

BHWD (MIP) Quarterly Data Report
ORGANIZATIONAL INFORMATION & CONTACT INFORMATION

Welcome to the MIP Quarterly Data Report. Completion of this quarterly data report is required for invoice approval as it is tied to our requirements to DHCS. You will find the save button at the bottom of each page. You must fill out the page in order to save. For any questions regarding this data report, you can email Kayla Halsey at khalsey@ahpnet.com. For all other questions, please reach out to your Grantee Coach. The deadline for completing and submitting this report via the QuestionPro link is the 15th of the month. Please note, your invoice cannot be approved until you submit this completed report. You complete this report for the reporting quarter that just ended; you will need to select it from a drop-down menu below. *Please reference the PDF copy of this report so you can view all questions at once and gather the necessary information.

I am completing this MIP Quarterly Data Report for the following reporting period:

1. (1/1/23 - 3/31/23)
2. (4/1/23 - 6/30/23)
3. (7/1/23 - 9/31/23)
4. (10/1/23 - 12/31/23)

Grantee Agency Name

1. Adventist Health Clear Lake
2. Aldea Inc.
3. AltaMed Health Services
4. Another Choice, Another Chance
5. Archway Recovery Services, Inc.
6. Bartz-Altadonna Community Health Center
7. Butte County Department of Behavioral Health
8. Caminar
9. Casa Pacifica Centers for Children & Families
10. Center Point, Inc.
11. Children's Home of Stockton
12. Chinatown Service Center
13. Citrus Counseling Services, Inc.
14. CommuniCare Health Centers
15. Community Solutions for Children, Families and Individuals
16. Comprehensive Community Health Centers
17. Dignity Community Care dba California Hospital Medical Center
18. El Dorado County Community Health Center
19. El Hogar Community Services Inc.
20. Episcopal Community Services of San Francisco
21. Family Alliance for Counseling Tools & Resolution
22. Florence Crittenton Services of Orange County; DBA Crittenton Services for Children & Families
23. Foothill Family Service
24. Fred Brown Recovery Services
25. Fresno Family Counseling Center/California State University, Fresno Foundation
26. Gardner Family Health Network, dba Gardner Health Services (Specialty Behavioral Health Division)
27. Gateways Hospital and Mental Health Center
28. Glenn County Behavioral Health
29. Grandma's House of Hope
30. Greater Hope Foundation for Children, Inc. (DBA: A Greater Hope)
31. HealthRIGHT 360
32. HEPPAC
33. Higher Ground Youth and Family Services
34. Hill Country Community Clinic
35. Humboldt County Department of Health and Human Services, Behavioral Health
36. Imperial County Behavioral Health Services
37. Insights Counseling Group

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38. Janus of Santa Cruz
39. KidsFirst Child Abuse Prevention Council of Placer County
40. Korean Community Center of the East Bay
41. La Clinica de La Raza, Inc.
42. LAGS Recovery Centers, Inc.
43. LifeLong Medical Care
44. Mathiesen Memorial Health Clinic
45. Mendocino County Behavioral Health and Recovery Services
46. Merced County Behavioral Health and Recovery Services
47. Momentum for Health
48. Monterey County Health Department, Behavioral Health Bureau
49. PathPoint
50. Penny Lane Centers
51. Petaluma Health Center
52. Phoenix House Orange County, Inc.
53. Portia Bell Hume Behavioral Health and Training Center
54. Quality Group Homes DBA Quality Counseling Center
55. Rebekah Children's Services
56. Redwood Community Services Inc.
57. Riverside University Health System - Behavioral Health
58. Samuel Dixon Family Health Center, Inc.
59. San Diego Center for Children
60. San Mateo County Health Foundation
61. Seneca Family of Agencies
62. Shasta Community Health Center
63. Sierra Meadows Foundation
64. Social Model Recovery Systems, Inc.
65. St. Joseph Center
66. Stanford Youth Solutions
67. Sycamores
68. Tarzana Treatment Centers, Inc.
69. The AMAAD Institute
70. The Anti-Recidivism Coalition (ARC)
71. The Center for Sexuality & Gender Diversity
72. The DreamPower Foundation
73. The Guidance Center
74. The Regents of the University of California, Davis
75. Tulare County Health and Human Services Agency, Mental Health Branch
76. Venice Family Clinic
77. Ventura County Behavioral Health Department/County of Ventura
78. Via Care Community Health Center
79. Victor Community Support Services, Inc.
80. Vista Hill Foundation
81. Wesley Health Centers (JWCH)
82. WestCoast Children's Clinic
83. WHOLE SYSTEMS LEARNING

Unique ID- You can find this ID at the top of your contract, SOW, or Payment Schedule. Your Unique ID begins with "MIP" followed by three letters and a number.

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First Name

Last Name

Phone

Email Address

INDIVIDUALS SERVED DEMOGRAPHICS

*When asked about individuals served, we are asking for all individuals served by the MIP-funded organization. We want to know how many individuals are being reached through services offered by organizations receiving BHWD funding. If the funding is being used in just one department, then we want to know how many individuals received services from that department this reporting quarter.

1. What is your total number of individuals served* this reporting quarter? (If an individual has received services at your organization more than once, please count them only one time.)

2. Out of your total individuals reported in the previous question, how many of those are NEW individuals who received services at your organization this reporting quarter?

Demographics Instructions: The following questions are based on the total given in Question 1 above. The totals given in each demographic section must match the totals provided in the first question in order to continue. For example, if you report you served 100 individuals this reporting quarter, then in the "Individuals Served Demographics" section, the numbers you provide must equal 100. The demographics questions allow you to respond, "we do not collect this information" and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the "Unknown" option.

3. Do you collect information on the age of individuals served?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

3a. Number of all individuals served in this reporting quarter who are aged:

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____

4. Do you collect information on the gender identity of individuals served?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

4a. Number of individuals served this reporting quarter who are:

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Non-binary/Genderqueer/Gender non-conforming _____
- Other _____
- Unknown _____

4b. If you entered a number for "Other" in question 4a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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5. Do you collect information on the sexual identity of individuals served?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

5a. Number of all individuals served in this reporting quarter who are:

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____

5b. If you entered a number for "Other" in question 5a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

6. Do you collect information on the race/ethnicity of individuals served?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

6a. Number of all individuals served this reporting quarter who are:

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____

6b. If you entered a number for "Other" in question 6a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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7. Do you collect information on the languages spoken by individuals served?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #1 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

7a. Number of all individuals served in this reporting quarter who speak: (If an individual speaks more than one language, count one for EACH language.)

Individual's Served Languages	Number served
English	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>
Persian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Hmong	<input type="checkbox"/>
Khmer	<input type="checkbox"/>
Other	<input type="checkbox"/>

7b. If you entered a number for "Other" in question 7a, please list the other language(s) and counts for each. (Max. of 1200 characters)

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8. Did you have individual representation from the following groups during this reporting quarter? [Check all that apply]
1. Unhoused (aka person experiencing homelessness)
 2. Returning to community from incarceration/Justice-involved.
 3. Experiencing drug/alcohol challenges and/or in recovery from drug or alcohol problems.
 4. Experiencing mental health challenges and/or in recovery from a mental illness.
 5. My organization did not have participant representation from any of the above-mentioned groups.

STAFF DEMOGRAPHICS

*When asked about MIP staff, this refers to any staff doing work related to MIP or being paid partially or fully by MIP funds. This can include indirect staff if part of their salaries are being paid by the MIP grant. This excludes MIP Mentors who have their own section.

9. What is your total number of staff* doing work related to MIP this reporting quarter?

Demographics Instructions: The following questions are based on the total given in Question 9 above. The totals given in each demographic section must match the totals provided in the first question in order to continue. For example, if you report you had 10 total staff this reporting quarter, then in the “Staff Demographics” section, the numbers you provide must equal 10. The demographics questions allow you to respond, “we do not collect this information” and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the “Unknown” option.

10. Do you collect information on the age of staff?
1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #2 and enter the remaining amount in the “Unknown” option below.)
 2. No- we do not collect this information

10a. Number of all staff in this reporting quarter who are aged:

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____

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- 66 and over _____
- Unknown _____

11. Do you collect information on the gender identity of staff?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #2 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

11a. Number of staff this reporting quarter who are:

- Cisgender men (ie., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Non-binary/Genderqueer/Gender non-conforming _____
- Other _____
- Unknown _____

11b. If you entered a number for "Other" in question 11a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

12. Do you collect information on the sexual identity of staff?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #2 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

12a. Number of all staff in this reporting quarter who are:

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____

12b. If you entered a number for "Other" in question 12a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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13. Do you collect information on the race/ethnicity of staff?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #2 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

13a. Number of all staff this reporting quarter who are:

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____

13b. If you entered a number for "Other" in question 13a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

14. Do you collect information on the languages spoken by staff?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #2 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

14a. Number of all staff in this reporting quarter who speak: (If a staffer speaks more than one language, count one for EACH language.)

Staff Languages	Number of staff
English	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>

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Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>
Persian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Hmong	<input type="checkbox"/>
Khmer	<input type="checkbox"/>
Other	<input type="checkbox"/>

14b. If you entered a number for "Other" in question 14a, please list the other language(s) and counts for each. (Max. of 1200 characters)

MENTOR DEMOGRAPHICS

*Mentor = A staff member or contracted individual who has been assigned as a mentor in the MIP program for all or some of the reporting quarter. Mentor has been onboarded (identified/designated) as a mentor.

15. What is your total number of MIP mentors* this reporting quarter?

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Demographics Instructions: The following questions are based on the total given in Question 15 above. The totals given in each demographic section must match the totals provided in the first question in order to continue. For example, if you report you had 10 mentors this reporting quarter, then in the "Mentor Demographics" section, the numbers you provide must equal 10. The demographics questions allow you to respond, "we do not collect this information" and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the "Unknown" option.

16. Do you collect information on the age of mentors?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #3 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

16a. Number of all mentors in this reporting quarter who are aged:

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____

17. Do you collect information on the gender identity of mentors?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #3 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

17a. Number of mentors this reporting quarter who are:

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Non-binary/Genderqueer/Gender non-conforming _____
- Other _____
- Unknown _____

17b. If you entered a number for "Other" in question 17a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

18. Do you collect information on the sexual identity of mentors?

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1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #3 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

18a. Number of all mentors in this reporting quarter who are:

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____

18b. If you entered a number for "Other" in question 18a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

19. Do you collect information on the race/ethnicity of mentors?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #3 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

19a. Number of all mentors this reporting quarter who are:

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____

19b. If you entered a number for "Other" in question 19a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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20. Do you collect information on the languages spoken by mentors?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #3 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

20a. Number of all mentors in this reporting quarter who speak: (If a mentor speaks more than one language, count one for EACH language.)

Mentor Languages	Number of staff
English	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>
Persian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Hmong	<input type="checkbox"/>
Khmer	<input type="checkbox"/>
Other	<input type="checkbox"/>

20b. If you entered a number for "Other" languages in question 20a, please list the other language(s) and counts for each. (Max. of 1200 characters)

INTERN DEMOGRAPHICS

*MIP interns must be associated with an Educational Partner and have been onboarded.

21. What is your total number of MIP interns* this reporting quarter?

Demographics Instructions: The following questions are based on the total given in Question 21 above. The totals given in each demographic section must match the totals provided in the first question in order to continue. For example, if you report you had 5 interns this reporting quarter, then in the “Intern Demographics” section, the numbers you provide must equal 5. The demographics questions allow you to respond, “we do not collect this information” and then you can skip these sections. However, if you have demographics for some but not all individuals in these sections, you can always enter a number in the “Unknown” option.

22. Do you collect information on the age of interns?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #4 and enter the remaining amount in the “Unknown” option below.)
2. No- we do not collect this information

22a. Number of all interns in this reporting quarter who are aged:

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____

22. Do you collect information on the gender identity of interns?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #4 and enter the remaining amount in the “Unknown” option below.)
2. No- we do not collect this information

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22a. Number of interns this reporting quarter who are:

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Non-binary/Genderqueer/Gender non-conforming _____
- Other _____
- Unknown _____

22b. If you entered a number for "Other" in question 22a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

23. Do you collect information on the sexual identity of interns?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #4 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

23a. Number of all interns in this reporting quarter who are:

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____

23b. If you entered a number for "Other" in question 23a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

24. Do you collect information on the race/ethnicity of interns?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #4 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

24a. Number of all interns this reporting quarter who are:

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- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____

24b. If you entered a number for "Other" in question 24a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

25. Do you collect information on the languages spoken by interns?

1. Yes- we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #4 and enter the remaining amount in the "Unknown" option below.)
2. No- we do not collect this information

25a. Number of all interns in this reporting quarter who speak: (If a staffer speaks more than one language, count one for EACH language.)

Intern Languages	Number of staff
English	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>
Persian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>

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Japanese	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Hmong	<input type="checkbox"/>
Khmer	<input type="checkbox"/>
Other	<input type="checkbox"/>

25b. If you entered a number for "Other" in question 25a, please list the other language(s) and counts for each. (Max. of 1200 characters)

ACCOMPLISHMENTS AND CHALLENGES

26. Note 2-3 major milestones or accomplishments this reporting quarter. (Max. of 1200 characters)

27. Please select all the areas below in which you have experienced any challenges or barriers this reporting quarter.(Not all options are relevant to all grants within BHWD.)

Challenges/Barriers	We had challenges and they are now resolved	We had challenges and they are persisting	We had no challenges
Recruitment (of staff/interns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention (of staff/interns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Staffing (other staffing challenges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/Service (development, coordination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget/Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations/Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverable/contract requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering intern employment post-internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiring lag for interns post-internship (ASW licensing time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health partners/referral pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer certification (CA peer support specialist certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal billing (preparation, infrastructure, maintenance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach (community outreach/client recruitment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data (collection, storage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27a. Optional: Please elaborate on these challenges. If you selected "Other", please describe. (Max. of 2400 characters)

28. Has your organization created any MIP grant-related program materials during this reporting quarter? [Select all that apply.]

1. Outreach or recruitment flyers
2. One-page guides
3. Onboarding manuals
4. Training handbooks
5. MOUs
6. Policies and procedures

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7. Educational curriculum
8. Documentation guides
9. How-To videos
10. Other
11. None _____

28a. If you answered "other" to question 28, please list below. (Max. of 1200 characters)

29. Has your MIP organization created or utilized any outcome measures or data collection tools to improve your MIP program during this reporting quarter?[Select all that apply.](Not all options are relevant to all grants within BHWD.)

1. Participant satisfaction surveys
2. Intern satisfaction surveys
3. Exit interview surveys
4. Qualitative and/or quantitative program evaluation measures
5. Pre & post intern competency measures
6. Pre & post mentor competency measures
7. Pre & post training competency measures
8. Cost/benefit analysis of program or service
9. Process evaluation/document peer support delivery
10. Impact/Outcome Evaluation
11. Needs assessment
12. Logic model matrix
13. Sustainability assessment /PSAT Tool
14. Other (Patient satisfaction with MIP intern, Mentor satisfaction with MIP program, Admin cost/benefit of BHWD program, etc.)
15. None

29a. If you answered "other" to question 29b, please describe below. (Max. of 1200 characters)

30. Did you purchase IT or telehealth infrastructure and equipment with MIP funds this reporting quarter?

1. Yes
2. No

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30a. If yes, please list: (Max. of 1200 characters)

SERVICE UTILIZATION AND ENGAGEMENT

The following two questions ask for the number of individuals who received various services (mental health services, substance use services, peer services, etc.) directly from your organization or through a referral. (Not all service categories may apply to you, and you can enter 0.) Can you provide exact counts or estimates for these questions?

