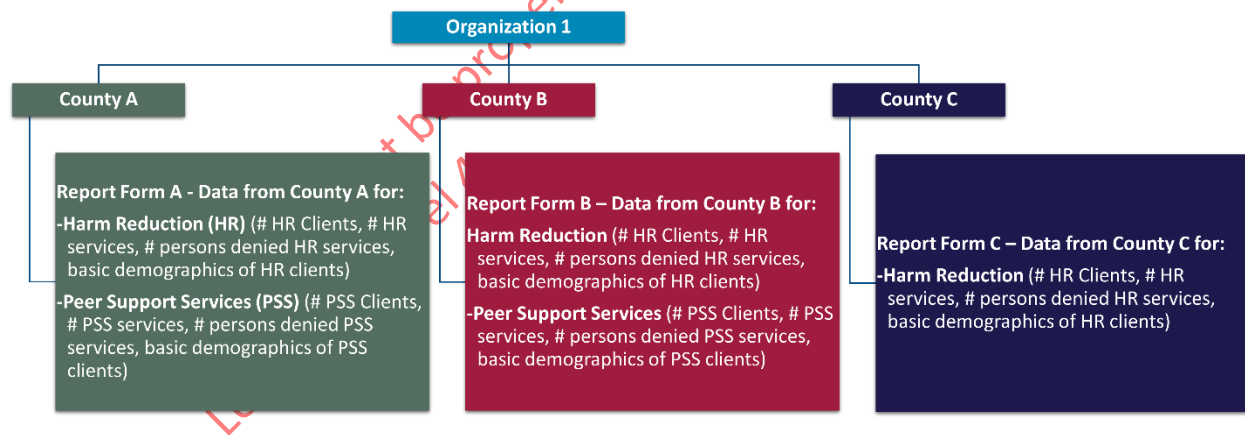


Measure 110 BHRN organization Data Reporting Requirements

For grants funded through 2025, Measure 110 data will be collected in a phased approach as described [here](#) in the initial Data Reporting Language section on the [Measure 110 website](#). The timeline for reporting and the data requirements are shown below.

Quarter	Reporting Time Frame	Due Date
Q1	July 1, 2022 – September 30, 2022	January 15, 2023
Q2	October 1, 2022 – December 31, 2022	April 17, 2023
Q3	January 1, 2023 – March 31, 2023	July 17, 2023
Q4	April 1, 2023 – June 30, 2023	October 16, 2023
Q5	July 1, 2023 – September 30, 2023	January 15, 2024
Q6	October 1, 2023 – December 31, 2023	April 15, 2024
Q7	January 1, 2024 – March 31, 2024	July 15, 2024
Q8	April 1, 2024 – June 30, 2024	October 15, 2024
Q9	July 1, 2024 – September 30, 2024	January 15, 2025
Q10	October 1, 2024 – December 31, 2024	April 15, 2025
Q11	January 1, 2025 – March 31, 2025	May 15, 2025
Q12	April 1, 2024 – June 30, 2025	August 15, 2025

Grantees will submit data using an online report form provided by OHA. Organizations will need to complete the data reporting requirements for each county and each service type they provide. Organizations will need to complete a separate report form for each county in which they received funding (see example below).



Reporting example: In the example above, Organization 1 provides services in three different counties. In Counties A and B, it provides Harm Reduction and Peer Support services. In County C, it provides Harm Reduction services only. Organization 1 will need to complete 3 forms. In Report Forms A and B, the data will need to be separated by service type (Harm Reduction and Peer Support).

The framework for data collection form is shown below. For additional information on how to complete each data element below, see Appendix 1 – Data Legend.

EXAMPLE ONLINE REPORT FORM

Please complete the following report form for the services you provide within your BHRN under Measure 110. Refer to the accompanying Data Legend for additional instructions on how to complete each item on the form.

Organization Information

1. County of service
2. Organization name
3. Contact information for person completing this form:
Name:
Email:
4. Types of services provided for the BHRN under Measure 110:
 - ☐ Screening Assessments
 - ☐ Comprehensive Behavioral Health Needs Assessments
 - ☐ Low Barrier Substance Use Disorder (SUD) Treatment
 - ☐ Peer support, mentoring, and recovery services
 - ☐ Harm Reduction Intervention
 - ☐ Housing Services
 - ☐ Supported Employment

Organizations will fill out the following questions (5-12) for each service type(s) for which they were funded.

Service Details (This example is specific to Screening Services, but the following questions will need to be answered for each service type provided)

5. For this reporting period, enter the number of unique clients who received health screenings through your organization.
6. For this reporting period, enter the number of NEW clients who received health screening services through your organization. A new client is someone who has not received this service through your organization prior to this reporting period.
7. For this reporting period, enter the number of screening services your organization provided. *(Sum of M110 interactions where a service was provided to a client. For example, if Client A comes in 5 different times, their service count totals to 5. If Client B comes in for services 3 different times, their service count totals 3. In this scenario, you would have 2 unique clients and 8 total services provided.)*
8. For this reporting period, enter the number of individuals who were denied a health screening by your organization.

Client Demographic Information

9. For this reporting period, enter the number of clients who reported the following races or ethnicities. Please provide numerical values for each category. Please fill in counts for the bold sections **OR** the subcategories. We ask that if you don't have all the data for the subcategories (non-bold), you roll up the data you have into the parent category (bold).

Hispanic and Latino/a/x:

Central American:

Mexican:

South American:

Other Hispanic or Latino/a/x:

Native Hawaiian and Pacific Islander:

Chamoru (Chamorro):

Marshallese:

Communities of the Micronesian Region:

Native Hawaiian:

Samoan:

Other Pacific Islander:

White:

Eastern European:

Slavic:

Western European:

Other White:

American Indian and Alaskan Native:

American Indian:

Alaska Native:

Canadian Inuit, Metis, or First Nation:

Indigenous Mexican, Central:

American, or South American:

Black and African American:

African American:

Afro-Caribbean:

Ethiopian:

Somali:

Other African (Black):

Other Black:

Middle Eastern/North African:

Middle Eastern:

North African:

Asian

Asian Indian:

Cambodian:

Chinese:

Communities of Myanmar:

Filipino/a:

Hmong:

Japanese:

Korean:

Laotian:

South Asian:

Vietnamese:

Other Asian:

Other:

Don't want to say:

Unknown:

10. For this reporting period, enter the number of clients your organization served in each of the following age groups.

0-11 years:

12-17 years:

18-25 years:

26-64 years:

65+ years:

Unknown:

11. For this reporting period, enter the number of clients who reported the following gender identities.

Woman/Girl:

Man/Boy:

Non-Binary:

Questioning:

Two-spirit:

Not listed:

Did not know:

Did not want to answer:

Did not know what was being asked:

Unknown:

12. For this reporting period, enter the number of clients who reported each response when asked if they are transgender.

Yes:

No:

Don't know:

Questioning:

Did not know what the question was asking:

Did not want to answer:

Unknown:

ALL SERVICE AREAS: OUTREACH

The following questions on outreach activities are required for all BHRN Partners, regardless of services offered.

For this reporting period, how often did your organization provide any form of outreach?

- ☐ 5 times a week or more
- ☐ Once a week or more
- ☐ Once a month or more
- ☐ We did not perform outreach this quarter

For this reporting period, during your outreach activities, which services were provided? (select all that apply)

- ☐ Educational materials
- ☐ Referrals
- ☐ Harm reduction supplies (Naloxone, syringes, wound care kits, etc)
- ☐ Basic needs supplies (clothing, bedding, hygiene kits, etc.)
- ☐ Food
- ☐ Transportation services (bus passes, taxi vouchers, etc.)
- ☐ Safer sex supplies
- ☐ Medical care
- ☐ Peer support services
- ☐ Other (please specify) _____

For this reporting period, where did you perform your outreach activities? (select all that apply)

- ☐ On the street or in camps
- ☐ In Jails or Prisons
- ☐ In K-12 schools
- ☐ In a university or college setting
- ☐ In a clinical setting
- ☐ At a street fair
- ☐ At a community or public service location
- ☐ Other (please specify) _____

During this reporting period, which populations did you target with your outreach activities? (select all that apply)

- ☐ Black/African Americans
- ☐ Native American/American Indians
- ☐ Hispanic/Latinos
- ☐ Asians
- ☐ Middle Eastern/North Africans
- ☐ Native Hawaiian/Pacific Islanders
- ☐ Non-English or persons with limited English proficiency
- ☐ Houseless/unstably housed individuals
- ☐ Minors or k-12 schools
- ☐ Colleges/Universities
- ☐ Pregnant persons
- ☐ Parents or guardians with children
- ☐ Immigrants/refugees
- ☐ Incarcerated individuals or persons transitioning out of prison
- ☐ Trans men/trans women/gender minorities
- ☐ Sexual orientation-based minorities
- ☐ Seniors
- ☐ Individuals in community-based housing
- ☐ Law enforcement
- ☐ Other community-based organizations (CBO)
- ☐ Other (please specify) _____

HARM REDUCTION

The following questions on Harm Reduction Services are required for all BHRN Partners funded for Harm Reduction Services:

For this reporting period, please select the harm reduction services offered by your organization through M110 funding. (Select all that apply)

- ☐ Naloxone or other overdose rescue medication
- ☐ Safer sex supplies
- ☐ Syringe-related items (provided by a syringe service program)
- ☐ Sobering support
- ☐ Wound care supplies
- ☐ Infectious disease testing
- ☐ Healthcare referrals
- ☐ Basic needs/hygiene supplies
- ☐ Educational materials
- ☐ Other

For this reporting period, how many of each harm reduction supply did your organization distribute using M110 funds?

Naloxone or other overdose rescue medication:

Syringe-related supplies:
Wound care supplies:
Safer sex supplies:
Educational materials:

HOUSING

The following question Housing Types is required for all BHRN Partners funded for Housing Services:

For this reporting period, which types of housing services did your organization provide using M110 funding? (select all that apply)

- ☐ Housing First
- ☐ Emergency housing
- ☐ Family housing
- ☐ Permanent housing
- ☐ Recovery housing
- ☐ Supportive housing
- ☐ Transitional housing
- ☐ Housing/hotel vouchers
- ☐ Shelter housing
- ☐ Referrals to in-patient settings (e.g. detox or hospital admits)
- ☐ Rent or other financial housing assistance

ALL SERVICE AREAS: NARRATIVE RESPONSES

Please complete the following narrative questions for your organization's M110 funded services.

1. Required: For this reporting period, what successes (i.e., accomplishments, anonymized client stories, and improvements to service provision) have your organization experienced with relation to your M110 funded services?
2. Required: For this reporting period, what challenges have your organization experienced with relation to your M110 funded services?
3. For this reporting period, how have you collaborated with organizations inside and/or outside of your BHRN to better serve clients in your area?
4. If you reported that any individuals were denied services from your organization, please explain why they were denied.

Additional end-of-Grant-Cycle questions may be asked in Quarter 11 and Quarter 12.