

# Tribal Vehicle Quarterly Report Metrics

Contracted Tribal Agency Name

1. Blue Lake Rancheria
2. Indian Health Council, Inc.
3. Native American Health Center
4. Sonoma County Indian Health Project, Inc.
5. Friendship House Association of American Indians
6. MACT Health Board Incorporated
7. Pala Band of Mission Indians
8. Tule River Indian Health Center, Inc.
9. United Indian Health Services
10. Dry Creek Rancheria Band of Pomo Indians
11. Inner-Tribal Treatment
12. Native Directions, Inc.
13. Southern Indian Health Council, Inc.
14. Washoe Tribe of Nevada & California
15. Big Lagoon Rancheria on behalf of Two-Feathers Native American Family Services
16. Greenville Rancheria
17. Mathieson Memorial Health Clinic
18. Paskenta Band of Nomlaki Indians (Rolling Hills Clinic)
19. United American Indian Involvement, Inc.
20. Fresno American Indian Health Project
21. Kimaw Medical Center
22. New Life Health Authority
23. Toiyabe Indian Health Project
24. Yurok Tribe

County

Name of Person Completing Form

Report Period of Performance

1. Jul 1 - Sep 30, 2023
2. Oct 1 - Dec 31, 2023
3. Jan 1 - Mar 31, 2024
4. Apr 1 - Jun 30, 2024
5. Jul 1 - Sep 30, 2024
6. Oct 1 - Dec 31, 2024
7. Jan 1 - Mar 31, 2025
8. Apr 1 - Jun 30, 2025

Narrative Questions:

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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.

2a. Were vehicle(s) purchased this quarter?

- 1. Yes
- 2. No

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

2c. Type of vehicle(s) purchased this quarter. Note: Must document each individual vehicle even if the make, model, and/or year are the same.

| # | Year, Make, Model |
|---|-------------------|
| 1 |                   |
| 2 |                   |
| 3 |                   |
| 4 |                   |
| 5 |                   |

2c. Type of vehicle(s) purchased this quarter. Note: Must document each individual vehicle even if the make, model, and/or year are the same.

| # | Type |
|---|------|
| 1 |      |
| 2 |      |
| 3 |      |
| 4 |      |
| 5 |      |

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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. Note: The total service encounters must be greater than or equal to the unduplicated individuals served.

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

2. 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. For each service type, report the number of times the service was provided to individuals served during the reporting quarter.

| Service 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   |                              |

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

3a. Were any outreach, engagement or training events held, using these vehicles, this quarter? 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.

1. Yes
2. No

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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 |
|----|---------------|-------------------------|
| 1  |               |                         |
| 2  |               |                         |
| 3  |               |                         |
| 4  |               |                         |
| 5  |               |                         |
| 6  |               |                         |
| 7  |               |                         |
| 8  |               |                         |
| 9  |               |                         |
| 10 |               |                         |
| 11 |               |                         |
| 12 |               |                         |
| 13 |               |                         |
| 14 |               |                         |
| 15 |               |                         |
| 16 |               |                         |
| 17 |               |                         |

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|    |  |  |
|----|--|--|
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |