OHA - SUBMITTABLE
Data Dictionary
M110/BHRN Quarterly Report Form

August 21, 2025 | Version 1.0

Contents

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
TB	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	Explains any special instructions, limitations, parameters, or definitions that apply to each data element.		

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.

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 submit quarterly report. •Must select every service area that your organization has received grant funds for during this grant cycle. Option list: •(01) "Screening" as defined in OAR 944-001-0000 (22) and OAR 944-010-0030. •(02) "Comprehensive Behavioral Health Needs Assessments" as defined in OAR 944-001-0000 (6) and OAR 944-010-0040. •(03) "Low-Barrier Substance Use Treatment" as defined in OAR 944-001-0000 (17) and OAR 944-010-0070. •(04) "Ongoing Peer Counseling and Support" as defined in OAR 944-001-0000 (19) and OAR 944-010-0050. •(05) "Harm Reduction Services, Information and Education" as defined in OAR 944-001-0000 (13) and OAR 944-010-0060. •(06) "Transitional and Supportive Housing for Individuals with Substance Use" as defined in OAR 944-001-0000 (14) and OAR 944-010-0080.			
S&S2	Services & Supplies Costs	Mileage & Gas	Enter the total amount for mileage and gas expenses incurred during this reporting period	Numeric	Unlimited	S
			•Required field if organization incurred this cost during the reporting period. •Must be positive number 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&S3	Services & Supplies Costs	Mileage & Gas - 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 service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S4	Services & Supplies Costs	Program Space & Operational Expenses	Enter the total amount for program space & operational 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S5	Services & Supplies Costs	Program Space & Operational Expenses - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			• Include type, quantity, and purpose of service and/or supplies. • Do not include capital purchases or items not approved in budget.			
S&S6	Services & Supplies Costs	Professional Services	Enter the total amount for professional service expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S7	Services &	Professional Services - 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 service and/or supplies.			

	Supplies Costs		• Do not include capital purchases or items not approved in budget.			
S&S8	Services & Supplies Costs	Narcan/Naloxone	Enter the total amount for Narcan/naloxone 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S9	Services & Supplies Costs	Narcan/Naloxone - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			• Include type, quantity, and purpose of service and/or supplies. • Do not include capital purchases or items not approved in budget.			
S&S10	Services & Supplies Costs	Translation, Interpretation, Language Services	Enter the total amount for translation, interpretation, and/or language service expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" 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 & Supplies Costs	Translation, Interpretation, Language Services - 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 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	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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S13	Services & Supplies Costs	Clinical Services - Misc. - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			• Include type, quantity, and purpose of service and/or supplies. • Do not include capital purchases or items not approved in budget.			
S&S14	Services & Supplies Costs	Technology	Enter the total amount for technology expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S15	Services & Supplies Costs	Technology - 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 service and/or supplies. • Do not include capital purchases or items not approved in budget.			
S&S16	Services & Supplies Costs	Other	Enter the total amount for any other service & 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S17	Services & Supplies Costs	Other - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	S
			• Include type, quantity, and purpose of service and/or supplies. • Do not include capital purchases or items not approved in budget. • Please avoid duplication with other cost categories. • Required if "Other" was chosen.			
S&S18	Services & Supplies Costs	Program Space Maintenance	Enter the total amount for program space maintenance expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S19	Services & Supplies Costs	Program Space Maintenance - 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 service and/or supplies. • Do not include capital purchases or items not approved in budget.			
S&S20	Services & Supplies Costs	Vehicle Maintenance	Enter the total amount for vehicle maintenance 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S21	Services & Supplies Costs	Vehicle Maintenance - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S22	Services & Supplies Costs	Legal - Client Assistance	Enter the total amount for legal client assistance expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S23	Services & Supplies Costs	Legal - Client Assistance - 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 service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S24	Services & Supplies Costs	Basic Needs - Client Assistance	Enter the total amount for basic needs client assistance 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&S25	Services & Supplies Costs	Basic Needs - Client Assistance - 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 service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S26	Services & Supplies Costs	Direct Service Subcontractor	Enter the total amount for direct service-related subcontractor 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&S27	Services & Supplies Costs	Direct Service Subcontractor - 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 service and/or supplies. •Do not include capital purchases or items not approved in budget.			

SERVICE AREA-SPECIFIC EXPENDITURE DATA

ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required
S&S28	Screening, Assessment, & SUD Services & Supplies Costs	Funds for un/underinsured clients	Enter the total amount of expenses incurred during this reporting period for un/underinsured clients.	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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S29	Screening, Assessment, & SUD Services & Supplies Costs	Funds for un/underinsured clients - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S30	SUD Services & Supplies Costs	MAT Services & Supplies	Enter the total amount for Medication Assisted Treatment (MAT)-related service and supply expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" 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 & Supplies Costs	MAT Services & Supplies - 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 service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S32	SUD Services & Supplies Costs	Medical Beds	Enter the total amount for medical bed 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S33	SUD Services & Supplies Costs	Medical Beds - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S34	SUD, Peer Support, & HR Services & Supplies Costs	Contingency Management Supplies & Incentives	Enter the total amount for contingency management supply & incentive expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S35	SUD, Peer Support, & HR Services	Contingency Management Supplies &	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•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	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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S37	SUD, Peer Support, & HR Services & Supplies Costs	Sexual Health & Disease Prevention Supplies - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S38	SUD, Peer Support, & HR Services & Supplies Costs	Substance Use Safety Supplies	Enter the total amount for substance use safety supply expenses incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) •Only include M110-related expenditures.			
S&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	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			

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	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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S41	Peer Services & Supplies Costs	Community Building, Pro-Social Activities - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget. •Describe the event type, target population, location, and services offered, or outcomes achieved.			
S&S42	Housing Services & Supplies Costs	Housing Program Costs - Specific House/Units	Enter the total amount incurred during this reporting period regarding specific house/units	Numeric	Unlimited	S
			•Required field if organization incurred this cost during the reporting period. •Must be positive value to the hundredths decimal place (e.g., 12,500.00) •Must not contain "$" sign in number value. •The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) •This field only applies to rental housing related costs. No property capital purchases are permitted. •Only include M110-related expenditures.			
S&S43	Housing Services &	Housing Program Costs - Specific	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies.			

		Supplies Costs	House/Units - Narrative	•Do not include capital purchases or items not approved in budget.			
S&S44	Housing Services & Supplies Costs	Motel Vouchers	Enter the total amount for motel voucher 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
S&S45	Housing Services & Supplies Costs	Motel Vouchers - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of service and/or supplies. •Do not include capital purchases or items not approved in budget.			
S&S46	Housing Services & Supplies Costs	Rental, Deposit, Move-in Assistance - Client Assistance	Enter the total amount for rental, rental deposits, and/or move-in assistance incurred during this reporting period.	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. •The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly)Only include M110-related expenditures.			
S&S47	Housing Services & Supplies Costs	Rental, Deposit, Move-in Assistance - Client Assistance - 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 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 "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
PC2	Personnel Costs	Direct Service Personnel - Narrative	Provide a detailed description of the types of items included in the related cost field	Text	Unlimited	N
			•Include type, quantity, and purpose of personnel.			
PC3	Personnel Costs	Program Coordination, Management, Administrative & Support Staff	Enter the total amount for program coordination, management, administrative & support staff salaries incurred during this reporting period	Numeric	Unlimited	S
			• Required field if organization incurred this cost during the reporting period. • Must be positive value to the hundredths decimal place (e.g., 12,500.00) • Must not contain "$" sign in number value. • The amount entered must only reflect expenses incurred within the defined reporting period. (Quarterly) • Only include M110-related expenditures.			
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	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.			
PC6	Personnel Costs	Fringe, Benefits - 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 personnel benefits.			

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

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	Text	Unlimited	S
			•Include type, quantity, and purpose of training. •Please avoid duplication with other Training categories already listed.			

VEHICLE PURCHASES

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 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. •Purchase of vehicle only. Do not include repairs, gas, mileage, etc.			
VP2	Vehicle Purchase Costs	Purchased Vehicle - 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 vehicle.			

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
			•Admin (Indirect) costs have no minimum but have a **maximum of up to 10% of the total Not-to-Exceed (NTE) grant award**. •Admin (Indirect) charges are general operating costs that support M110-funded service areas but cannot be directly linked to a specific activity or line item. These may include shared administrative salaries, rent, utilities, or technology infrastructure that benefit multiple service areas. •Must not duplicate any direct costs reported elsewhere. •Required field if organization incurred this cost during the reporting period. •Must be positive currency value with two decimal places. (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.			
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 your administrative/indirect fund, along with their intended purpose.			

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 = 4.0 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.			
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 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)			
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.	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.			
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.	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)			
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.	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.			

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.	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)			
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.	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.			
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 (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)			
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.	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)			
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.	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.			
DS13	Direct Staff	Housing support	Enter the number of Full Time Equivalents (FTEs) falling under the Housing Support 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)			
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 = 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.			
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 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)			
DS18	Direct Staff	Nurse (RN) - Narrative	Provide a description of the work completed by the Registered Nurse (RN) 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.			
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.	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)			

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.	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.			
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.	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)			
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.	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.			
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

			•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)			
DS24	Direct Staff	Clinical Supervisor/Manager - Narrative	Provide a description of the work completed by the Clinical Supervisor/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.			
DS25	Direct Staff	Doctor/Clinician/Prescriber	Enter the number of Full Time Equivalents (FTEs) falling under the Doctor/Clinician/Prescriber 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)			
DS26	Direct Staff	Doctor/Clinician/Prescriber - Narrative	Provide a description of the work completed by the Doctor/Clinician/Prescriber 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.			
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 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)			
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-to-day activities, the service areas they support, and their impact during the current reporting period. • Response required in narrative field if "Other". • 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. • Please avoid duplication with existing personnel categories.			

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 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)			
NDS4	Non-Direct Staff	Deputy Director - Narrative	Provide a description of the work completed by the Deputy 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. •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.			
NDS5	Non-Direct Staff	BHRN Manager	Enter the number of Full Time Equivalents (FTEs) falling under the BHRN 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 (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)			
NDS6	Non-Direct Staff	BHRN Manager - Narrative	Provide a description of the work completed by the BHRN Manager 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. •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.			

NDS7	Non-Direct Staff	Grant Manager	Enter the number of Full Time Equivalents (FTEs) falling under the Grant 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 (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)			
NDS8	Non-Direct Staff	Grant Manager - Narrative	Provide a description of the work completed by the Grant Manager 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. •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.			
NDS9	Non-Direct Staff	Other Managers	Enter the number of Full Time Equivalents (FTEs) falling under any other 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 (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)			
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, 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 "manager" categories already listed.			
NDS11	Non-Direct Staff	Administrative Support	Enter the number of Full Time Equivalents (FTEs) falling under the Administrative Support 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)			
NDS12	Non-Direct Staff	Administrative Support - Narrative	Provide a description of the work completed by the Administrative Support 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. • 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.			
NDS13	Non-Direct Staff	Human Resources staff	Enter the number of Full Time Equivalents (FTEs) falling under the Human Resources 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)			
NDS14	Non-Direct Staff	Human Resources staff - Narrative	Provide a description of the work completed by the Human Resources staff 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. •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.			
NDS15	Non-Direct Staff	Budget and Accounting staff	Enter the number of Full Time Equivalents (FTEs) falling under the Budget and Accounting 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)			
NDS16	Non-Direct Staff	Budget and Accounting staff - Narrative	Provide a description of the work completed by the Budget and Accounting staff 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.			

			•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.			
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	Audit staff - 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 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. •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.			
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.	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. •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.			
NDS21	Non-Direct Staff	Other	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.

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	Y
			•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 Linguistically Responsive Services" means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs 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.	Multiple Response (Checkbox)	N/A	S
			•May select more than one cultural group served. • This is for M110-funded providers and/or services only. •Response required if selected "Yes" to "Are you a culturally specific provider?" •Subsequent narrative text box is only visible when "Other" is selected. *Options:* (01) Trauma-informed services. (02) Culturally and linguistically specific services. (03) Culturally and linguistically responsive services. (04) Services to individuals with intellectual and developmental disabilities.			

			(05) Services to individuals with physical disabilities. (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			
CS3	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.	Text	100(word)	S
			•Response required in narrative field if "Other" was selected. •Please avoid duplication with other categories already listed.			
CS4	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.	Numeric	500	S
			•Providers should self-identify with the culturally specific group(s) served. Do not make assumptions about a provider's cultural identity. •If a provider identifies with multiple cultural groups, do not double-count them. Please only count that provider once, even though you selected multiple checkboxes for them. • This is for M110-funded culturally specific providers only. •If none, enter 0 (zero).			

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 clients received a Comprehensive Behavioral Health Needs Assessment?	Enter the number of clients served that received needs assessments during this reporting period.	Numeric	5	S
			• Response required if Comprehensive Behavioral Health Assessments was selected Service Area in "areas that you receive grant funds for" checkboxes in Question 1 (S&S1). • Definition of Comprehensive Behavioral Needs Assessment: ORS 430.389 2(d)(B) a substance use disorder screening by a certified alcohol and drug counselor or other credentialed addiction treatment professional. The assessment shall prioritize 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.			

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 services to?	Enter the number of individuals that your organization provided harm reduction services to 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. • 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 "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. • 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
			• 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. • Only include screenings purchased with M110 funds or that were distributed/performed by M110-funded staff. • See Reference Guide for more details about how to report this.			
HR5	Harm Reduction	Drug checking supplies	Enter how many drug checking supplies 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. • Only include supplies purchased with M110 funds. • See Reference Guide for more details about how to report this.			
HR6	Harm Reduction	Information and education about harm reduction services	Enter how many harm reduction-related informational materials 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. • Only include materials purchased with M110 funds. • See Reference Guide for more details about how to report this.			

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.	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. • Only include referrals that were made by M110-funded staff. • See Reference Guide for more details about how to report this.			
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.	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). • Only include supplies purchased with M110 funds. • Activities included in Harm Reduction are defined in OAR 944-001-0000 (13) and OAR 944-010-0060.			
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.	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). • Only include supplies purchased with M110 funds. • Activities included in Harm Reduction are defined in OAR 944-001-0000 (13) and OAR 944-010-0060.			

PEER SUPPORT SERVICE AREA-SPECIFIC QUESTIONS

ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required
P1	Peer	How many unique clients did you work with this quarter?	Enter the number of unique individuals that engaged with your Peer Services this quarter.	Numeric	5	S
			•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	How many clients that you are working with have engaged with your organization 3+ times this quarter?	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
			•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.			

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.	Numeric	5	Y
			•Report the number of unique clients who received telehealth or virtual services funded through M110 during this reporting period. •Do not double count clients receiving multiple sessions. •Response required for all BHRN providers that received M110 grant funds. •If none, enter 0 (zero).			

DENIED SERVICES

ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required
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.	Single Response	N/A	Y
			•Select 'Yes' if any client was denied services for any reason, even if referred elsewhere. •Select 'No' if no clients were denied during this period. •If 'Yes' is selected, denial reason checkboxes are unhidden.			
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 requirement not met	Enter the number of clients that are applicable to this denial reason during the reporting period.	Numeric	5	S
			•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 capacity/no room for new clients	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 lack of space, staffing, or program availability. •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.			
D5	Denials	Number denied for requested service not provided	Enter the number of clients that are applicable to this denial reason during the reporting period.	Numeric	5	S
			•Enter number of clients who were denied because the service they requested 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 not double-count them.			
D6	Denials	Number denied for supply constraints	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 a lack of materials, supplies, or necessary resources. •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.			
D7	Denials	Number denied for other reason	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 other reason 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.	Text	100 (word)	S
			•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.	Numeric	5	Y
			•Enter the number of denied clients who were successfully referred to a different BHRN provider. •Response required if 'yes' was selected for "Were clients denied services within your organization this Quarter?" •If none, enter 0 (zero). •The value entered must be **less than or equal to** the sum of all denial counts reported in the previous fields.			

OUTREACH

ID #	Category	Data Element Name	Description and Rules/Notes	Data Type	Length	Required
OS1	Outreach Services	For this reporting period, how many individuals engaged in any of your BHRN services with your organization because of your outreach?	Enter the number of individuals that engaged in any additional BHRN services with your organizations because of your outreach efforts.	Numeric	5	Y
			• If none, enter 0 (zero). • Only count individuals that engaged because of previous M110-funded outreach.			
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-funds.			
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-funds.			
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-funds.			
OL5	Outreach Location	In a clinical setting:	Check this box if you performed any outreach activities in clinical settings during this reporting period.	Multiple Response (Checkbox)	Unlimited	N
			• Multiple selection allowed. • Only include outreach performed using M110-funds.			
OL6	Outreach Location	At a local event/organized community event:	Check this box if you performed any outreach activities at local community events during this reporting period.	Multiple Response (Checkbox)	Unlimited	N
			• Multiple selection allowed. • Only include outreach performed using M110-funds.			
OL7	Outreach Location	At a community or social service setting (shelter, soup kitchen, clinical lobby):	Check this box if you performed any outreach activities at community or social service settings during this reporting period.	Multiple Response (Checkbox)	Unlimited	N
			• Multiple selection allowed. • Only include outreach performed using M110-funds.			
OL8	Outreach Location	Other Location:	Check this box if you performed outreach at another location not listed.	Multiple Response (Checkbox)	Unlimited	N
			• Multiple selection allowed. • Only include outreach performed using M110-funds. • If "Other Location" is selected, please share location details in the narrative text box located at the bottom of the outreach service selection section (second set of checkboxes).			
OS2	Outreach Services	Provider Informational Materials	Check this box if your organization handed out informational materials such as flyers, pamphlets, cards, or digital content as part of your outreach 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.			
OS3	Outreach Services	Referrals	Check this box if your organization provided referrals as part of your outreach 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.			
OS4	Outreach Services	Harm Reduction Supplies (Syringes, wound kits, safer sex supplies)	Check this box if your organization handed out harm reduction supplies such as syringes, wound kits, or safer sex supplies as part of your outreach 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.			
OS5	Outreach Services	Basic Needs Supplies	Check this box if your organization handed out basic needs supplies such as hygiene items, socks, blankets, or weather-related gear as part of your outreach 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.			
OS6	Outreach Services	Food	Check this box if your organization handed out food supplies as part of your outreach 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.			

OS7	Outreach Services	Transportation services (bus passes, taxi vouchers, etc.)	Check this box if your organization provided transportation services such as bus passes and taxi vouchers as part of your outreach 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.			
OS8	Outreach Services	Medical Care	Check this box if your organization provided medical care (beyond wound kits) as part of your outreach 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.			
OS9	Outreach Services	Peer Support services	Check this box if your organization provided peer support services (occurring in the field/in a non-office setting) as part of your outreach 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.			
OS10	Outreach Services	Support navigating other systems (child welfare, DHS, criminal justice etc.)	Check this box if your organization provided navigational support through systems such as child welfare, Department of Human Services (DHS), or criminal justice as part of your outreach 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.			

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 administrative successes. •Please do not include any personally identifying information.			
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)	Y
			•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.	Text	500 (word)	N
			•Use to document important administrative details not covered elsewhere in the report.			

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	Narrative	If you have any links to any marketing videos or promotional campaigns that occurred in the last quarter that you'd like to share, please place them below.	Provide any additional links to videos, multimedia or social media that your organization would like to share.	Text	100 (word)	N
			•Include campaign links, multimedia, or social media showcasing program engagement, community outreach, or promotional efforts.			