

APPENDIX D- Exhibit AO

Thriving Mind Monthly Peer Services Trackers:

Due the 10th of each month (unless that falls on a weekend, then its due the following Monday.)

The primary activities of peer specialists are to provide support and advocacy, role model recovery, facilitate positive change and acknowledge multiple pathways to wellness. Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, and person driven.

	Sheet/Column	Definition or Instruction
TRACKERS	SHEET	INSTRUCTIONS
Monthly Thriving Mind Exhibit AO Tracker	1	To be completed by the Peer Supervisor monthly. Must be submitted to the ME Peer Services Manager by email on the 10th of each month (unless that falls on a weekend, then its due the following Monday.)
Monthly Peer Services Tracker	2	To be completed by each individual peer. Can be printed and scanned or done electronically. A copy should be submitted and signed by Peer Supervisor and copies need to be sent directly to the ME Peer Services Manager. One for each peer needs to be submitted.
ENGAGEMENT TRACKER	Sheet 1	
NAME OF PEER PROGRAM FUNDED BY SFBHN	B8	Please name all the programs, funded by SFBHN, that utilizes peers
NUMBER OF PEERS FUNDED BY SFBHN (PER PROGRAM)	C8	Please put how many peers, for each specific program, that are funded by SFBHN
NUMBER OF UNSUCCESSFUL CONTACTS (CONSUMER DECLINED CONSENT)	D8	Please put the number of individuals served that either declined consent and refused to accept services
TOTAL CONTACTS BY PEERS	E8	Total monthly number of peer-to-peer meetings (ex: scheduled meetings with individuals, attended staffing's/court with individual.)
EMPLOYMENT REPORT	Sheet 1	
NAME OF PEER SPECIALST	B20	Full Name of peer
CERTIFICATION STATUS	C20	Certified or pre-certification

ROLE/TITLE	D20	Job title (ex: peer specialist, family navigator, family coach)
PROGRAM NAME	E20	Name of program that the peers are working for
STATUS (PART/ FULL TIME)	F20	Full time or Part time
AVERAGE NUMBER OF PERSONS SERVED PER PEER	G20	The current caseload of the peer
AVERAGE DESIRED CASE LOAD	H20	What is the case load recommended for the peers (per program)
HOURS OF PEER SUPERVISION	I20	Total number of hours, each month, that the peer received supervision
MONTHLY PEER SERVICES TRACKER	Sheet 2	
Peer to Peer Contact	B11	Any scheduled or unscheduled meeting between the peer and the individual served.
Group	B12	Any group facilitated or cofacilitated by the peer
Treatment Team Staffing	B13	Any multidisciplinary or treatment team meetings that the peers attended
Outside Agency Staffing	B14	Any outside agency multidisciplinary staffings attended by the peer
Trainings given	B15	Any training, webinar or class given by the peers to further education of others. (Ex: The role of Peer support, educational events, webinars that focus on pathways to recovery, stigma, recovery language, harm reduction, and recovery ally training.)
Outreach (engagement)	B16	Educational activities, informational presentations & participation in community groups and forums, local health fairs, drug treatment courts, jail diversion programs, school related events, community substance use treatment providers.
Other (please specify below)	B17	Please use the spaces below to add any additional services that are not listed (ex: court attendance)
FREQUENCY	C10	Total number of times service was given monthly. (ex: number of times one on one meeting was held, number of groups lead, number of staffing's attended etc.)
SETTING	D10	Location of services (ex: Zoom, in person)
NUMBER OF INDIVIDUALS SERVED	E10	Number of individuals served who received services (ex: if it was a group, how many individuals attended monthly)
COMMENTS	F10	Please use this space to include any notes or comments

Trainings attended by Peer	H10-J25	Any training, webinar or class completed by the peers to further education to better deliver peer services. (Ex: Educational events, webinars, that focus on pathways to recovery, stigma, recovery language, harm reduction, and recovery ally training.)
Name of Training	H11	Full name of training attended
Topic	I11	Please list the main topics or theme discussed during the training
Date	J11	The date the training occurred
Agency who provided training	K11	The agency who held/offered the training

MONTHLY THRIVING MIND EXHIBIT AO TRACKER (PEER SPECIALIST* REPORT)

SOUTHERN REGION FISCAL YEAR:23/24

Month:

PROVIDER:

ENGAGEMENT TRACKER

NAME OF PEER PROGRAM FUNDED BY SFBHN	NUMBER OF PEERS FUNDED BY SFBHN (PER PROGRAM)	NUMBER OF UNSUCCESSFUL CONTACTS (individual served - non duplicated - DECLINED CONSENT)	TOTAL CONTACTS BY PEERS

EMPLOYMENT REPORT

	NAME OF PEER SPECIALST	CERTIFICATION STATUS	ROLE/TITLE	PROGRAM NAME	STATUS (PART/ FULL TIME)	AVERAGE NUMBER OF PERSONS SERVED PER PEER	AVERAGE DESIRED CASE LOAD	HOURS OF PEER SUPERVISIO N
1								
2								
3								
4								
5								
6								

PEER VACANCIES

NUMBER OF SFBHN FUNDED PEER POSITIONS	CURRENT VACANT POSITIONS (JOB TITLE AND PROGRAM)	NUMBER OF PEER VACANCIES	DATES AND LENGTH OF OPEN VACANCIES

COMMENTS: (PLEASE USE THIS SPACE FOR ANY COMMENTS OR CLARIFICATIONS YOU NEED TO MAKE:

