(3

Serving children and youth

Serving linguistically and culturally diverse families

Serving persons experiencing homelessness

Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Topics

* Trauma-informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

27a. If you entered a number for "Other" in question 27, please list the other training(s) and counts for each. (Max. of 1200 characters)

* 28. Select all of the training topics that your PWI/EPOC agency interns PARTICIPATED in training(s) on this

reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?

***There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your PWI/EPOC agency interns who participated in trainings on each topic during this reporting period on the following page.**

(The next questions will ask for the trainings you PROVIDED/HOSTED to your own staff or external staff from other organizations.)

Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

Life Skills Development

Digital Literacy

Mental Health Topics

Trauma-informed Care

Substance Use Disorder (SUD) (including alcohol) Services

Medication Assisted Treatment (MAT) Services

Recovery Planning

Community Outreach

Medi-Cal Billing

Expanding Referral Pathways

Formalizing Partnerships/MOUs

Data Collection/Data Tracking

Organizational Capacity Building

Justice-involved Populations/Reentry

Confidentiality and Ethics

Becoming a 501(c)3

Serving children and youth

Serving linguistically and culturally diverse families

Serving persons experiencing homelessness

Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

- * Life Skills Development
- * Digital Literacy
- * Mental Health Topics
- * Trauma-informed Care
- * Substance Use Disorder (SUD) (including alcohol) Services
- * Medication Assisted Treatment (MAT) Services
- * Recovery Planning
- * Community Outreach
- * Medi-Cal Billing

- * Expanding Referral Pathways
- * Formalizing Partnerships/MOUs
- * Data Collection/Data Tracking
- * Organizational Capacity Building
- * Justice-involved Populations/Reentry
- * Confidentiality and Ethics
- * Becoming a 501(c)(3)
- * Serving children and youth
- * Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

* 29. Select all of the training topics that your PWI/EPOC agency PROVIDED/HOSTED to internal or external staff* this reporting period.

There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of trainings your MIP agency provided/hosted during this reporting period on the following page.

*External staff = staff at other orgs, other grantees, etc.

*Internal staff = staff at your organization

Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

Life Skills Development

Digital Literacy

Mental Health Topics

Trauma-informed Care

Substance Use Disorder (SUD) (including alcohol) Services

Medication Assisted Treatment (MAT) Services

Recovery Planning

Community Outreach

Medi-Cal Billing

Expanding Referral Pathways

Formalizing Partnerships/MOUs

Data Collection/Data Tracking

Organizational Capacity Building

Justice-involved Populations/Reentry

Confidentiality and Ethics

Becoming a 501(c)(3)

Serving children and youth

Serving linguistically and culturally diverse families

Serving persons experiencing homelessness

Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

- * Crisis Intervention
- * DEI/Cultural Competency
- * Life Skills Development
- * Digital Literacy
- * Mental Health Topics
- * Trauma-informed Care
- * Substance Use Disorder (SUD) (including alcohol) Services
- * Medication Assisted Treatment (MAT) Services
- * Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational c=Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

29a. If "other", please list the type of trainings here. (Max. of 1200 characters)

* 30. Are you on target to meet your goals/objectives as outlined in your Implementation Plan(s) for this reporting period?

***If you need additional TTA or resources, please submit a request through the [PWI/EPOC Grantee Request Form](#).**

Yes

No

* 31. Since you responded "no", please explain. (max. of 1200 characters)

* 32. How many PWI/EPOC grant-related staff did your organization ONBOARD this reporting period? If none, enter "0".

Onboarded

Full-time Paid Staff Members

Part-time Paid Staff Members

* 33. How many PWI/EPOC grant-related staff left your organization or moved to a different position as of the end of this reporting period? If none, enter "0".

of PWI/EPOC grant-related staff

PWI/EPOC Staff resigned/quit

PWI/EPOC Staff promoted

PWI/EPOC Staff let go

Other

33a. If you answered "other", please explain here. (Max. of 1200 characters)

* 34. Please select which organizational changes or efforts have been made, if any, to increase staff retention this reporting period?

Streamlining of the hiring process

Increasing salaries

Providing additional incentives (wellness, apps, flexible hours, hybrid options)

Providing specialized trainings

Evidence-based practice certifications

Other

None

* 34a. Since you selected "Other", please describe. (Max. of 1200 characters)

* 35. Please select if your participation in the PWI/EPOC grant enabled your organization to make any of the following efforts to increase accessibility of services this reporting period.

(All textboxes must have something entered to proceed. If an item is not applicable, please leave the checkbox unchecked and add "N/A" to the 'please explain'.)

Check if applicable

Please explain

Extending hours of operation
(increased morning hours)

Extending hours of operation
(increased evening hours)

Extending hours of operation
(increased weekend hours)

Expanding places of service

Increasing types of services offered

Increasing
frequency of
services offered

Other: (Please list)

None

* 36. How many NEW partnerships with clinical behavioral health service providers did your organization develop this reporting period? (Zero is an acceptable answer.)

of Partnerships

Informal

Formal (with MOU)

* 37. How many NEW partnerships with non-clinical behavioral health service providers did your organization develop this reporting period? (Zero is an acceptable answer.)

of Partnerships

Informal

Formal (with MOU)

* 38. Did your agency experience any changes in funding sources this reporting period?

Yes

No

* 38a. If yes, please explain. (Max. of 1200 characters)

* 39. Please enter any updates in funding sources this reporting period.

There was an increase in this funding source.	There was a decrease in this funding souce.	There was no change in this funding source.	We do not have any funding from this source.
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Grants/time-limited contracts

**State/federal grants
(including PWI/EPOC)**

**County contracts (other than
Medi-Cal billing)**

Foundation grants

Medi-Cal billing

Donations

Other

* 40. Did your organization sign a new contract with your county this reporting quarter to provide some form of peer-run services?

Yes

No

* 40a. As you answered "yes" above, please list the county and the types of peer-run services you provide through the county contract. (Max. of 1200 characters)

* 41. Does your organization currently bill Medi-Cal directly for peer-related services?

Yes

No

* 42. Please describe any progress you have made this reporting period towards sustainability to continue your PWI/EPOC program after the grant period (max. of 2400 characters)

43. Please feel free to note any additional information, concerns, or questions you have at this time (max. of 2400 characters)