

MHS 14 Tribal Based Mental Health Services Semi- Annual Narrative Report Form

Two Reports per Fiscal Year:
January- December

Reporting Period: January 1-June 30 is Due August 15
Final Report : July 1-December 31 is Due February 15

Reporting Period: Click here to enter text.	Date Submitted: Click here to enter text.
Report Submitted by: Click here to enter text	

Instructions:

Provide responses to the 5 categories below. This report is designed to provide information and explanation on use of Mental Health Services. Please submit the completed report to AMHcontract.Administrator@dhsosha.state.or.us on or before the due date of each reporting period.

Submit a narrative that addresses the following:

- 1) Please refer to your **approved plan** for the following questions:
 - a) Describe activities and outcomes during the past 6 months.
 - b) Describe noteworthy accomplishments for this time period.

Click here to enter text.

(2) A. How many individuals were served? Please include individuals entered in MOTS, Medicaid as well as those who are not entered into either system. For example: Mental Health Promotion and Prevention Services.

Data Type	Individuals Served
MOTS	
Medicaid	
Other i.e.: MHPP	

(3) What level of F.T.E. (Full Time Equivalent) is supported through these funds?

(4) How have these funds increased your capacity to provide mental health services or created an environment to assist with mental health promotion and prevention?

(5) Describe any technical assistance needed from the Oregon Health Authority.