

Mentored Internship Program



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.

Once you arrive at the end of the survey and you have answered all questions, click "submit" and you will receive a confirmation email with a copy of your survey responses.

For any questions regarding this data report, please email bhwddata@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 period 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. (Contact your Grantee Coach if you need a copy.)

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

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

*** Grantee Agency Name**

- Advenist Health Clear Lake
- Aldea, Inc.
- AltaMed Health Services
- Another Choice, Another Chance
- Archway Recovery Services, Inc.
- Bartz-Altadonna Community Health Center
- Caminar
- Casa Pacifica Centers for Children & Families
- Center Point, Inc.

- Children's Home of Stockton
- Chinatown Service Center
- Citrus Counseling Services, Inc.
- CJSP El Hogar Community Services, Inc.
- CommuniCare Health Centers
- Community Solutions for Children, Families and Individuals
- Compator, Inc.
- Comprehensive Community Health Centers
- Council on Alcoholism and Drug Abuse
- Dignity Community Care dba California Hospital Medical Center
- Dual Diagnosis dba Health Care Integrated Services Inc.
- El Dorado County Community Health Center
- El Hogar Community Services Inc.
- Episcopal Community Services of San Francisco
- Family Alliance for Counseling Tools & Resolution
- Family Dynamics Resource Center
- Florence Crittenton Services of Orange County; DBA Crittenton Services for Children & Families
- Foothill Family Service
- Fred Brown Recovery Services
- Fresno Family Counseling Center/California State University, Fresno Foundation
- Gardner Family Health Network, dba Gardner Health Services (Specialty Behavioral Health Division)
- Gateways Hospital and Mental Health Center

- Gateways Hospital and Mental Health Center, Conditional Release Program (CONREP)
- Glenn County
- Grandma's House of Hope
- Greater Hope Foundation for Children, Inc. (DBA: A Greater Hope)
- Health Service Alliance
- HealthRIGHT 360
- Helpline Youth Counseling, Inc.
- HEPPAC
- Higher Ground Youth and Family Services
- Hill Country Community Clinic
- Humboldt County Department of Health and Human Services, Behavioral Health
- Imperial County Behavioral Health Services
- Inner-Tribal Treatment
- Insights Counseling Group
- Janus of Santa Cruz
- Kings View
- Korean Community Center of the East Bay
- Korean Community Services dba KCS Health Center
- La Clinica de La Raza, Inc.
- LAGS Recovery Centers, Inc.
- LifeLong Medical Care
- Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA)
- Mathiesen Memorial Health Clinic

- Mendocino County Behavioral Health and Recovery Services
- Merced County Behavioral Health and Recovery Services
- Momentum for Health
- Monterey County Health Department, Behavioral Health Bureau
- Norooz Clinic Foundation
- North County Health Project, Inc., d.b.a TrueCare
- Open Door Community Health Centers
- PathPoint
- Penny Lane Centers
- Petaluma Health Center
- Phoenix House Orange County, Inc.
- Phoenix Houses of Los Angeles, Inc.
- Portia Bell Hume Behavioral Health and Training Center
- Quality Group Homes DBA Quality Counseling Center
- Rancho San Antonio Boys Home, Inc.
- Rebekah Children's Services
- Redwood Community Services Inc.
- Remarkable Marriage and Family Institute dba Remarkable Services
- Riverside University Health System - Behavioral Health
- Sacramento Youth Center
- Samuel Dixon Family Health Center, Inc.
- San Diego Center for Children

- San Diego Freedom Ranch, Inc.
- San Mateo County Health Foundation
- Seneca Family of Agencies
- Sharp HealthCare Foundation on behalf of Sharp Mesa Vista Hospital
- Shasta Community Health Center
- Sierra Meadows Foundation
- Social Model Recovery Systems, Inc.
- St. John's Community Health
- St. Joseph Center
- Stanford Youth Solutions
- STEPS Program at El Dorado Community Health Center
- Sycamores
- Tarzana Treatment Centers, Inc.
- The AMAAD Institute
- The Anti-Recidivism Coalition (ARC)
- The Center for Sexuality & Gender Diversity
- The DreamPower Foundation
- The Guidance Center
- The Happier Life Project
- The Purpose of Recovery Inc
- The Regents of the University of California, Davis
- The Village Family Services
- Tulare County Health and Human Services Agency, Mental Health Branch

- United Indian Health Services
- Valley Health Associates
- Venice Family Clinic
- Ventura County Behavioral Health Department/County of Ventura
- Via Care Community Health Center
- Victor Community Support Services, Inc.
- Vista Hill Foundation
- Vista Hill ParentCare Central
- Wesley Health Centers (JWCH)
- WestCoast Children's Clinic
- 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.**

Please include the contact information for the person responsible for submitting this form.

