OHA - SUBMITTABLE Data Dictionary M110/BHRN Quarterly Report Form

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INTRODUCTION

The Oregon Health Authority is launching a new off-the-shelf grant management software platform, called Submittable, that will support the Measure110 (M110)/Behavioral Health Resource Network (BHRN) Program with managing grants and collecting data. Through Submittable, BHRN Partners can access and enter quarterly expenditure report finances, monitor their budget, submit performance metrics, and communicate with their grant administrator. All expenditures are captured under the service areas as defined by the grant agreement and categorized in alignment with allowable definitions.

PURPOSE

The purpose of this data dictionary is to inform and explain how the data elements collected will be reported, from a technical perspective. This document is intended for BHRN Providers that are funded by Ballot Measure 110 cannabis tax revenue. This data dictionary defines what each piece of data means, how it's structured, and sets rules and parameters for data entry to ensure information is entered accurately and consistently.

ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description		
BHRN	Behavioral Health Resource Network		
DHS	Department of Health and Human Services		
FTE	Full Time Equivalent		
HIV	Human Immunodeficiency Virus		
HR	Harm Reduction		
M110	Ballot Measure 110		
OAR	Oregon Administrative Rule		
ORS	Oregon Revised Statute		
STI	Sexually Transmitted Infection		
SUD	Substance Use Disorder		
ТВ	Tuberculosis		



KEY TO READING THE DATA TABLES

The tables that follow list all data elements along with data values, rules, data type, indication of whether the data element is required or not, and the field length.

ID#	Category	Data Element Name	Data Element Description	Data Type	Length	Required
The unique order of the data element within a data segment	Name of Submittable Quarterly Report Form data element	Name or Title for field	Description of what we are looking to see in this field	Data Types shown in Data Types Map below	Number of digits or number of words allowed per field	Y = Yes, Required N = No, not required S= Situational, requirement is dependent on other fields
			Rules/Notes		ecial instructions, limitations, definitions that apply to each da	



DATA TYPES MAP

Data Types Used in Quarterly Report Form					
Single Response	Offers a list of choices from which a grantee can choose only one of the answers provided.				
Multiple Response (Checkbox)	Provides a list of choices from which a grantee can select one or more of the answers provided.				
Table	Responsive spreadsheet that can be filled in.				
Numeric	Response that is restricted to numbers only. Minimum and maximum number entry parameters can be set.				
Short Answer	A short answer field allowing for free-text narrative responses.				
Long Answer	A long answer field allowing for free-text narrative responses.				
File Upload	Enables submitters to upload text, image, video, audio, and specialty files. Up to 74 files can be uploaded to each upload field. The default maximum file size is 400MB.				



EXPEN	EXPENDITURE DATA						
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required	
S&S1	Services & Supplies	Service Area Selection	Select all applicable service categories for which your organization has received M110 grant funds and needs to report on during this reporting period.	Multiple Response (Checkbox)	N/A	Y	
			 Must select at least one service area to subm Must select every service area that your orga during this grant cycle. Option list: (01) "Screening" as defined in OAR 944-001-0 (02) "Comprehensive Behavioral Health Need 001-0000 (6) and OAR 944-010-0040. (03) "Low-Barrier Substance Use Treatment" and OAR 944-010-0070. (04) "Ongoing Peer Counseling and Support" and OAR 944-010-0050. (05) "Harm Reduction Services, Information a 001-0000 (13) and OAR 944-010-0060. (06) "Transitional and Supportive Housing for defined in OAR 944-001-0000 (14) and OAR 94 	nization has re 0000 (22) and C is Assessments as defined in C as defined in C nd Education" Individuals wi 4-010-0080.	COCK PA4-010-0 COAR 944-010-0 COAR 944-001-0 COAR 944-001-0 COAR 944-001-0 COAR 944-001-0	0030. n OAR 944- 0000 (17) 0000 (19) OAR 944- Jse" as	
S&S2	Services & Supplies Costs	Mileage & Gas	Enter the total amount for mileage and gas expenses incurred during this reporting period •Required field if organization incurred this co.	Numeric	Unlimited	S	
 Must be positive number value to the hundredths decimal place (e.g., 12,500) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 						500.00)	



					1
Services &	Mileage & Gas - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
Supplies			and/or suppli	ies.	
Costs					
Services & Supplies	Program Space & Operational Expenses	Enter the total amount for program space & operational expenses incurred during this reporting period	Numeric	Unlimited	S
Costs		 Must be positive value to the hundredths dec Must not contain "\$" sign in number value. 	imal place (e.g	g., 12,500.00)	
Services &	Program Space & Operational	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
Supplies Costs	Expenses - Narrative				
Services & Supplies	Professional Services	Enter the total amount for professional service expenses incurred during this reporting period	Numeric	Unlimited	S
Costs		 Must be positive value to the hundredths dec Must not contain "\$" sign in number value. 	cimal place (e.	g., 12,500.00)	
Services &	Professional Services - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of services.	Text	Unlimited	N
	& Supplies Costs Services & Supplies Costs	& Narrative Supplies Costs Services & Operational Supplies Costs Services & Operational Expenses Supplies Expenses - Narrative Services & Professional Supplies Costs Services Professional Services Services Professional Services Services Professional	Supplies Costs Program Space & Operational Expenses Program Space & Operational Supplies Program Space & Operational Expenses Program Space & Operational Supplies Prospersional Supplies Prospersional Supplies Expenses - Costs Professional Services Professional Services Professional Services Professional Services Professional Services Professional Service Provide Pro	Supplies Costs Program Space & Operational Supplies Costs Expenses	Supplies Costs Program Space & Operational Supplies



	Supplies Costs		 Do not include capital purchases or items not 	t approved in b	oudget.		
S&S8	Services & Supplies	Narcan/Naloxone	Enter the total amount for Narcan/naloxone expenses incurred during this reporting period	Numeric	Unlimited	S	
	Costs		 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 				
S&S9	Services &	Narcan/Naloxone - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N	
	Supplies Costs		 Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget. 				
\$&\$10	Services & Supplies Costs	Translation, Interpretation, Language Services	Enter the total amount for translation, interpretation, and/or language service expenses incurred during this reporting period	Numeric	Unlimited	S	
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 				
S&S11	Services &	Translation, Interpretation,	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N	
	Supplies Costs	Language Services - Narrative	 Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget. 				



S&S12	Services & Supplies Costs	Clinical Services - Misc.	Enter the total amount for miscellaneous clinical service expenses incurred during this reporting period Required field if organization incurred this companies to the hundredths de	_		S od.	
			 Must be positive value to the number value. Must not contain "\$" sign in number value. The amount entered must only reflect expen reporting period. (Quarterly) Only include M110-related expenditures. 			ed	
S&S13	Services & Supplies	Clinical Services - Misc Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service			N	
S&S14	Costs Services & Supplies	Technology	 Do not include capital purchases or items no Enter the total amount for technology expenses incurred during this reporting period 	Numeric	budget. Unlimited	S	
	Costs		 Required field if organization incurred this constitute. Must be positive value to the hundredths de Must not contain "\$" sign in number value. The amount entered must only reflect expendence of the period. (Quarterly) Only include M110-related expenditures. 	cimal place (e.	g., 12,500.00)		
S&S15	Services & Supplies	Technology - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service	Text e and/or supp	Unlimited lies.	N	
	Costs	 Do not include capital purchases or items not approved in budget. 					
S&S16	Services & Supplies	Other	Enter the total amount for any other service & supply expenses incurred during this reporting period	Numeric	Unlimited	S	
					-	d.	



			 Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 				
S&S17	Services & Supplies Costs	Other - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget. Please avoid duplication with other cost categories. Required if "Other" was chosen.				
S&S18	Services & Supplies Costs	Program Space Maintenance	Enter the total amount for program space maintenance expenses incurred during this reporting period Required field if organization incurred this compared the positive value to the hundredths decompared that the maintenance of the maintenanc	cimal place (e.	g., 12,500.00)		
S&S19	Services & Supplies Costs	Program Space Maintenance - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service Do not include capital purchases or items not			N	
S&S20	Services & Supplies Costs	Vehicle Maintenance	Enter the total amount for vehicle maintenance expenses incurred during this reporting period • Required field if organization incurred this co • Must be positive value to the hundredths dec	Numeric st during the r	Unlimited reporting perion	S od.	



