NORTH Dakota Be Legendary.™ | Behavioral Health HUMAN SERVICES

PIRE

Welcome to the *Monthly Reporting Form* for North Dakota's Disaster Response Grant to Address Mental and Substance Use Disorders following the 2019 flooding disaster.

This form will allow North Dakota's grantees to enter data about monthly progress related to the grant. The data will be used by the Behavioral Health Division (BHD) to monitor project progress and provide technical assistance as needed. Please enter your data by the 10th day of following month.

If you have questions about the content of the Monthly Reporting Form, please contact BHD. If you have technical trouble with the Monthly Reporting Form, please contact Al Stein-Seroussi (stein@pire.org, 919-265-2616) or Karen Friend (kfriend@pire.org, 401-365-1809) at PIRE.

Thank you!

Initial Report Information

Reporter's first name*
_____

Reporter's last name*
_____

Today's Date: MM/DD/YYYY*
_____

Reporting Period*
( ) December 2020/January 2021
( ) February 2021
( ) March 2021
( ) April 2021
( ) May 2021
( ) June 2021
( ) July 2021
( ) August 2021
( ) September 2021

Provider Organization*
( ) Heartview
( ) ShareHouse

Direct (Clinical) Services Provided During the Month

The first section asks about <u>direct services</u> to clients. For each category, please enter the number of unique persons who received direct services within that category. If a person received more than one type of service, please count that person ONCE. Items 2 - 5 include individuals enrolled in your program and for whom GPRA measures will be conducted.

1) Describe efforts towards the development and implementation of a comprehensive plan of evidence-based mental health and substance abuse treatment services for individuals impacted by a disaster.*

    _____

2) Total number of unique (non-duplicate) clients served this month:*

    _____

3) Categories of Clients (Total must equal the number you placed in item 2):*
    _____Total number of clients with primary Mental Health diagnoses
    _____Total number of clients with primary SUD diagnoses

4) Total number of clients with co-occurring MH and SUD diagnoses served this month (number should not exceed the number you entered in item 2):*

    _____

5) Please check all the types of direct services you provided this month.*
[ ] Mental Health Outpatient Treatment
[ ] Residential Treatment
[ ] Substance Use Disorder Outpatient Treatment (Day Treatment, IOP, Aftercare, etc.)
[ ] Peer Support Services
[ ] Medication Assisted Treatment (MAT) (Buprenorphine, Naltrexone, Methadone, etc.)
[ ] Assessment
[ ] Social Detoxification
[ ] Medical/Psychiatric Treatment
[ ] Other: _____
[ ] None

Other (Non-clinical) Services Provided During the Month

The next section asks about services other than direct services to clients (e.g., screening, community outreach). GPRA is not required for any individual counted in this section.

<u>Implementation of Screening and Assessment</u>

6) How many SUD screenings/assessments were conducted this reporting period?*
   _____

7) How many MH screenings/assessments were conducted this reporting period?*
   _____

8) Please describe progress and challenges regarding SUD and/or MH screenings/assessments this reporting period:*
   _____

9) In your view, have your screening instruments been able to identify the needs of clients? [Y/N]

10) [If no] Why not? [text field]

11) Have any concerns arisen about privacy/confidentiality of screening individuals during the COVID-19 pandemic? [Y/N]

12) [If yes] Please describe. [text field]

13) Enter the number of individuals you referred for mental health or related services to other providers this month, as a result of the grant.* [numeric field]

14) Briefly describe any referrals made to other providers.*

   _____

15) Have referral pathways been disrupted during the pandemic? [Y/N]
16) [If yes] Please describe AND indicate if they have been restored.

17) Briefly describe community outreach efforts.*

   _____

18) Number of people reached through community outreach efforts:*

_____

<u>Partnership and/or Collaborations</u>

In this section, we will ask that you enter information about the organizations with which you collaborated, coordinated, or shared information *for the first time* during the month. If you entered these organizations in previous monthly reports, please do not repeat them here.

19) Number of **organizations** that you collaborated, coordinated, or shared resources with *for the first time*, as a result of the grant.*

For each organization, please describe the new partnership/collaborations.

20) Name of organization:* [text field]

21) Describe the collaboration, coordination, information sharing activities:* [text field]

Repeat as needed

22) In addition, with which organizations did you collaborate this reporting period (whether new or not)?

_____

<u>Training</u>
In this section, we will ask you to provide information about training and the people who received training in prevention or mental health promotion, as a result of this grant. DO NOT INCLUDE individuals who are members of the mental health workforce.

23) Number of training events that included individuals NOT in the mental health workforce. The number of events includes those that your organization hosted for others and those that your staff attended as part of this grant.*

24) For each training event, please provide the name of the training, a description of the training, and the number of people trained (NOT in the mental health workforce).

25) Name of training:* [text field]

26) Description of training:* [text field]
27) Number of people trained (NOT in the mental health workforce):*[numeric field]

Repeat as needed

Successes, Barriers, and Sustainability

28) Please describe any successes you experienced during the month.*
   _____

29) Please describe barriers you experienced this month and efforts you took to overcome them.*
30) Discuss any measures you are taking to sustain the activities of the grant beyond the grant, the obstacles to sustainability, and your plans for working towards sustainability during the next reporting period.

31) How will a return to normalcy affect the project as you have adapted it to a pandemic environment?
   _____

32) Do you have any requests for training and/or technical assistance?*
   _____

33) Is there any other information you would like to add to this monthly report?*
   _____
   _____

Thank You!

Thank you for completing your Monthly Reporting Form.