Tribal Vehicle Quarterly Report Metrics

Contracted Tribal Agency Name

County

Report Period of Performance

Name of Person Completing Form

Narrative Questions:

1. Provide a brief (up to 50 words) executive summary of your program and how you are using the vehicles to provide access to behavioral health crisis and non-crisis services.

*Provide a written summary of the work that has been completed this quarter. A summary should include highlights of the activities and deliverables of the contract. This summary will be provided to DHCS.*

1. **2a.** Were vehicle(s) purchased this quarter Y/N (if no, do not require answers to 2b, 2c)

 2b. How many vehicle(s) were purchased this quarter? \_\_\_

 2c. Type of vehicle(s) purchased

|  |  |
| --- | --- |
| **Year, Make, Model** | **Type (drop down list)*** **Sedan**
* **SUV**
* **Passenger Van**
* **Transit Van**
* **Other**
 |

Service Delivery Data:

1. Individuals served using vehicles this quarter

*Service encounter refers to the number of people who were served utilizing the vehicles this quarter. Unduplicated individual refers to the number of unique individuals served in this quarter, regardless of whether they were served in a previous quarter.*

|  |  |
| --- | --- |
| Total Service Encounters (people served) | Unduplicated Individuals Served  |
|  |  |

1. Types of services provided (total individuals served): One service encounter may have multiple services provided. Please include total number of service types provided in all service encounters.

*Other community-based behavioral health services refer to service encounters that occur in the community, outside of home and school-based services. Other community-based services location examples are a wellness center, outpatient treatment provider, a park, or local business.*

|  |  |
| --- | --- |
| Type | Number of Service Encounters |
| Mobile crisis response  |  |
| Delivery of home-based behavioral health services, including MAT services |  |
| Delivery of school-based services |  |
| Delivery of other community-based behavioral health services, including MAT services |  |
| Transportation to outpatient behavioral health appointment, including MAT services |  |
| Transportation to or from inpatient behavioral health services |  |
| Delivery of or transportation to cultural wellness activities and other prevention and early intervention programming |  |
| Wellness Check |  |
| Other |  |

If other, please list: \_\_\_

1. Outreach, engagement, and training activities utilizing vehicle(s)

3a. Were any outreach, engagement or training events held, using these vehicles, this quarter? Y/N (if no, do not require answers to 3b, 3c

*Outreach and engagement, or training events refer to services provided while using the vehicle(s) for marketing or as a location for delivering the activity. This does not include using the vehicle(s) solely for transportation to an outreach, engagement, or training event.*

3b. How many separate activities were held, using these vehicle(s), this quarter? \_\_\_

3c. Please list activity type and number of individuals served at each event.

|  |  |
| --- | --- |
| Activity Type | Number of People Served |
| Drop Down:* Training to community
* Outreach and engagement
 |  |