			Must not contain "\$" sign in number value.				
			The amount entered must only reflect expenses incurred within the defined				
			reporting period. (Quarterly)				
			Only include M110-related expenditures.	I			
S&S21	Services	Vehicle	Provide a detailed description of the types of	Text	Unlimited	N	
	& C	Maintenance -	items included in the related cost field	1.7			
	Supplies	Narrative	•Include type, quantity, and purpose of service	• •			
	Costs		•Do not include capital purchases or items not				
S&S22	Services	Legal - Client	Enter the total amount for legal client	Numeric	Unlimited	S	
	& 6 !'	Assistance	assistance expenses incurred during this				
	Supplies		reporting period				
	Costs		,	 Required field if organization incurred this cost during the reporting period. 			
			Must be positive value to the hundredths decimal place (e.g., 12,500.00)				
			Must not contain "\$" sign in number value.				
			The amount entered must only reflect expen- The amount entered must only reflect expension.	ses incurrea w	itnin the defin	iea	
			reporting period. (Quarterly)				
			Only include M110-related expenditures.	_			
S&S23	Services	Legal - Client	Provide a detailed description of the types of	Text	Unlimited	N	
	&	Assistance -	items included in the related cost field				
	Supplies	Narrative	•Include type, quantity, and purpose of service				
	Costs		• Do not include capital purchases or items not a				
S&S24	Services	Basic Needs - Client	Enter the total amount for basic needs client	Numeric	Unlimited	S	
	& . ''	Assistance	assistance expenses incurred during this				
	Supplies		reporting period				
	Costs		Required field if organization incurred this co	•		oa.	
			Must be positive value to the hundredths decimal place (e.g., 12,500.00)				
			Must not contain "\$" sign in number value.				
			The amount entered must only reflect expen-	ses incurred w	rithin the defin	ied	
			reporting period. (Quarterly)				
			 Only include M110-related expenditures. 				



S&S25	Services & Supplies Costs	Basic Needs - Client Assistance - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of service •Do not include capital purchases or items not	• •		N
S&S26	Services & Supplies Costs	Direct Service Subcontractor	Enter the total amount for direct service- related subcontractor expenses incurred during this reporting period • Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "\$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S27	Services & Supplies Costs	Direct Service Subcontractor - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service Do not include capital purchases or items not	• •		N



SERVIC	SERVICE AREA-SPECIFIC EXPENDITURE DATA									
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required				
S&S28	Screening, Assessment, & SUD	Funds for un/underinsured clients	Enter the total amount of expenses incurred during this reporting period for un/underinsured clients.	Numeric	Unlimited	S				
	Services & Supplies Costs		 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 							
\$&\$29	Screening, Assessment, & SUD Services &	Funds for un/underinsured clients - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget.							
	Supplies Costs									
S&S30	SUD Services & Supplies Costs	MAT Services & Supplies	Enter the total amount for Medication Assisted Treatment (MAT)-related service and supply expenses incurred during this reporting period	Numeric	Unlimited	S				
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 							



S&S31	SUD Services &	MAT Services & Supplies -	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N	
	Supplies	Narrative	•Include type, quantity, and purpose of service				
	Costs		 Do not include capital purchases or items not 	approved in	budget.		
S&S32	SUD Services & Supplies	Medical Beds	Enter the total amount for medical bed expenses incurred during this reporting period	Numeric	Unlimited	S	
	Costs		 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 				
S&S33	SUD Services & Supplies	Medical Beds - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of services.			N	
	Costs		 Do not include capital purchases or items no 	t approved in	budget.		
S&S34	SUD, Peer Support, & HR Services	Contingency Management Supplies &	Enter the total amount for contingency management supply & incentive expenses incurred during this reporting period	Numeric	Unlimited	S	
	& Supplies Costs	Incentives	 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 				
S&S35	SUD, Peer Support, &	Contingency Management	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N	
	HR Services	Supplies &	 Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget. 				



	& Supplies Costs	Incentives – Narrative				
S&S36	SUD, Peer Support, & HR Services & Supplies Costs	Sexual Health & Disease Prevention Supplies	Enter the total amount for sexual health & disease prevention supply expenses incurred during this reporting period Required field if organization incurred this compared the sexual health of the hundredths de Must not contain "\$" sign in number value. The amount entered must only reflect expense reporting period. (Quarterly)	cimal place (e	e.g., 12,500.00)
S&S37	SUD, Peer Support, & HR Services & Supplies Costs	Sexual Health & Disease Prevention Supplies - Narrative	 Only include M110-related expenditures. Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service Do not include capital purchases or items not 			N
S&S38	SUD, Peer Support, & HR Services & Supplies Costs	Substance Use Safety Supplies	Enter the total amount for substance use safety supply expenses incurred during this reporting period Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures.			
S&S39	SUD, Peer Support, & HR Services & Supplies Costs	Substance Use Safety Supplies - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service Do not include capital purchases or items not			N



					2 5.0	u Dictional
S&S40	Peer Services & Supplies Costs	Community Building, Pro- Social Activities	Enter the total amount for community building and pro-social activity-related expenses incurred during this reporting period Required field if organization incurred this community of the modern of the field if organization incurred the community of the modern of the	ecimal place (e	e.g., 12,500.00)
\$&\$41	Peer Services & Supplies Costs	Community Building, Pro- Social Activities - Narrative	Provide a detailed description of the types of items included in the related cost field Include type, quantity, and purpose of service Do not include capital purchases or items no Describe the event type, target population, I outcomes achieved.	ce and/or support approved in	budget.	N d, or
\$&\$42	Housing Services & Supplies Costs	Housing Program Costs - Specific House/Units	Enter the total amount incurred during this reporting period regarding specific house/units •Required field if organization incurred this confidence with the hundredths de secondarian "\$" sign in number value. •The amount entered must only reflect experimentaring period. (Quarterly) •This field only applies to rental housing relat purchases are permitted. •Only include M110-related expenditures.	cimal place (e	.g., 12,500.00)	ned
S&S43	Housing Services &	Housing Program Costs - Specific	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of services.	Text ce and/or supp	Unlimited lies.	N



	Supplies Costs	House/Units - Narrative	•Do not include capital purchases or items n	ot approved in	budget.	
S&S44	Housing Services & Supplies	Motel Vouchers	Enter the total amount for motel voucher expenses incurred during this reporting period	Numeric	Unlimited	S
	Costs		 Required field if organization incurred this Must be positive value to the hundredths of the Must not contain "\$" sign in number value The amount entered must only reflect experience period. (Quarterly) Only include M110-related expenditures. 	decimal place (6	e.g., 12,500.00	0)
S&S45	Housing Services & Supplies	Motel Vouchers - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of serv	Text	Unlimited	N
	Costs		•Do not include capital purchases or items n			
S&S46	Housing Services & Supplies	Rental, Deposit, Move-in Assistance - Client	Enter the total amount for rental, rental deposits, and/or move-in assistance incurred during this reporting period.	Numeric	Unlimited	S
	Costs	Assistance	 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly)Only include M110-related expenditures. 			
S&S47	Housing Services &	Rental, Deposit, Move-in	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
	Supplies Costs	Assistance - Client Assistance - Narrative	 Include type, quantity, and purpose of service and/or supplies. Do not include capital purchases or items not approved in budget. 			



PERSONNEL COSTS								
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required		
PC1	Personnel Costs	Direct Service Personnel	Enter the total amount for direct service personnel salaries incurred during this reporting period	Numeric	Unlimited	S		
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 					
PC2	Personnel Costs	Direct Service Personnel - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N		
			Include type, quantity, and purpose of per	sonnel.				
PC3	Personnel Costs	Program Coordination, Management, Administrative	Enter the total amount for program coordination, management, administrative & support staff salaries incurred during this reporting period	Numeric	Unlimited	S		
		& Support Staff	 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. 					
PC4	Personnel Costs	Program Coordination, Management,	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N		



		Administrative & Support Staff - Narrative	•Include type, quantity, and purpose of personnel.				
PC5	Personnel Costs	Fringe, Benefits	Enter the total amount for staff fringe and/or benefit expenses incurred during this reporting period Required field if organization incurred this Must be positive value to the hundredths Must not contain "\$" sign in number value The amount entered must only reflect experiod. (Quarterly) Only include M110-related expenditures.	decimal place (e.	g., 12,500.00)		
PC6	Personnel Costs	Fringe, Benefits - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of personse.	Text sonnel benefits.	Unlimited	N	



TRA	TRAINING COSTS							
ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required		
TC1	Training Costs	Training	Enter the total amount for training-related expenses incurred during this reporting period	Numeric	Unlimited	S		
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. Do not include food costs associated with trainings. 					
TC2	Training Costs	Training - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of training.	Text	Unlimited	N		
TC3	Training Costs	Conferences	Enter the total amount for conference-related expenses incurred during this reporting period	Numeric	Unlimited	S		
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. Do not include food costs associated with conferences. 					
TC4	Training Costs	Conferences - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N		
			•Include type, quantity, and purpose of conferen	ces.				

Submittable M110/BHRN Grant Management Data Dictionary

TC5	Training Costs	Other	Enter the total amount for any other training costs, including food, incurred during this reporting period	Numeric	Unlimited	S	
			 Required field if organization incurred this cost during the reporting period. Must be positive value to the hundredths decimal place (e.g., 12,500.00) Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) Only include M110-related expenditures. Please avoid duplication with other cost categories. Enter food costs for conferences and trainings in this category. 				
TC6	Training Costs	Other - Narrative	Provide a detailed description of the types of items included in the related cost field •Include type, quantity, and purpose of training.	Text	Unlimited	S	
			Please avoid duplication with other Training cate	egories already li	sted.		



VEHIC	CLE PURC	HASES					
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required	
VP1	Vehicle Purchase Costs	Purchased Vehicle	Only for vehicles purchased using M110 grant funds, please report the vehicle purchase expenses incurred during this reporting period	Numeric	Unlimited	S	
			 Required field if organization incurred this cost during. Must be positive value to the hundredths decimal plants. Must not contain "\$" sign in number value. The amount entered must only reflect expenses incurred. (Quarterly) Only include M110-related expenditures. Purchase of vehicle only. Do not include repairs, gas 	ace (e.g., 12,500.00) urred within the defined reporting			
VP2	Vehicle Purchase	Purchased Vehicle - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N	
	Costs		•Include type, quantity, and purpose of vehicle.				



ADN	ADMINISTRATIVE COSTS									
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required				
AC1	Admin Costs	Administrative Costs	Enter the total expenses out of your 10% indirect/administrative fund that were spent during this reporting period	Numeric	Unlimited	S				
AC2	Admin Costs	Administrative Costs - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N				
			•Specify the services or supplies being charged to along with their intended purpose.	your administra	tive/indirect	fund,				



PERS	PERSONNEL STAFFING – DIRECT SERVICE STAFF							
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required		
DS1	Direct Staff	Certified Alcohol & Drug Counselor (CADC)	Enter the number of Full Time Equivalents (FTEs) falling under the Certified Alcohol & Drug Counselor (CADC) title for this reporting period.	Numeric	Unlimited	S		
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex CADC 1 FTE, Case Manager 0.25 FTE, RN 5.75 FTE) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 					
DS2	Direct Staff	Certified Alcohol & Drug Counselor (CADC) - Narrative	Provide a description of the work completed by the Certified Alcohol & Drug Counselor (CADC) position(s) during this reporting period.	Text	Unlimited	N		
			 Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4. FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE. 					
DS3	Direct Staff	Certified Recovery Mentor (CRM)	Enter the number of Full Time Equivalents (FTEs) falling under the Certified Recovery Mentor (CRM) title for this reporting period.	Numeric	Unlimited	S		
			 Required field only if staff is funded using M110 Required field if organization incurred this cost d Must be a numerical count with no more than 2 CADC 1 FTE, Case Manager 0.25) 	eporting per				



		•The amount entered must only reflect staff that worked at any time within the					
			defined reporting period. (Quarterly)				
DS4	Direct Staff	Certified Recovery Mentor (CRM) - Narrative	Provide a description of the work completed by the Certified Recovery Mentor (CRM) position(s) during this reporting period. •Provide an explanation of this staff member's da areas they support, and their impact during the cue. •Please explain breakdown of total FTE reported. reported for CADC, this may represent four full-time. FTE) and two part-time staff members working 0.7 FTE), for a total of 5.50 FTE.	urrent repo For examp me staff me	rting period le: If 5.50 FT embers (1.0	E is k 4 = 4.0	
DS5	Direct Staff	Peer Support Specialist (PSS)	Enter the number of Full Time Equivalents (FTEs) falling under the Peer Support Specialist (PSS) title for this reporting period. •Required field only if staff is funded using M110 •Required field if organization incurred this cost d •Must be a numerical count with no more than 2 CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that defined reporting period. (Quarterly)	luring the r decimal pla	eporting per aces conveyi	ng FTE (ex.	
DS6	Direct Staff	Peer Support Specialist (PSS) - Narrative	Provide a description of the work completed by the Peer Support Specialist (PSS) position(s) during this reporting period. •Provide an explanation of this staff member's da areas they support, and their impact during the cuellease explain breakdown of total FTE reported. reported for CADC, this may represent four full-time FTE) and two part-time staff members working 0.75 FTE), for a total of 5.50 FTE.	urrent repo For examp me staff me	rting period le: If 5.50 FT embers (1.0	E is < 4 = 4.0	

DS7	Direct Staff	Peer Wellness Specialist (PWS)	Enter the number of Full Time Equivalents (FTEs) falling under the Peer Wellness Specialist (PWS) title for this reporting period. •Required field only if staff is funded using M110 •Required field if organization incurred this cost of Must be a numerical count with no more than 2 CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that defined reporting period. (Quarterly)	luring the r	eporting per aces conveyi	ng FTE (ex.
DS8	Direct Staff	Peer Wellness Specialist (PWS) - Narrative	Provide a description of the work completed by the Peer Wellness Specialist (PWS) position(s) during this reporting period. • Provide an explanation of this staff member's da	Text y-to-day ac	Unlimited	N service
			areas they support, and their impact during the current reporting period. •Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE.			
DS9	Direct Staff	Case Manager	Enter the number of Full Time Equivalents (FTEs) falling under the Case Manager title for this reporting period.	Numeric	Unlimited	S
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 			
DS10	Direct Staff	Case Manager - Narrative	Provide a description of the work completed by the Case Manager position(s) during this reporting period.	Text	Unlimited	N



			 Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE. 				
DS11	Direct Staff	PWS or PSS Supervisor	Enter the number of Full Time Equivalents (FTEs) falling under the PWS/PSS Supervisor title for this reporting period. •Required field only if staff is funded using M110 entered field if organization incurred this cost defined by the animal count with no more than 2 entered to a numerical count with no more than 2 entered Test (CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that defined reporting period. (Quarterly)	uring the rodecimal pla	eporting per ices conveyi	ng FTE (ex.	
DS12	Direct Staff	PWS or PSS Supervisor - Narrative	Provide a description of the work completed by the PWS/PSS Supervisor position(s) during this reporting period. •Provide an explanation of this staff member's darareas they support, and their impact during the cue. •Please explain breakdown of total FTE reported. reported for CADC, this may represent four full-time. FTE) and two part-time staff members working 0.7 FTE), for a total of 5.50 FTE.	irrent repo For examp ne staff me	rting period. le: If 5.50 FT embers (1.0)	E is	
DS13	Direct Staff	Housing support	Enter the number of Full Time Equivalents (FTEs) falling under the Housing Support title for this reporting period. •Required field only if staff is funded using M110 entered the Required field if organization incurred this cost described in the Required field if organization incurred the Required field in the Required field field in the Required field field in the Required field fiel			S iod.	



			 Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 			
DS14	Direct Staff	Housing support - Narrative	Provide a description of the work completed by the Housing Support position(s) during this reporting period.	Text	Unlimited	N
			 Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE. 			
DS15	Direct Staff	Harm Reduction staff	Enter the number of Full Time Equivalents (FTEs) falling under the Harm Reduction Staff title for this reporting period.	Numeric	Unlimited	S
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 			
DS16	Direct Staff	Harm Reduction staff - Narrative	Provide a description of the work completed by the Harm Reduction Staff position(s) during this reporting period.	Text	Unlimited	N
			 Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 1.0 x 4 = 1			



			FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE.				
DS17	Direct Staff	Nurse (RN)	Enter the number of Full Time Equivalents (FTEs) falling under the Registered Nurse (RN) title for this reporting period.	Numeric	Unlimited	S	
			 Required field only if staff is funded using M110 solution. Required field if organization incurred this cost do the Must be a numerical count with no more than 2 solution. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that defined reporting period. (Quarterly) 	uring the r	eporting per aces conveyi	ng FTE (ex.	
DS18	Direct Staff	Nurse (RN) - Narrative	Provide a description of the work completed by the Registered Nurse (RN) position(s) during this reporting period. •Provide an explanation of this staff member's daraeas they support, and their impact during the cuellese explain breakdown of total FTE reported. reported for CADC, this may represent four full-tirester) and two part-time staff members working 0.7 FTE), for a total of 5.50 FTE.	irrent repo For examp ne staff me	rting period le: If 5.50 FT embers (1.0 x	E is < 4 = 4.0	
DS19	Direct Staff	Nurse (LPN)	Enter the number of Full Time Equivalents (FTEs) falling under the Licensed Practical Nurse (LPN) title for this reporting period. •Required field only if staff is funded using M110; •Required field if organization incurred this cost d •Must be a numerical count with no more than 2 c CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that defined reporting period. (Quarterly)	uring the r decimal pla	eporting per aces conveyi	ng FTE (ex.	

DS20	Direct Staff	Nurse (LPN) - Narrative	Provide a description of the work completed by the Licensed Practical Nurse (LPN) position(s) during this reporting period. •Provide an explanation of this staff member's da areas they support, and their impact during the cuel of the explain breakdown of total FTE reported. reported for CADC, this may represent four full-time FTE) and two part-time staff members working 0.7 FTE), for a total of 5.50 FTE.	irrent repo For examp ne staff me	rting period. le: If 5.50 FT embers (1.0 x	E is 4 = 4.0
DS21	Direct Staff	Employment Support Staff	Enter the number of Full Time Equivalents (FTEs) falling under the Employment Support Staff title for this reporting period. •Required field only if staff is funded using M110 •Required field if organization incurred this cost of Must be a numerical count with no more than 2 CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that defined reporting period. (Quarterly)	uring the r decimal pla	eporting per aces conveyi	ng FTE (ex.
DS22	Direct Staff	Employment Support Staff - Narrative	Provide a description of the work completed by the Employment Support Staff position(s) during this reporting period. •Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. •Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE.			
DS23	Direct Staff	Clinical Supervisor/Manager	Enter the number of Full Time Equivalents (FTEs) falling under the Clinical Supervisor/Manager title for this reporting period.	Numeric	Unlimited	S



	But Dictionary							
			•Required field only if staff is funded using M110	grant funds	5.			
			 Required field if organization incurred this cost d 	uring the r	eporting per	iod.		
			 Must be a numerical count with no more than 2 	decimal pla	ices conveyi	ng FTE (ex.		
			CADC 1 FTE, Case Manager 0.25)					
			•The amount entered must only reflect staff that worked at any time within the					
			defined reporting period. (Quarterly)					
DS24	Direct	Clinical	Provide a description of the work completed by	Text	Unlimited	N		
	Staff	Supervisor/Manager -	the Clinical Supervisor/Manager position(s)					
		Narrative	during this reporting period.					
			•Provide an explanation of this staff member's da	y-to-day ac	tivities, the	service		
			areas they support, and their impact during the current reporting period.					
			•Please explain breakdown of total FTE reported. For example: If 5.50 FTE is					
			reported for CADC, this may represent four full-time staff members (1.0 x $4 = 4.0$					
			FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5					
			FTE), for a total of 5.50 FTE.		•			
DS25	Direct	Doctor/Clinician/Prescriber	Enter the number of Full Time Equivalents (FTEs)	Numeric	Unlimited	S		
	Staff	·	falling under the Doctor/Clinician/Prescriber title					
			for this reporting period.					
			•Required field only if staff is funded using M110	grant funds	S.			
			 Required field if organization incurred this cost d 	uring the r	eporting per	iod.		
			•Must be a numerical count with no more than 2	_				
			CADC 1 FTE, Case Manager 0.25).	·	·			
			•The amount entered must only reflect staff that	worked at a	any time wit	hin the		
			defined reporting period. (Quarterly)		·			
DS26	Direct	Doctor/Clinician/Prescriber	Provide a description of the work completed by	Text	Unlimited	N		
	Staff	- Narrative	the Doctor/Clinician/Prescriber position(s)					
			during this reporting period.					
			Provide an explanation of this staff member's day-to-day activities, the service					
			•		•			
			areas they support, and their impact during the current reporting period.					



			•Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE.				
DS27	Direct Staff	Coordinator/Navigator	Enter the number of Full Time Equivalents (FTEs) falling under the Coordinator/Navigator title for this reporting period.	Numeric	Unlimited	S	
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25). The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 				
DS28	Direct Staff	Coordinator/Navigator - Narrative	Provide a description of the work completed by the Coordinator/Navigator position(s) during this reporting period.	Text	Unlimited	N	
			 Provide an explanation of this staff member's day-to-day activities, the service areas they support, and their impact during the current reporting period. Please explain breakdown of total FTE reported. For example: If 5.50 FTE is reported for CADC, this may represent four full-time staff members (1.0 x 4 = 4.0 FTE) and two part-time staff members working 0.75 FTE each (0.75 + 0.75 = 1.5 FTE), for a total of 5.50 FTE. 				
DS29	Direct Staff	Other	Enter the number of Full Time Equivalents (FTEs) falling under any other job title not listed, for this reporting period.	Numeric	Unlimited	S	
	 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period Must be a numerical count with no more than 2 decimal places conveying CADC 1 FTE, Case Manager 0.25) 						



			•The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly)				
DS30	Direct Staff	Other - Narrative	Provide a description of the work completed by the other position(s) during this reporting period.	Text	Unlimited	S	
			 Provide an explanation of this staff member's day areas they support, and their impact during the content of the explain breakdown of total FTE reported. Please explain breakdown of total FTE reported. reported for CADC, this may represent four full-the FTE) and two part-time staff members working 0 FTE), for a total of 5.50 FTE. Please avoid duplication with existing personnel 	current rep For examp ime staff n	orting period le: If 5.50 FT nembers (1.0 ch (0.75 + 0.7	d. E is x 4 = 4.0	



PERS	PERSONNEL STAFFING – NON-DIRECT SERVICE STAFF									
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required				
NDS1	Non- Direct Staff	Executive Director	Enter the number of Full Time Equivalents (FTEs) falling under the Executive Director title for this reporting period.	Numeric	Unlimited	S				
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25 FTE, RN 5.75 FTE) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 							
NDS2	Non- Direct Staff	Executive Director - Narrative	Provide a description of the work completed by the Executive Director position(s) during this reporting period.	Text	Unlimited	N				
			 Provide an explanation of this staff member's day-to-day activities, outline how they assist and facilitate work of direct client staff, and explain how they contribute to the success of the program. Please explain breakdown of total FTE reported. For example: If 2.0 FTE is reported for Administrative Support, this may represent one full-time staff member (1.0 FTE) and two part-time staff members working 0.50 FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 FTE. 							
NDS3	Non- Direct Staff	Deputy Director	Enter the number of Full Time Equivalents (FTEs) falling under the Deputy Director title for this reporting period.	Numeric	Unlimited	S				
•Required field only if staff is funded using M110 grant funds. •Required field if organization incurred this cost during the reportin •Must be a numerical count with no more than 2 decimal places cor CADC 1 FTE, Case Manager 0.25)					porting period					



		 The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 				
Non- Direct	Deputy Director - Narrative	Provide a description of the work completed by the Deputy Director position(s) during this reporting period.	Text	Unlimited	N	
assist and facilitate work of direct client staff, and explain how they contribute success of the program. • For example: If 2.0 FTE is reported for Administrative Support, this may represent one full-time staff member (1.0 FTE) and two part-time staff members working FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 FTE.						
Non- Direct Staff	BHRN Manager	Enter the number of Full Time Equivalents (FTEs) falling under the BHRN Manager title for this reporting period. •Required field only if staff is funded using M110 grant funds. •Required field if organization incurred this cost during the reporting period. •Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff that worked at any time within the				
Non- Direct Staff	BHRN Manager - Narrative	Provide a description of the work completed by the BHRN Manager position(s) during this reporting period. •Provide an explanation of this staff member's assist and facilitate work of direct client staff, a success of the program. •For example: If 2.0 FTE is reported for Administration.	nd explain hov	w they contrib	ute to the present	
	Non- Direct Staff	Non-Direct Staff Non-Direct Staff Non-Direct Staff Non-Direct Narrative	Deputy Director - Narrative Provide a description of the work completed by the Deputy Director position(s) during this reporting period. Provide an explanation of this staff member's assist and facilitate work of direct client staff, a success of the program. Provide an explanation of this staff member's assist and facilitate work of direct client staff, a success of the program. Provide an explanation of this staff member's assist and facilitate work of direct client staff, a success of the program. Provide an explanation of this staff or Administ one full-time staff member (1.0 FTE) and two provides in the program of the staff in the program of the program of the work completed by the BHRN Manager position of the work completed by the BHRN Manager position of this staff member's assist and facilitate work of direct client staff, a success of the program.	Deputy Director - Narrative Provide a description of the work completed by the Deputy Director position(s) during this reporting period.	Deputy Director - Narrative	



NDS7	Non- Direct Staff	Grant Manager	Enter the number of Full Time Equivalents (FTEs) falling under the Grant Manager title for this reporting period. •Required field only if staff is funded using M11 •Required field if organization incurred this cos •Must be a numerical count with no more than CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff the defined reporting period. (Quarterly)	t during the re 2 decimal plac	porting period ces conveying	FTE (ex.
NDS8	Non- Direct Staff	Grant Manager - Narrative	Provide a description of the work completed by the Grant Manager position(s) during this reporting period. • Provide an explanation of this staff member's assist and facilitate work of direct client staff, as success of the program. • For example: If 2.0 FTE is reported for Administ one full-time staff member (1.0 FTE) and two passes for the program one full-time staff member (1.0 FTE) and two passes for the program of t	nd explain how trative Suppor art-time staff n	v they contrib	ute to the present
NDS9	Non- Direct Staff	Other Managers	Enter the number of Full Time Equivalents (FTEs) falling under any other manager title for this reporting period. •Required field only if staff is funded using M11 •Required field if organization incurred this cos •Must be a numerical count with no more than CADC 1 FTE, Case Manager 0.25) •The amount entered must only reflect staff the defined reporting period. (Quarterly)	Numeric O grant funds. t during the re 2 decimal place	porting period ces conveying	FTE (ex.
NDS10	Non- Direct Staff	Other Managers - Narrative	Provide a description of the work completed by other managers not listed, during this reporting period.	Text	Unlimited	S



			•Provide an explanation of this staff member's day-to-day activities, outline how they					
			assist and facilitate work of direct client staff, a	and explain ho	w they contri	bute to the		
			success of the program.					
			Response required in narrative field if "Other"	".				
			• For example: If 2.0 FTE is reported for Admini	• •	•	•		
			one full-time staff member (1.0 FTE) and two	•	f members w	orking 0.50		
			FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0	O FTE.				
			 Please avoid duplication with other "manager 	" categories a	lready listed.			
NDS11	Non-	Administrative	Enter the number of Full Time Equivalents	Numeric	Unlimited	S		
	Direct	Support	(FTEs) falling under the Administrative					
	Staff		Support title for this reporting period.					
			•Required field only if staff is funded using M110 grant funds.					
			• Required field if organization incurred this cost during the reporting period.					
			•Must be a numerical count with no more than	2 decimal plac	ces conveying	FIE (ex.		
			CADC 1 FTE, Case Manager 0.25)The amount entered must only reflect staff that	at worked at a	ny timo withi	n tha		
			defined reporting period. (Quarterly)	at worked at a	ny time within	ii uie		
NDS12	Non-	Administrative	Provide a description of the work completed	Text	Unlimited	N		
NUSIE	Direct	Support - Narrative	by the Administrative Support position(s)	TEXE	Omminica	' '		
	Staff		during this reporting period.					
			Provide an explanation of this staff member's	day-to-day act	ivities, outline	e how they		
			assist and facilitate work of direct client staff, a		•	•		
			success of the program.					
			•For example: If 2.0 FTE is reported for Adminis	trative Suppoi	rt, this may re	present		
			one full-time staff member (1.0 FTE) and two pa		members wor	king 0.50		
			FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 I	TE.				
NDS13	Non-	Human Resources	Enter the number of Full Time Equivalents	Numeric	Unlimited	S		
	Direct	staff	(FTEs) falling under the Human Resources title					
	Staff		for this reporting period.					
			 Required field only if staff is funded using M11 	.0 grant funds.				



	Data Dieterial							
			 Required field if organization incurred this cos Must be a numerical count with no more than 					
			CADC 1 FTE, Case Manager 0.25)	CADC 1 FTE, Case Manager 0.25)				
			•The amount entered must only reflect staff that	at worked at a	ny time withir	n the		
			defined reporting period. (Quarterly)		,			
NDS14	Non-	Human Resources	Provide a description of the work completed	Text	Unlimited	N		
	Direct	staff - Narrative	by the Human Resources staff position(s)					
	Staff		during this reporting period.					
			•Provide an explanation of this staff member's	day-to-day act	ivities, outline	how they		
			assist and facilitate work of direct client staff, a	nd explain hov	v they contrib	ute to the		
			success of the program.					
			•For example: If 2.0 FTE is reported for Adminis	• •	•			
			one full-time staff member (1.0 FTE) and two part-time staff members working 0.50					
			FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 I					
NDS15	Non-	Budget and	Enter the number of Full Time Equivalents	Numeric	Unlimited	S		
	Direct	Accounting staff	(FTEs) falling under the Budget and					
	Staff		Accounting staff title for this reporting period.					
			•Required field only if staff is funded using M11	_				
			•Required field if organization incurred this cos	_				
			•Must be a numerical count with no more than	2 decimal pla	ces conveying	FTE (ex.		
			CADC 1 FTE, Case Manager 0.25)					
			•The amount entered must only reflect staff the	at worked at a	ny time withir	n the		
NDC1C	Nan	Dudget and	defined reporting period. (Quarterly)	Tavit	Limitarita d	NI NI		
NDS16	Non-	Budget and	Provide a description of the work completed	Text	Unlimited	N		
	Direct	Accounting staff - Narrative	by the Budget and Accounting staff position(s)					
	Staff	ivarrative	during this reporting period.	 	ivitios outlina	how thou		
			Provide an explanation of this staff member's assist and facilitate work of direct client staff as	•		- 1		
			assist and facilitate work of direct client staff, and explain how they contribut					
			success of the program.					



			•For example: If 2.0 FTE is reported for Adminis	trativa Sunnar	t this may ro	aracant		
			one full-time staff member (1.0 FTE) and two pa	one full-time staff member (1.0 FTE) and two part-time staff members working 0.50 FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 FTE.				
NDS17	Non- Direct Staff	Audit staff	Enter the number of Full Time Equivalents (FTEs) falling under the Audit staff title for this reporting period.	Numeric	Unlimited	S		
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 					
NDS18	Non- Direct Staff	ct Narrative	Provide a description of the work completed by the Audit staff position(s) during this reporting period.	Text	Unlimited	N		
			 Provide an explanation of this staff member's of assist and facilitate work of direct client staff, as success of the program. For example: If 2.0 FTE is reported for Adminis one full-time staff member (1.0 FTE) and two pasterns of the program of the following staff member (1.0 FTE) and two pasterns of the following staff member (1.0 FTE) and two pasterns of the following staff member (1.0 FTE) and two pasterns of the following staff member (1.0 FTE) and two pasterns of the following staff member (1.0 FTE). 	aff, and explain how they contribute to the ministrative Support, this may represent wo part-time staff members working 0.50				
NDS19	Direct Staff	Data Analyst	Enter the number of Full Time Equivalents (FTEs) falling under the Data Analyst title for this reporting period.	Numeric	Unlimited	S		
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 					



NDS20	Non- Direct Staff	Data Analyst - Narrative	Provide a description of the work completed by the Data Analyst position(s) during this reporting period. •Provide an explanation of this staff member's assist and facilitate work of direct client staff, as success of the program. •For example: If 2.0 FTE is reported for Administration of the work of direct client staff, as success of the program.	nd explain hov	v they contrib rt, this may re	ute to the present	
		one full-time staff member (1.0 FTE) and two part-time staff members work FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 FTE.					
NDS21	Non- Direct Staff	ct	Enter the number of Full Time Equivalents (FTEs) falling under other non-direct service staff job title(s) not listed, for this reporting period.	Numeric	Unlimited	S	
			 Required field only if staff is funded using M110 grant funds. Required field if organization incurred this cost during the reporting period. Must be a numerical count with no more than 2 decimal places conveying FTE (ex. CADC 1 FTE, Case Manager 0.25) The amount entered must only reflect staff that worked at any time within the defined reporting period. (Quarterly) 				
NDS22	Non- Direct Staff	Other - Narrative	Provide a description of the work completed by the other non-direct service staff position(s) during this reporting period.	Text	Unlimited	S	
			 Provide an explanation of this staff member's day-to-day activities, outline how they assist and facilitate work of direct client staff, and explain how they contribute to the success of the program. Response required in narrative field if "Other". For example: If 2.0 FTE is reported for Administrative Support, this may represent one full-time staff member (1.0 FTE) and two part-time staff members working 0.50 FTE each (0.5 + 0.5 = 1.0 FTE), for a total of 2.0 FTE. 				



•Please avoid duplication with other non-direct staff categories already listed.



CULT	CULTURAL STAFF										
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required					
CS1	Cultural Staff	Are you a culturally specific provider?	Select "yes" if your Measure 110-funded culturally specific providers fit the legislative definition for a culturally specific provider. Select "no" if you do not fit the legislative definition for a culturally specific provider.	Single Response	N/A	Υ					
			 Please note the following definitions when considering your response: Definition of Culturally Specific per 944-010-0010 (9) "Culturally and Linguistically Specific Services" means provision of culturally and linguistically responsive services designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services. Definition of Culturally Responsive per 944-010-0010 (8) "Culturally and Linguistica Responsive Services" means the provision of effective, equitable, understandable, at respectful quality care and services that are responsive to diverse cultural health bel and practices, preferred languages, health literacy, and other communication needs This is for M110-funded culturally specific providers only. 								
CS2	Cultural Staff	If yes, what cultural, gender identity, or linguistic category do you serve?	Check the box that describes the cultural, gender identity, or linguistic group your Measure 110-funded provider(s) specialize services for. • May select more than one cultural group served. • This is for M110-funded providers and/or services. • Response required if selected "Yes" to "Are you a esubsequent narrative text box is only visible when Options: (01) Trauma-informed services. (02) Culturally and linguistically specific services. (03) Culturally and linguistically responsive services. (04) Services to individuals with intellectual and devices.	culturally spe "Other" is se	lected.	S -?"					



		(06) Gender affirming and responsive care.(07) LGBTQIA2S+ affirming and inclusive services.(08) Youth friendly and inclusive services.		nildren.	
Cultural Staff	If "Other" is chosen, please specify below.	·		100(word)	S
Cultural Staff	How many providers do you have (this reporting period) that identify within the culturally specific group being served?	Enter the number of providers that identify with the same culturally specific group(s) that you serve. • Providers should self-identify with the culturally spassumptions about a provider's cultural identity. • If a provider identifies with multiple cultural group only count that provider once, even though you self-in the service of the service of the service of the same culturally specific provider.	Numeric Decific group(s Dos, do not dou ected multiple	ble-count the	em. Please
	Staff Cultural	Cultural How many providers do you have (this reporting period) that identify within the culturally specific	(06) Gender affirming and responsive care. (07) LGBTQIA2S+ affirming and inclusive services. (08) Youth friendly and inclusive services. (09) Services for parents or non-traditional parents (10) Pregnant persons. (11) Other Cultural Staff Please specify below. Cultural How many providers do you have (this reporting period) that identify within the culturally specific group being served? Cultural Staff Provider affirming and responsive care. (07) LGBTQIA2S+ affirming and responsive care. (08) Youth friendly and inclusive services. (10) Pregnant persons. (11) Other Provide a description of the cultural, gender identity, or linguistic group that your Measure 110-funded providers serve. • Response required in narrative field if "Other" was evold duplication with other categories alreated the same culturally specific group(s) that you serve. • Providers should self-identify with the culturally specific group being served? • Providers should self-identify with the culturally specific group being served?	(07) LGBTQIA2S+ affirming and inclusive services. (08) Youth friendly and inclusive services. (09) Services for parents or non-traditional parents with minor che (10) Pregnant persons. (11) Other Cultural Staff Please specify below. Cultural How many providers do you have (this reporting period) that identify within the culturally specific group being served? Or identify and inclusive services. (09) Services for parents or non-traditional parents with minor che (10) Pregnant persons. (11) Other Provide a description of the cultural, gender identify, or linguistic group that your Measure 110-funded providers serve. • Response required in narrative field if "Other" was selected. • Please avoid duplication with other categories already listed. Enter the number of providers that identify with the same culturally specific group(s) that you serve. • Providers should self-identify with the culturally specific group(s) assumptions about a provider's cultural identity. • If a provider identifies with multiple cultural groups, do not dou only count that provider once, even though you selected multiple of this is for M110-funded culturally specific providers only.	(06) Gender affirming and responsive care. (07) LGBTQIA2S+ affirming and inclusive services. (08) Youth friendly and inclusive services. (09) Services for parents or non-traditional parents with minor children. (10) Pregnant persons. (11) Other Cultural Staff If "Other" is chosen, please specify below. Provide a description of the cultural, gender identity, or linguistic group that your Measure 110-funded providers serve. • Response required in narrative field if "Other" was selected. • Please avoid duplication with other categories already listed. Cultural How many providers do you have (this reporting period) that identify within the culturally specific group being served? • Providers should self-identify with the culturally specific group(s) served. Do assumptions about a provider's cultural identity. • If a provider identifies with multiple cultural groups, do not double-count the only count that provider once, even though you selected multiple checkboxes • This is for M110-funded culturally specific providers only.



coi	COMPREHENSIVE BEHAVIORAL HEALTH NEEDS ASSESSMENT SERVICE AREA-SPECIFIC QUESTIONS							
ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required		
A1	Assessment	During this reporting period, how many	Enter the number of clients served that received needs assessments during this reporting period.	Numeric	5	S		
		clients received a Comprehensive Behavioral Health Needs Assessment?	 Response required if Comprehensive Behavioral He Service Area in "areas that you receive grant funds (S&S1). Definition of Comprehensive Behavioral Needs Asse substance use disorder screening by a certified alco credentialed addiction treatment professional. The self-identified needs of a client. Also defined in OAR 944-001-010 (6). If none, enter 0 (zero). This is for M110-funded needs assessments only. 	for" checkb essment: OF bhol and dru	oxes in Quo 8S 430.389 g counselo	estion 1 2(d)(B) a r or other		



HARM REDUCTION SERVICE AREA-SPECIFIC QUESTIONS								
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required		
HR1	Harm Reduction	How many clients did you provide harm reduction	Enter the number of individuals that your organization provided harm reduction services to during this reporting period.	Numeric	5	S		
		services to?	 Response required if Harm Reduction Services was selected Service Area in "areas that you receive grant funds for" checkboxes in Question 1 (S&S1). Activities included in Harm Reduction are defined in OAR 944-001-0000 (13) and OAR 944-010-0060. This is for M110-funded services only. 					
HR2	Harm Reduction	Units of Naloxone	Enter how many units of Narcan/naloxone that your organization distributed during this reporting period.	Numeric	5	S		
			 Response required if Harm Reduction Services was selected Service Area in "areas that you receive grant funds for" checkboxes in Question 1 (S&S1). Activities included in Harm Reduction are defined in OAR 944-001-0000 (13) and OAR 944-010-0060. See Reference Guide for more details about how to report this. Only include supplies purchased with M110 funds. 					
HR3	Harm Reduction	Safer use and wound care supplies	Enter how many wound kits and/or safer use supplies your organization distributed during this reporting period.	Numeric	5	S		
			 Response required if Harm Reduction Services was selected Service Area in that you receive grant funds for" checkboxes in Question 1 (S&S1). Activities included in Harm Reduction are defined in OAR 944-001-0000 (13) OAR 944-010-0060. Only include supplies purchased with M110 funds. See Reference Guide for more details about how to report this. 					



HR4	Harm Reduction	Substance use- related infectious disease screening	Enter how many substance use-related infectious disease screenings your organization performed or distributed during this reporting period.	Numeric	5	S		
		disease sercerning	 Response required if Harm Reduction Services was se 	lected Serv	ico Δros in	"areas		
			that you receive grant funds for" checkboxes in Question			areas		
			• Activities included in Harm Reduction are defined in (• •) and OAB		
			944-010-0060.	OAN 344-00	1-0000 (13) allu OAN		
				or +bo+or				
			Only include screenings purchased with M110 funds of distributed (northernood by M110 funded staff).	or that were	-			
			distributed/performed by M110-funded staff.					
		5 1 1:	See Reference Guide for more details about how to r		F	6		
HR5	Harm	Drug checking	Enter how many drug checking supplies your	Numeric	5	S		
	Reduction	supplies	organization distributed during this reporting period.					
			 Response required if Harm Reduction Services was selected Service Area i that you receive grant funds for" checkboxes in Question 1 (S&S1). 					
			 Activities included in Harm Reduction are defined in OAR 944-001-000 					
			OAR 944-010-0060.					
			 Only include supplies purchased with M110 funds. 					
			See Reference Guide for more details about how to	report this.				
HR6	Harm	Information and	Enter how many harm reduction-related	Numeric	5	S		
	Reduction	education about	informational materials your organization					
		harm reduction	distributed during this reporting period.					
		services	 Response required if Harm Reduction Services was s 	elected Serv	ice Area ir	ı "areas		
			that you receive grant funds for" checkboxes in Quest	ion 1 (S&S1)				
			Activities included in Harm Reduction are defined in			3) and		
			OAR 944-010-0060.		,	,		
			 Only include materials purchased with M110 funds. 					
			See Reference Guide for more details about how to	report this.				
				-1				

HR7	Harm Reduction	Referral for Hepatitis, HIV, STI, COVID-19, and Tuberculosis (TB) testing, vaccine, or other healthcare services.	Enter how many referrals for Hepatitis, HIV, STI, COVID-19, and Tuberculosis (TB) testing, vaccine, or other healthcare services your organization issued during this reporting period. • Response required if Harm Reduction Services was so that you receive grant funds for" checkboxes in Questi • Activities included in Harm Reduction are defined in OAR 944-010-0060. • Only include referrals that were made by M110-fund • See Reference Guide for more details about how to referrals.	ion 1 (S&S1) OAR 944-00 ded staff.	
HR8	Harm Reduction	How many units of Naloxone did you distribute directly to people most at risk of overdose?	Enter how many units of Naloxone your organization distributed directly to people most at risk of overdose during this reporting period. • Response required if Harm Reduction Services was set that you receive grant funds for" checkboxes in Questice Only include supplies purchased with M110 funds. • Activities included in Harm Reduction are defined in C944-010-0060.	on 1 (S&S1).	
HR9	Harm Reduction	How many units of Naloxone were distributed to concerned community members?	Enter how many units of Naloxone your organization distributed to concerned community members during this reporting period. • Response required if Harm Reduction Services was set that you receive grant funds for" checkboxes in Questice Only include supplies purchased with M110 funds. • Activities included in Harm Reduction are defined in 0944-010-0060.	on 1 (S&S1).	



PEER	PEER SUPPORT SERVICE AREA-SPECIFIC QUESTIONS								
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required			
P1	clie wo	How many unique clients did you work with this	Enter the number of unique individuals that engaged with your Peer Services this quarter.	Numeric	5	S			
		quarter?	 Response required if Ongoing Peer Counseling and Support was selected Service Area in "areas that you receive grant funds for" checkboxes in Question 1 (S&S1). Activities included in Peer Services are defined in OAR 944-001-0000 (19) and OAR 944-010-0050. Count each individual once per reporting period. If none, enter 0 (zero). This is for M110-funded peer services only. 						
P2	Peer	er How many clients that you are working with have	Enter the number of clients that you are working with in Peer Services that have returned to your organization for services three or more times this quarter.	Numeric	5	S			
		engaged with your organization 3+ times this quarter?	 Response required if Ongoing Peer Counseling and Support was selected Service Area in "areas that you receive grant funds for" checkboxes in Question 1 (S&S1). Activities included in Peer Services are defined in OAR 944-001-0000 (19) and OAR 944-010-0050. Count each individual once per reporting period. If none, enter 0 (zero). This is for M110-funded peer services only. 						



TELE	TELEHEALTH								
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required			
T1	Telehealth	How many clients did you service this quarter using M110 funded telehealth/virtual services?	Enter the number of clients served this reporting period using telehealth/virtual services funded by M110. •Report the number of unique clients who received funded through M110 during this reporting period. •Do not double count clients receiving multiple sesses. •Response required for all BHRN providers that receiving, enter 0 (zero).	ssions.					



DEN	DENIED SERVICES									
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required				
D1	D1 Denials	Were clients denied services within your organization this quarter?	Choose applicable response to whether your organization has denied people during the reporting period. •Select 'Yes' if any client was denied services for any	Single Response reason, even	N/A if referred	Y				
			elsewhere. •Select 'No' if no clients were denied during this per •If 'Yes' is selected, denial reason checkboxes are un							
D2	Denials	Number denied for safety concern	Enter the number of clients that are applicable to this denial reason during the reporting period.	Numeric	5	S				
			 Enter number of clients denied due to safety or behavioral concerns. If none, enter 0 (zero). Response required if 'yes' was selected for "Were clients denied services within your organization this Quarter?" Enter only the primary reason for each denial. Each client denial should be counted once only—do not double-count them. 							
D3	Denials	Number denied for abstinence	Enter the number of clients that are applicable to this denial reason during the reporting period.	Numeric	5	S				
		requirement not met	 Enter number of clients denied based on abstinence-related criteria (e.g., failed drug test if required). If none, enter 0 (zero). Response required if 'yes' was selected for "Were clients denied services within your organization this Quarter?" Enter only the primary reason for each denial. Each client denial should be counted once only—do not double-count them. 							



D4	Denials	Number denied for at	Enter the number of clients that are applicable to	Numeric	5	S	
		capacity/no room for	this denial reason during the reporting period.				
		new clients	 Enter number of clients denied due to lack of space 	e, staffing, or p	rogram av	ailability.	
			●If none, enter 0 (zero).				
			•Response required if 'yes' was selected for "Were of	lients denied	services wi	thin your	
			organization this Quarter?"				
			•Enter only the primary reason for each denial.				
			•Each client denial should be counted once only—do	not double-d	ount them	•	
D5	Denials		Enter the number of clients that are applicable to	Numeric	5	S	
		requested service not	this denial reason during the reporting period.				
		provided	•Enter number of clients who were denied because	the service th	ey requeste	ed is not	
			offered by your organization.				
			•If none, enter 0 (zero).				
			•Response required if 'yes' was selected for "Were clients denied services within your				
			organization this Quarter?"				
			•Enter only the primary reason for each denial.				
			• Each client denial should be counted once only—do			1	
D6	Denials	Number denied for	Enter the number of clients that are applicable to	Numeric	5	S	
		supply constraints	this denial reason during the reporting period.				
			•Enter number of clients denied due to a lack of ma	terials, supplie	es, or neces	sary	
			resources.				
			•If none, enter 0 (zero).				
			•Response required if 'yes' was selected for "Were of	lients denied	services wi	thin your	
			organization this Quarter?"				
			•Enter only the primary reason for each denial.				
			•Each client denial should be counted once only—do				
D7	Denials	Number denied for	Enter the number of clients that are applicable to	Numeric	5	S	
		other reason	this denial reason during the reporting period.				
			•Enter number of clients denied due to other reasor	not listed.			
			•If none, enter 0 (zero).				