1. Exact Counts
2. Estimates

31. Please enter the number of individuals who used the following services offered DIRECTLY by your MIP grant program* this reporting quarter: (If you offer a service but did not have individuals utilize it, please enter '0'. If you do not offer a service, please enter -999.)*Offered by MIP = services offered by anyone (interns, staff, mentors) involved in MIP/number of individuals served at the MIP siteSum of all category totals should be equal to or greater than your Question #1 total.

Services Offered Directly	Number of Individuals
Peer Services	<input type="text"/>
Peer Staff Supervision	<input type="text"/>
Recovery Housing	<input type="text"/>
Crisis Intervention	<input type="text"/>
DEI/Cultural Competency	<input type="text"/>
Life Skills Development	<input type="text"/>
Digital Literacy	<input type="text"/>
Mental Health Services	<input type="text"/>
Trauma-Informed Care	<input type="text"/>
Substance Use Disorder (SUD) (including alcohol) Services	<input type="text"/>
Medication Assisted Treatment (MAT) Services	<input type="text"/>
Recovery Planning	<input type="text"/>
Justice-involved Populations/Reentry Services/Diversion Programs	<input type="text"/>
Youth and/or Family Services	<input type="text"/>

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Other	<input type="checkbox"/>
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31a. If you entered a number for "Other" in question 31, please list the other service(s) and counts for each. (Max. of 1200 characters)

32. Please enter the number of individuals who used the following services through a REFERRAL by your MIP grant program* this reporting quarter. (If you offer a service but did not have individuals utilize it, please enter '0'. If you do not offer a service, please enter -999.)*Offered by MIP = services offered by anyone (interns, staff, mentors) involved in MIP/number of individuals served at the MIP siteSum of all category totals should be equal to or greater than your Question #1 total.

Services Offered Through Referral	# of Individuals
Peer Services	<input type="checkbox"/>
Peer Staff Supervision	<input type="checkbox"/>
Recovery Housing	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>
DEI/Cultural Competency	<input type="checkbox"/>
Life Skills Development	<input type="checkbox"/>
Digital Literacy	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>
Trauma-Informed Care	<input type="checkbox"/>
Substance Use Disorder (SUD) (including alcohol) Services	<input type="checkbox"/>
Medication Assisted Treatment (MAT) Services	<input type="checkbox"/>
Recovery Planning	<input type="checkbox"/>
Justice-involved Populations/Reentry Services/Diversion Programs	<input type="checkbox"/>
Youth and/or Family Services	<input type="checkbox"/>
Other	<input type="checkbox"/>

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32a. If you entered a number for "Other" in question 32, please list the other service(s) and counts for each. (Max. of 1200 characters)

TRAINING AND TECHNICAL ASSISTANCE

The following four questions ask for the number of your grant-related staff, mentors, and interns who received trainings on certain topics this reporting quarter and how many trainings your grant agency PROVIDED to your internal staff or to external organizations. (Not all service categories may apply to you, and you can enter 0.) Can you provide exact counts or estimates for these questions?

1. Exact Counts
2. Estimates

33. How many MIP mentors* received skill development training on the following topics this reporting quarter? *Mentor = A staff member or contracted individual who has been assigned as a mentor in the MIP program for all or some of the quarter; mentor has been onboarded (identified/designated) as a mentor. Each category row total should not exceed your total in Question #3.

Mentor Skill Development Training	# of mentors
Strengths-based guidance	<input type="checkbox"/>
Professional shadowing	<input type="checkbox"/>
Culturally affirming clinical or non-clinical supervision	<input type="checkbox"/>
Reflective supervision	<input type="checkbox"/>
Leadership development	<input type="checkbox"/>
Other	<input type="checkbox"/>

33a. If you entered a number for "Other" in question 33, please list the other training(s) and counts for each. (Max. of 1200 characters)

34. How many MIP interns received training on the following topics this reporting quarter? Each category row total should not exceed your total in Question #3.

Intern Training	Number of interns
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Social drivers of health (SDOH, previously "social determinants of health")	<input type="checkbox"/>
Achieving equity in providing BH services	<input type="checkbox"/>
Leadership development	<input type="checkbox"/>
Implementing BH educational programming	<input type="checkbox"/>
Outreach	<input type="checkbox"/>
Trauma-informed care	<input type="checkbox"/>
Cultural humility and culturally responsive care	<input type="checkbox"/>
Recovery principles	<input type="checkbox"/>
Evidence-based practices	<input type="checkbox"/>
Clinical standardized questionnaires (PHQ9, GAD7, PTSD, CAPS5, PCLS)	<input type="checkbox"/>
Electronic health records	<input type="checkbox"/>
Documentation training	<input type="checkbox"/>
Data tracking/collection	<input type="checkbox"/>
Outcome measures	<input type="checkbox"/>
Other	<input type="checkbox"/>

34a. If you entered a number for "Other" in question 34, please list the other training(s) and counts for each. (Max. of 1200 characters)

35. How many MIP grant-related staff and/or interns PARTICIPATED in internal (by AHP under this MIP grant) or external training(s) on the following topics this reporting quarter.*As a reminder, each MIP staff category total should not exceed your total in Question #2, each Mentor category total should not exceed your total in Question #3, and each Intern category should not exceed your total in Question #4.

Trainings Participated	# of MIP staff	# of Mentors	# of Interns
Peer Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Staff Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEI/Cultural Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder (SUD) (including alcohol) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assisted Treatment (MAT) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanding Referral Pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formalizing Partnerships/MOUs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection/Data Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Capacity Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice-involved Populations/Reentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality and Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming a 501(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving children and youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving linguistically and culturally diverse families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving persons experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35a. If you entered a number for "Other" in question 35, please list the other training(s) and counts for each. (Max. of 1200 characters)

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36. How many trainings did your MIP agency PROVIDE to internal or external staff* on the following topics this reporting quarter*External staff = staff at other orgs, other grantees, etc. *Internal staff = staff at your organization

Trainings Provided	Number of trainings
Peer Services	<input type="checkbox"/>
Peer Staff Supervision	<input type="checkbox"/>
Recovery Housing	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>
DEI/Cultural Competency	<input type="checkbox"/>
Life Skills Development	<input type="checkbox"/>
Digital Literacy	<input type="checkbox"/>
Mental Health Topics	<input type="checkbox"/>
Trauma-informed Care	<input type="checkbox"/>
Substance Use Disorder (SUD) (including alcohol) Services	<input type="checkbox"/>
Medication Assisted Treatment (MAT) Services	<input type="checkbox"/>
Recovery Planning	<input type="checkbox"/>
Community Outreach	<input type="checkbox"/>
Medi-Cal Billing	<input type="checkbox"/>
Expanding Referral Pathways	<input type="checkbox"/>
Formalizing Partnerships/MOUs	<input type="checkbox"/>
Data Collection/Data Tracking	<input type="checkbox"/>
Organizational c=Capacity Building	<input type="checkbox"/>
Justice-involved Populations/Reentry	<input type="checkbox"/>
Confidentiality and Ethics	<input type="checkbox"/>
Becoming a 501(c)(3)	<input type="checkbox"/>
Serving children and youth	<input type="checkbox"/>
Serving linguistically and culturally diverse families	<input type="checkbox"/>
Serving persons experiencing homelessness	<input type="checkbox"/>
Other	<input type="checkbox"/>

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36a. If "other", please list the type of trainings here. (Max. of 1200 characters)

37. Are you on target to meet your goals/objectives as outlined in your Implementation Plan(s) for this reporting quarter? If you need additional TTA or resources, please submit a request through the MIP Grantee Request Form.

1. Yes
2. No

38. If you answered no to question 37, please explain below (max. of 1200 characters.) If you need additional TTA or resources to help meet your goals, please submit a request through the MIP Grantee Request Form.

EDUCATIONAL PARTNER(S) AND OTHER BEHAVIORAL HEALTH PARTNERSHIPS

39. Did your educational partner(s) change this reporting quarter?

1. Yes
2. No

40. Please complete the following for your current educational partner(s).

Educational Partner	Total number of Ed partners engaged with your site in this reporting Quarter.	Total number of new Ed partners (if any) you started working with in this reporting Quarter.	Total number of Ed partner(s) you disengaged with this reporting Quarter.
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Master's Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Please list all your educational partners this reporting quarter. (Max. of 1200 characters)

42. Please describe your collaboration with your educational partner(s) this reporting quarter (ie: number of meetings, joint efforts, joint projects, plans to build a workforce pipeline etc.) (max 2400 characters):

43. How many NEW partnerships with clinical behavioral health service providers did your organization develop this reporting quarter? (Zero is an acceptable answer)

New Partnership (s)	Number of partnerships
Formal (with MOU)	<input type="checkbox"/>
Informal	<input type="checkbox"/>

44. How many NEW partnerships with non-clinical behavioral health service providers did your organization develop this reporting quarter? (Zero is an acceptable answer)

New Partnership (s)	Number of partnerships
Formal (with MOU)	<input type="checkbox"/>
Informal	<input type="checkbox"/>

STAFFING AND ORGANIZATONAL CAPACITY

45. Please select which organizational changes or efforts have been made, (if any), to increase staff and intern retention this reporting quarter?

1. Streamlining of the hiring process to ensure continuity of intern status to hiring status (upfront background checks, interim employment status, etc.)
2. Increasing staff or intern salaries
3. Providing additional incentives (wellness, apps, flexible hours, hybrid options)
4. Providing specialized trainings
5. Evidence-based practice certifications
6. Other
7. None

45a. If you chose "Other", please describe. (Max. of 1200 characters)

46. Please select if your participation in the MIP grant enabled your organization to make any of the following efforts to increase accessibility of services this reporting quarter. (All textboxes must have something to proceed. If an item is not applicable, please leave the checkbox unchecked and add N/A to the 'please explain'.)

Efforts to Increase Accessibility	Check if applicable
Extending hours of operation (increased morning hours)	<input type="checkbox"/>
Extending hours of operation (increased evening hours)	<input type="checkbox"/>
Extending hours of operation (increased weekend hours)	<input type="checkbox"/>
Expanding places of service	<input type="checkbox"/>
Increasing types of services offered	<input type="checkbox"/>
Increasing frequency of services offered	<input type="checkbox"/>
Other: (Please list)	<input type="checkbox"/>
None	<input type="checkbox"/>

46. Please select if your participation in the MIP grant enabled your organization to make any of the following efforts to increase accessibility of services this reporting quarter. (All textboxes must have something to proceed. If an item is not applicable, please leave the checkbox unchecked and add N/A to the 'please explain'.)

Efforts to Increase Accessibility	Please explain
Extending hours of operation (increased morning hours)	
Extending hours of operation (increased evening hours)	
Extending hours of operation (increased weekend hours)	

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Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct therapeutic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborations across teams or departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48a. If you answered "Other", please describe. (Max. of 1200 characters)

49. Please describe the support structure (the learning environment and mechanism of support) you provide for your interns. (max 2400 characters)

50. Please describe any challenges or successes you have experienced with your interns this reporting quarter. (max 2400 characters)

51. On average, how many hours per week do your interns meet with their mentor(s)?

1. Less than 1

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2. 1
3. 2
4. 3
5. 4
6. 5 or more

52. On average, how many hours per week do your interns meet with their supervisor(s)?

1. Less than 1
2. 1
3. 2
4. 3
5. 4
6. 5 or more

53. Did any of your interns receive employment offers this reporting quarter?

1. Yes
2. No
3. Unknown/Requires follow up with the intern(s)

53a. If yes, how many interns (by education level) received an employment offer this reporting quarter? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc)

Intern Employment Offers	Number of employment offers from our organization/organization they interned at
High school	
Community college	
Bachelor's program	
Master's program	
Doctorate program	
Post doctorate	
Other	

53a. If yes, how many interns (by education level) received an employment offer this reporting quarter? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc)

Intern Employment Offers	Number of employment offers from another MIP organization/fellow grantee
High school	
Community college	
Bachelor's program	
Master's program	
Doctorate program	
Post doctorate	
Other	

53a. If yes, how many interns (by education level) received an employment offer this reporting quarter? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc)

Intern Employment Offers	Number of employment offers from an external organization
High school	

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Community college	
Bachelor's program	
Master's program	
Doctorate program	
Post doctorate	
Other	

53a. If yes, how many interns (by education level) received an employment offer this reporting quarter? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc)

Intern Employment Offers	Staff position(s)/Titles(s) (Max of 320 characters)
High school	
Community college	
Bachelor's program	
Master's program	
Doctorate program	
Post doctorate	
Other	

53a. If yes, how many interns (by education level) received an employment offer this reporting quarter? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc)

Intern Employment Offers	Unknown/Requires follow up with the intern(s)
High school	
Community college	
Bachelor's program	
Master's program	
Doctorate program	
Post doctorate	
Other	

54. Please select all the appropriate reasons to explain why you did not make any employment offers to your interns this reporting quarter.

1. Intern(s) did not complete their internship this reporting quarter.
2. Our organization had no open job vacancies for which an intern would be suited.
3. The intern(s)'s work was unsatisfactory.
4. Other _____

54a. If you selected "other", please explain. (Max. of 1200 characters)

MENTORS

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*Mentor = A staff member or contracted individual who has been assigned as a mentor in the MIP program for all or some of the quarter. Mentor has been onboarded (identified/designated) as a mentor.

55. Of your total mentors reported in the "Mentors Demographics" section, how many were newly onboarded this reporting quarter?

56. How many MIP staff and/or mentors left your MIP agency or moved to a different position this reporting quarter? Zero is an acceptable answer.

MIP Staff/Mentor Transitions	Number
MIP Staff resigned/quit:	<input type="text"/>
MIP Staff promoted:	<input type="text"/>
MIP Staff let go:	<input type="text"/>
Mentors resigned/quit:	<input type="text"/>
Mentors who chose to be reassigned:	<input type="text"/>

56a. If staff were let go, please explain. (Max. of 1200 characters)

OUTREACH AND RECRUITMENT

57. What recruitment strategies did you use this reporting quarter (if any) –check all that apply:

1. Outreach at educational institute
2. Outreach in the community
3. Advertisement
4. Already existing partnership with educational partner
5. Online job boards
6. Referrals
7. Other
8. None

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57a. If you selected "other", please explain. (Max. of 1200 characters)

58. During this reporting quarter, did you have challenges with recruitment?

1. Yes
2. No

58a. If yes, please describe below (max. of 2400 characters)

59. During this reporting quarter, did you have challenges with retention?

1. Yes
2. No

59a. If yes, please describe below (max. of 2400 characters)

60. Did having interns increase services to the community this reporting quarter?

1. Yes
2. No
3. Unknown

SUSTAINABILITY/FUNDING

61. Did your agency experience any changes in funding sources this reporting quarter?

1. Yes
2. No

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61a. If yes, please explain. (Max. of 1200 characters)

62. Please enter any updates in funding sources this reporting quarter.

Funding Sources	There was an increase in this funding source.	There was a decrease in this funding souce.	There was no change in this funding source.	We do not have any funding from this source.
Grants/time-limited contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/federal grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County contracts (other than Medi-Cal billing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Please describe any progress you have made this reporting quarter towards sustainability to continue your MIP program after the grant period (max. of 2400 characters)

64. How many total FTE staff do you have organization-wide (not just MIP grant-related staff)?

65. Please feel free to note any additional information, concerns, or questions you have at this time (max. of 2400 characters)

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