**Tribal Based Mental Health Services – Implementation Plan-MHS 14**

 **Period of Performance: January 1, 2022 – December 31, 2022**

**Oregon Health Authority│ Health Systems Division │Integrated Services**

# Tribe’s name:

**Person Responsible for filling out plan and reports and Title:**

**Email:**

**Phone:**

**Supervisor’s Name and Title:**

**Email:**

**Phone:**

**Fiscal contact name and e-mail:**

### Tribal Mental Health Plan MHS-14

**Performance Requirements may include: (1) Mental Health Promotion and Prevention Services, (2) Crisis Services, (3) Jail Diversion Services, (4) Supportive Housing and Peer Delivered Services, (5) System of Care and Care Coordination Services (6) School Access to Mental Health Services.** **In addition Semi Annual Narrative Reports are required please see form for dates.**

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| --- | --- | --- |
| 1. **Plan to Address Performance Requirements: (1-6 from above)**

**a) Data or Information used to Identify Priorities?** **b) Will MOTS or Medicaid data be entered for activity?**  | **Outcomes /Outputs; indicate here if you need OHA technical assistance/ with achieving this.** | **Person(s) Responsible? When?** |
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 **Tribal Mental Health Services 2022 Annual Itemized Budget**

**Period of Performance: January 1, 2022 – December 31, 2022**

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| --- | --- |
| **Tribal Mental Health Services, MHS- 14**  | **Budget Amount**  |
| **Personnel****(Salary, Benefits, etc.)** |  |
| **Programs, Trainings, Office and Computer Supplies** |  |
| **Administrative Costs/ Indirect Rate:** |  |
| **Contracts/Consultants:** |  |
| **Other, Please List:** |  |
| **Total Budget Amount** |  |