			 Response required if 'yes' was selected for "Were clients denied services within your organization this Quarter?" Must also complete narrative explaining "Other" in next field. Enter only the primary reason for each denial. Each client denial should be counted once only—do not double-count them. 				
D8	Denials	If denied due to other reason, please specify.	If specific denial reason not listed, please describe the reason client was denied services in this field. • Provide a brief explanation (1–2 sentences) of why the client was denied if the reason is not pre-listed. • Response required if a number other than "0" was entered in "Number denied for Other reason" field. • Please avoid duplication with other denial reason categories already listed.				
D9	Denials	Of those denied, how many clients were referred to another BHRN partner?	Enter the number of clients that were denied services at your organization this reporting period but were referred to another BHRN partner. •Enter the number of denied clients who were succes BHRN provider. •Response required if 'yes' was selected for "Were conganization this Quarter?" •If none, enter 0 (zero). •The value entered must be less than or equal to the in the previous fields.	lients denied	services wit	thin your	



OUTR	EACH						
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required	
OS1	Outreach Services	For this reporting period, how many individuals	Enter the number of individuals that engaged in any additional BHRN services with your organizations because of your outreach efforts.	Numeric	5	Υ	
		engaged in any of your BHRN services with your organization because of your outreach?	 If none, enter 0 (zero). Only count individuals that engaged because of p 	orevious M110	-funded outr	each.	
OL1	Outreach Location	On the street or in camps:	Check this box if you performed any outreach activities on streets or in camps during this reporting period.	Multiple Response (Checkbox)	Unlimited	N	
			Multiple selection allowed.Only include outreach performed using M110-full	nds.			
OL2	Outreach Location	In Jails or Prisons:	Check this box if you performed any outreach activities in jails or prisons during this reporting period.	Multiple Response (Checkbox)	Unlimited	N	
			Multiple selection allowed.Only include outreach performed using M110-full	nds.			
OL3	Outreach Location	In K-12 schools:	Check this box if you performed any outreach activities at K-12 schools during this reporting period	Multiple Response (Checkbox)	Unlimited	N	
			 Multiple selection allowed. Only include outreach performed using M110-funds. 				
OL4	Outreach Location	In a university or college setting:	Check this box if you performed any outreach activities at universities or colleges during this reporting period.	Multiple Response (Checkbox)	Unlimited	N	



_								
			Multiple selection allowed.					
			 Only include outreach performed using M110-fu 	nds.				
OL5	Outreach	In a clinical setting:	Check this box if you performed any outreach	Multiple	Unlimited	N		
	Location		activities in clinical settings during this reporting	Response				
			period.	(Checkbox)				
			Multiple selection allowed.					
			 Only include outreach performed using M110-fu 	nds.				
OL6	Outreach	At a local	Check this box if you performed any outreach	Multiple	Unlimited	N		
010	Location	event/organized	activities at local community events during this	Response				
		community event:	reporting period.	(Checkbox)				
			Multiple selection allowed.					
			Only include outreach performed using M110-fu	Only include outreach performed using M110-funds.				
OL7	Outreach	At a community or	Check this box if you performed any outreach	Multiple	Unlimited	N		
02,	Location	social service	activities at community or social service settings	Response				
		setting (shelter,	during this reporting period.	(Checkbox)				
		soup kitchen,	 Multiple selection allowed. 					
		clinical lobby):	 Only include outreach performed using M110-fu 	nds.				
OL8	Outreach	Other Location:	Check this box if you performed outreach at	Multiple	Unlimited	N		
0.10	Location		another location not listed.	Response				
				(Checkbox)				
			Multiple selection allowed.					
			 Only include outreach performed using M110-fu 	nds.				
			• If "Other Location" is selected, please share location	tion details in t	the narrative	text box		
			located at the bottom of the outreach service sele	ction section (second set of			
			checkboxes).					
OS2	Outreach	Provider	Check this box if your organization handed out	Multiple	Unlimited	S		
	Services	Informational	informational materials such as flyers,	Response				
		Materials	pamphlets, cards, or digital content as part of	(Checkbox)				
			your outreach during this reporting period.					
			Multiple selection allowed.					



			Response required if any outreach location was selected.			
			Only include outreach performed using M110-funds.			
OS3	Outreach	Referrals	Check this box if your organization provided	Multiple	Unlimited	S
	Services		referrals as part of your outreach during this	Response		
			reporting period.	(Checkbox)		
			Multiple selection allowed.			
			Response required if any outreach location was selected.			
			Only include outreach performed using M110-funds.			ı
OS4	Outreach	Harm Reduction	Check this box if your organization handed out	Multiple	Unlimited	S
	Services	Supplies (Syringes,	harm reduction supplies such as syringes, wound	Response		
		wound kits, safer	kits, or safer sex supplies as part of your outreach	(Checkbox)		
		sex supplies)	during this reporting period.			
			Multiple selection allowed.			
			 Response required if any outreach location was selected. 			
			Only include outreach performed using M110-funds.			
OS5	Outreach	Basic Needs	Check this box if your organization handed out	Multiple	Unlimited	S
	Services	Supplies	basic needs supplies such as hygiene items,	Response		
			socks, blankets, or weather-related gear as part	(Checkbox)		
			of your outreach during this reporting period.			
			Multiple selection allowed.			
			Response required if any outreach location was s	selected.		
			Only include outreach performed using M110-full	nds.		
OS6	Outreach	Food	Check this box if your organization handed out	Multiple	Unlimited	S
	Services		food supplies as part of your outreach during this	Response		
			reporting period.	(Checkbox)		
			Multiple selection allowed.			
			Response required if any outreach location was selected.			
			 Only include outreach performed using M110-funds. 			



OS7	Outreach	Transportation	Check this box if your organization provided	Multiple	Unlimited	S	
	Services	services (bus	transportation services such as bus passes and	Response			
		passes, taxi	taxi vouchers as part of your outreach during this	(Checkbox)			
		vouchers, etc.)	reporting period.				
			Multiple selection allowed.				
			Response required if any outreach location was selected.				
			Only include outreach performed using M110-funds.				
OS8	Outreach	Medical Care	Check this box if your organization provided	Multiple	Unlimited	S	
038	Services		medical care (beyond wound kits) as part of your	Response			
			outreach during this reporting period.	(Checkbox)			
			Multiple selection allowed.			ı	
			Response required if any outreach location was selected.				
			Only include outreach performed using M110-funds.				
OS9	Outreach	Peer Support	Check this box if your organization provided peer	Multiple	Unlimited	S	
039	Services	services	support services (occurring in the field/in a non-	Response			
			office setting) as part of your outreach during	(Checkbox)			
			this reporting period.	,			
			Multiple selection allowed.				
			Response required if any outreach location was selected.				
			Only include outreach performed using M110-funds.				
OS10	Outreach	Support navigating	Check this box if your organization provided	Multiple	Unlimited	S	
0310	Services	other systems	navigational support through systems such as	Response			
		(child welfare, DHS,	child welfare, Department of Human Services	(Checkbox)			
		criminal justice	(DHS), or criminal justice as part of your outreach				
		etc.)	during this reporting period.				
			Multiple selection allowed.				
			Response required if any outreach location was selected.				
			Only include outreach performed using M110-funds.				



OS11	Outreach Services	Other Outreach Services	Enter the number of individuals reached through other methods not listed during this reporting period.	Multiple Response (Checkbox)	Unlimited	S
			 Multiple selection allowed. Response required if any outreach location was selected. Only include outreach performed using M110-funds. 			
OS12	Outreach Services	Other Outreach Services - Narrative	If Other outreach type was performed that is not listed, please describe the services or activities.	Text	Unlimited	S
			 Explain the outreach type or intervention, how it met unique client needs, and "other location" if applicable. Narrative response required if "Other" was selected as a checkbox. Please avoid duplication with other outreach service types or locations already listed. 			



NARRATIVE							
ID#	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required	
N1	Narrative	Narrative description of successes related to M110-funded services	Please describe systemic or organizational successes that occurred this reporting period — such as improvements in service delivery models, infrastructure, interagency collaboration, outreach methods, or Behavioral Health Resource Network (BHRN) coordination. You may include client stories that illustrate these successes, but do not include any personally identifying information.	Text	500 (word)	Y	
			Provider-level, systemic, organizational or administratiPlease do not include any personally identifying inform				
N2	Narrative	Narrative description of challenges related to M110-funded services	Please describe systemic or organizational challenges — such as barriers to implementation, service coordination issues, infrastructure or staffing gaps, or challenges related to outreach and engagement. Do not include client-level information or identifying details.	Text	500 (word)	Υ	
			 Systemic or administrative challenges from the scope of your organization, not necessarily from clients' scope. Clients may provide feedback in the M110 Feedback Portal. Do not include client-level information or identifying details. 				
N3	Narrative	Is there anything else you would like to share regarding BHRN administration that happened within the last quarter?	Provide any additional information or comments you would like to share. •Use to document important administrative details not	Text covered else	500 (word) where in t	N he report.	

N4	N4 Narrative	If you have any additional files you'd like to share for this quarter, please upload them here.	Provide any additional files you would like to share.	File Upload	74 (files)	N
			 File upload size limit is 400 MB. Please email your OHA grant administrator if you think your files or submission will exceed this limit. 			
N5	N5 Narrative If you have any li to any marketing videos or promotional campaigns that occurred in the la		Provide any additional links to videos, multimedia or social media that your organization would like to share. •Include campaign links, multimedia, or social media shocommunity outreach, or promotional efforts.	Text owcasing pro	100 (word) gram eng	N agement,
		quarter that you'd like to share, please place them below.				