*This is the email address that will receive the continue link should you choose to save and return to this form before final submission. This email will also be sent a confirmation email with a copy of your survey responses after you submit.

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 MIP 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 period.

*** 1. What is your total number of individuals served* as of the end of this reporting period?**

(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 period?**

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 period, 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” or "Declined to answer" options.

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

- Yes, we can provide at least some 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" or "Declined to answer" options below.)
- No, we do not collect this information.

*** 3a. Total number of all individuals served in this reporting period who are aged:**

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>

0

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

- Yes, we can provide at least some 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" or "Declined to answer" options below.)
- No, we do not collect this information.

*** 4a. Number of individuals served this reporting period who identify as:**

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

Declined to answer

0

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)

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

- Yes, we can provide at least some 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" or "Declined to answer" options below.)
- No, we do not collect this information.

*** 5a. Number of all individuals served in this reporting period who identify as:**

Heterosexual/Straight	<input type="text"/>
Gay	<input type="text"/>
Lesbian	<input type="text"/>
Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>

0

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?**

- Yes, we can provide at least some 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" or "Declined to answer" options below.)
- No, we do not collect this information.

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

American Indian/Alaskan Native	<input type="text"/>
Asian American	<input type="text"/>
Black/African American	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>
Latinx/Chicanx/Hispanic	<input type="text"/>
More than one race	<input type="text"/>
White	<input type="text"/>

Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

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)

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

- 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.)
- No, we do not collect this information.

*** 7a. Number of all individuals served in this reporting period who speak:**

(If an individual speaks more than one language, count one for EACH language.)

	Number served
English	<input type="text"/>
Spanish	<input type="text"/>
Mandarin	<input type="text"/>
Cantonese	<input type="text"/>
Tagalog (including Filipino)	<input type="text"/>
Vietnamese	<input type="text"/>

Korean	
Armenian	
Persian	
Arabic	
	Number served
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	

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)

*** 8. Did you have individual representation from the following groups during this reporting period?**

[Check all that apply]

- Unhoused (aka person experiencing homelessness)
- Returning to community from incarceration/Justice-involved.
- Experiencing drug/alcohol challenges and/or in recovery from drug or alcohol problems.
- Experiencing mental health challenges and/or in recovery from a mental illness.

- 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 or the MIP-funded site as of the end of this reporting period? (full time + part time)

***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.**

- * 9a. Of the MIP staff you entered in the previous question, how many identify as peers?

***Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience**

- * 10. How many total FTE staff do you have organization-wide (including but not limited to MIP grant-related staff) as of the end of this reporting period?

* 10a. Of the total organization-wide staff you entered in the previous question, how many identify as peers?

***Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience**

* 11. How many total part-time staff do you have organization-wide (including but not limited to MIP grant-related staff) as of the end of this reporting period?

Demographics Instructions: The following questions are based on the total given in Question 9 or Question 10 above. The totals given in each demographic section must match the totals provided in the staff total question you choose in order to continue. For example, if you report you had 10 total staff this reporting period, 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" or "Declined to answer" options.

* 12. Do you collect information on the age of staff?

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the MIP grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 12a. Number of all staff in this reporting period who are aged:**

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

*** 12a. Number of all staff in this reporting period who are aged:**

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>

46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

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

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the MIP grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 13a. Number of staff this reporting period who identify as:**

Cisgender men (ie., identify with male gender assigned at birth)	<input type="text"/>
Cisgender women (i.e., identify with female gender assigned at birth)	<input type="text"/>
Transgender men/Transmasculine	<input type="text"/>

Transgender women/Transfeminine	<input type="text"/>
Non-binary/Genderqueer/Gender non-conforming	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

13b. If you entered a number for "Other" in question 12a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

*** 13a. Number of staff this reporting period who identify as:**

Cisgender men (ie., identify with male gender assigned at birth)	<input type="text"/>
Cisgender women (i.e., identify with female gender assigned at birth)	<input type="text"/>
Transgender men/Transmasculine	<input type="text"/>
Transgender women/Transfeminine	<input type="text"/>

Non-binary/Genderqueer/Gender non-conforming

Other

Unknown

13b. If you entered a number for "Other" in question 12a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the MIP grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 14a. Number of all staff in this reporting period who identify as:**

Heterosexual/Straight

Gay

Lesbian

Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

14b. If you entered a number for "Other" in question 13a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

