

Sonoma County Department of Health Services Behavioral Health Division MHTSA Quarterly Report

Email an electronic copy of the MHTSA Quarterly Report to: BHquarterlyreports@sonoma-county.org

PART A: MHTSA PROGRAM BACKGROUND

1. MHTSA Program Background			
Agency/Organization:			
MHTSA Initiative:	<input type="checkbox"/> System of Care (CSS, INN)	<input type="checkbox"/> PEI	
Current Fiscal Year:	<input style="width: 100%;" type="text"/>		
Current Quarter:	<input type="checkbox"/> 1 (July –Sept)	<input type="checkbox"/> 2 (Oct-Dec)	<input type="checkbox"/> 3 (Jan-Mar) <input type="checkbox"/> 4 (April-June)

2. Quarterly Report Contact Information		
Name(s)	Email Address	Phone Number

PART B: DIRECT SERVICES: DEMOGRAPHIC BACKGROUND OF INDIVIDUALS SERVED

3. Total Numbers Served				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Total				

4. Total Numbers Served by Age				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Children & Youth (0-15)				
Transition Age Youth (16-25)				
Adult (26-59)				
Older Adult (60+)				
<i>Missing/Unknown</i>				
<i>Declined to State</i>				
Total				

5. Total Numbers Served by Gender				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Female				
Male				
Transgender				
Other				
<i>Missing/Unknown</i>				
<i>Declined to State</i>				
Total				

6. Total Numbers Served by Race/Ethnicity				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
White				
African American				
Asian				
Pacific Islander				
Native American				
Hispanic				
Multi				
Other				
<i>Missing/Unknown</i>				
<i>Declined to State</i>				
Total				

7. Total Numbers Served by Primary Language				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
English				
Spanish				
Other				
<i>Missing/Unknown</i>				
<i>Declined to State</i>				
Total				

8. Total Numbers Served by Culture				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
LGBTQ				
Veteran				
Homeless				
Individuals in Foster Care				
Other: (please specify below)				
Total				

9. Total Numbers Served by Medi-Cal*				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Medi-Cal Beneficiaries				
Total				

**Table 9 should only be completed by Community Services and Supports (CSS) programs serving Medi-Cal clients*

10. Total Number of Sessions/Contacts/Visits (for clients who are new and from previous quarters)				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Total				

PART C: OUTREACH AND ENGAGEMENT (NON-DIRECT SERVICES DATA)

11. Estimated Numbers Encountered/Reached				
	Quarter 1 July 1 st – Sept 30 th	Quarter 2 Oct 1 st – Dec 31 st	Quarter 3 Jan 1 st – Mar 31 st	Quarter 4 April 1 st – June 30 th
Total				

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
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A)

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PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
B)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
c)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
D)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
E)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
F)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
G)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
H)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
I)		

PART D: NARRATIVE DESCRIPTION OF SERVICES

12. NUMBER AND TYPE OF SERVICES PROVIDED	13. CLIENT, CONSUMER & FAMILY OUTCOMES	14. IMPLEMENTATION CHALLENGES
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J)

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