*** 14a. Number of all staff in this reporting period who identify as:**

Heterosexual/Straight	<input type="text"/>
Gay	<input type="text"/>
Lesbian	<input type="text"/>
Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>

Unknown

14b. If you entered a number for "Other" in question 13a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the MIP grant . (If you can only provide some exact counts, subtract the total from your answer to Question #9 and enter the remaining amount in the "Unknown" option below.)
- Yes, we can provide exact counts and will be reporting on total organization-wide staff. (If you can only provide some exact counts, subtract the total from your answer to Question #10 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 15a. Number of all staff this reporting period who are:**

American Indian/Alaskan
Native

Asian American

Black/African American

Native Hawaiian/Pacific
Islander

Latinx/Chicanx/Hispanic

More than one race	<input type="text"/>
White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

15b. If you entered a number for "Other" in question 14a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

*** 15a. Number of all staff this reporting period who are:**

American Indian/Alaskan Native	<input type="text"/>
Asian American	<input type="text"/>
Black/African American	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>
Latinx/Chicanx/Hispanic	<input type="text"/>
More than one race	<input type="text"/>

White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
	<input type="text" value="0"/>

15b. If you entered a number for "Other" in question 14a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts and will be reporting only on staff doing work related to the MIP grant .
- Yes, we can provide exact counts and will be reporting on total organization-wide staff.
- No, we do not collect this information.

*** 16a. Number of all staff in this reporting period who speak:**

(If a staffer speaks more than one language, count one for EACH language.)

	Number of staff
English	<input type="text"/>
Spanish	<input type="text"/>
Mandarin	<input type="text"/>
Cantonese	<input type="text"/>
Tagalog (including Filipino)	<input type="text"/>

Vietnamese	
Korean	
Armenian	
Persian	
Arabic	
Number of staff	
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	

16b. If you entered a number for "Other" in question 15a, please list the other language(s) and counts for each. (Max. of 1200 characters)

*** 16a. Number of all staff in this reporting period who speak:**

(If a staffer speaks more than one language, count one for EACH language.)

	Number of staff
English	
Spanish	

Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	
Armenian	
Persian	
Arabic	
Number of staff	
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	
Hmong	
Khmer	
Other	

16b. If you entered a number for "Other" in question 15a, please list the other language(s) and counts for each. (Max. of 1200 characters)

MENTOR DEMOGRAPHICS

*Mentor = To be considered a mentor, the individual does not need to be assigned mentee(s)/intern(s) yet, the individual just needs to have been onboarded (identified) as a mentor.

*** 17. What is your total number of MIP mentors* as of the end of this reporting period?**

*** 17a. Of the total MIP mentors you entered in the previous question, how many identify as peers*?**

*Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience

Demographics Instructions:

The following questions are based on the total given in Question 16 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 period, 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.

*** 18. Do you collect information on the age of mentors?**

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #16 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 18a. Number of all mentors in this reporting period who are aged:**

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #16 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 19a. Number of mentors this reporting period who identify as:**

Cisgender men (ie., identify with male gender assigned at birth)	<input type="text"/>
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Cisgender women (i.e., identify with female gender assigned at birth)	<input type="text"/>
Transgender men/Transmasculine	<input type="text"/>
Transgender women/Transfeminine	<input type="text"/>
Non-binary/Genderqueer/Gender non-conforming	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

19b. If you entered a number for "Other" in question 18a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #16 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 20a. Number of all mentors in this reporting period who identify as:**

Heterosexual/Straight	<input type="text"/>
Gay	<input type="text"/>
Lesbian	<input type="text"/>
Bisexual/Pan	<input type="text"/>
Queer	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

20b. If you entered a number for "Other" in question 19a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #16 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 21a. Number of all mentors this reporting period who identify as:**

American Indian/Alaskan Native	<input type="text"/>
Asian American	<input type="text"/>
Black/African American	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>
Latinx/Chicanx/Hispanic	<input type="text"/>
More than one race	<input type="text"/>
White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

21b. If you entered a number for "Other" in question 20a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide at least some exact counts.
- No, we do not collect this information.

* **22a. Number of all mentors in this reporting period who speak:
(If a mentor speaks more than one language, count one for EACH language.)**

	Number of staff
English	
Spanish	
Mandarin	
Cantonese	
Tagalog (including Filipino)	
Vietnamese	
Korean	
Armenian	
Persian	
Arabic	
	Number of staff
Russian	
Punjabi	
Japanese	
French	
German	
Hindi	

Hmong

Khmer

Other

22b. If you entered a number for "Other" languages in question 21a, please list the other language(s) and counts for each. (Max. of 1200 characters)

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INTERN DEMOGRAPHICS

*MIP interns must be associated with an Educational Partner and have been onboarded. An Educational Partner is an educational institution that has agreed to participate in the MIP program by recruiting and sending students to the BH org/MIP site. An intern is onboarded if they have accepted an internship position at the BH org/MIP site.

*** 23. What is your total number of MIP interns* as of the end of this reporting period?**

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23a. Of the total MIP interns you entered in the previous question, how many identify as peers*?

*Peer: an individual with lived experience of mental health and/or substance use disorder or a family member of an individual with lived experience

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Demographics Instructions:

The following questions are based on the total given in Question 22 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 period, 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.

*** 24. Do you collect information on the age of interns?**

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #22 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 24a. Number of all interns in this reporting period who are aged:**

17 and under	<input type="text"/>
18-25	<input type="text"/>
26-35	<input type="text"/>
36-45	<input type="text"/>
46-65	<input type="text"/>
66 and over	<input type="text"/>
Unknown	<input type="text"/>

Declined to answer

0

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #22 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 25a. Number of interns this reporting period who identify as:**

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

Declined to answer

25b. If you entered a number for "Other" in question 24a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #22 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 26a. Number of all interns in this reporting period who identify as:**

Heterosexual/Straight

Gay

Lesbian

Bisexual/Pan

Queer

Other

Unknown

Declined to answer

0

26b. If you entered a number for "Other" in question 25a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide exact counts. (If you can only provide some exact counts, subtract the total from your answer to Question #22 and enter the remaining amount in the "Unknown" option below.)
- No, we do not collect this information.

*** 27a. Number of all interns this reporting period who identify as:**

American Indian/Alaskan
Native

Asian American

Black/African American

Native Hawaiian/Pacific
Islander

Latinx/Chicanx/Hispanic

More than one race

White	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Declined to answer	<input type="text"/>
	<input type="text" value="0"/>

27b. If you entered a number for "Other" in question 26a, please list the other identification(s) and counts for each. (Max. of 1200 characters)

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

- Yes, we can provide at least some exact counts.
- No, we do not collect this information.

*** 28a. Number of all interns in this reporting period who speak:
(If an intern speaks more than one language, count one for EACH language.)**

	Number of staff
English	<input type="text"/>
Spanish	<input type="text"/>
Mandarin	<input type="text"/>
Cantonese	<input type="text"/>
Tagalog (including Filipino)	<input type="text"/>

Vietnamese

Korean

Armenian

Persian

Arabic

Number of staff

Russian

Punjabi

Japanese

French

German

Hindi

Hmong

Khmer

Other

28b. If you entered a number for "Other" in question 27a, please list the other language(s) and counts for each. (Max. of 1200 characters)

ACCOMPLISHMENTS AND CHALLENGES

*** 29. Note 2-3 major milestones or accomplishments this reporting period. (Max. of 1200 characters)**

*** 30. Please select all the areas below in which you have experienced any challenges or barriers this reporting period.**

(Not all options are relevant to all grants within BHWD.)

	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Recruitment (of staff/interns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention (of staff/interns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing (other staffing challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program/Service (development, coordination)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget/Funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operations/Administrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliverable/contract requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Intern engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering intern employment post-internship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hiring lag for interns post-internship (ASW licensing time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health partners/referral pathways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peer certification (CA peer support specialist certification)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Cal billing (preparation, infrastructure, maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach (community outreach/client recruitment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data (collection, storage, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	We had challenges and they are now resolved.	We had challenges and they are persisting.	We had no challenges.	N/A
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30a. Optional: Please elaborate on these challenges. If you selected "Other", please describe. (Max. of 2400 characters)

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

- Outreach or recruitment flyers
- One-page guides
- Onboarding manuals
- Training handbooks
- MOUs
- Policies and procedures
- Educational curriculum
- Documentation guides

How-To videos

None

Other

* 31a. If you answered "other" to question 30, please list below. (Max. of 1200 characters)

31b. For each box selected in question 30, please attach 1 copy of each of your program materials (max: 10 uploads). Note: If your materials are electronically available, please include a PDF with links to the existing materials. You will not be able to upload video files to this space. If you have a video or otherwise exceed the maximum upload capacity, please directly email your files to the project inbox. Include your organization name and unique ID in the body of the email. Reach out to your grantee coach if you have additional issues.

File 0 of 10

Max file size: 50.0 MB



Drag your file here
or [Browse](#)

*** 32. Has your MIP organization created or utilized any outcome measures or data collection tools to improve your MIP program during this reporting period?**

[Select all that apply.]

(Not all options are relevant to all grants within BHWD.)

Participant satisfaction surveys

- Intern satisfaction surveys
- Exit interview surveys
- Qualitative and/or quantitative program evaluation measures
- Pre & post intern competency measures
- Pre & post mentor competency measures
- Pre & post training competency measures
- Cost/benefit analysis of program or service
- Process evaluation/document peer support delivery
- Impact/Outcome Evaluation
- Needs assessment
- Logic model matrix
- Sustainability assessment / PSAT Tool
- Other (Patient satisfaction with MIP intern, Mentor satisfaction with MIP program, Admin cost/benefit of BHWD program, etc.)
- None

* 32a. If you answered "other" to question 31, please describe below. (Max. of 1200 characters)

32b. For each option selected in question 31b, if any, please attach 1 copy of each of your evaluation program materials (max: 10 uploads). Note: If your materials are electronically available, please include a PDF with links to the existing materials. If you exceed the maximum upload capacity, please directly email your files to the project inbox. Include your organization name and unique ID in the body of the email. Reach out to your grantee coach if you have additional issues.



Drag your file here
or [Browse](#)

*** 33. Did you purchase IT or telehealth infrastructure and equipment with MIP funds this reporting period?**

Yes

No

*** 33a. 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.)

34. Can you provide exact counts or estimates for these questions?

Exact Counts

Estimates

* 35. Select all of the services that your organization provides DIRECTLY.

Based on the services you select below, you will be prompted to enter the number of individuals who received each service directly from your organization during this reporting period on the following page.

(The next questions will ask for the services you connect individuals to through a referral. For example, your organization may provide mental health services directly and you may refer individuals you serve to a partner organization for substance use services.)

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Services
- Trauma-Informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Justice-involved Populations/Reentry Services/Diversion Programs
- Youth and/or Family Services
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Services

* Trauma-Informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Justice-involved Populations/Reentry Services/Diversion Programs

* Youth and/or Family Services

* Other

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

* 36. Select all of the services that your organization REFERRED individuals to receive through a partner organization.

Based on the services you select below, you will be prompted to enter the number of individuals who

received each service through a REFERRAL from your organization during this reporting period on the following page.

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Services
- Trauma-Informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Justice-involved Populations/Reentry Services/Diversion Programs
- Youth and/or Family Services
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Services

* Trauma-Informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Justice-involved Populations/Reentry Services/Diversion Programs

* Youth and/or Family Services

* Other

36a. If you entered a number for "Other" in question 36, please list the other service(s) and counts for each. (Max. of 1200 characters)

* 37. What recruitment strategies did you use this reporting period (if any) –check all that apply:

- Outreach in the community
- Advertisement
- Online job boards
- Recruitment from existing behavioral health partnerships
- Referrals
- Other
- None

37a. If you selected "other", please explain. (Max. of 1200 characters)

*** 38. Did having interns increase services to the community this reporting period?**

- Yes
- No
- Unknown

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 period and how many trainings your grant agency PROVIDED to your internal staff or to external organizations.**

(Not all service categories may apply to you.)

39. Can you provide exact counts or estimates for these questions?

- Exact Counts
- Estimates

*** 40. Select all of the training topics that your MIP grant-related staff (excluding MIP Mentors and MIP Interns) PARTICIPATED in training(s) on this reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?**

***There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your MIP grant-related staff who participated in trainings on each topic during this reporting period on the following page.**

(The next questions will ask for the trainings you PROVIDED/HOSTED to your own staff or external staff from other organizations.)

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Topics
- Trauma-informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Community Outreach
- Medi-Cal Billing
- Expanding Referral Pathways
- Formalizing Partnerships/MOUs
- Data Collection/Data Tracking
- Organizational Capacity Building
- Justice-involved Populations/Reentry
- Confidentiality and Ethics
- Becoming a 501(c)(3)

- Serving children and youth
- Serving linguistically and culturally diverse families
- Serving persons experiencing homelessness
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Topics

* Trauma-informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

*

41. Select all of the training topics that your **MIP Mentors** PARTICIPATED in training(s) on this reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?

***There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your MIP Mentors who participated in trainings on each topic during this reporting period on the following page.**

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Topics
- Trauma-informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Community Outreach
- Medi-Cal Billing
- Expanding Referral Pathways
- Formalizing Partnerships/MOUs
- Data Collection/Data Tracking
- Organizational Capacity Building

- Justice-involved Populations/Reentry
- Confidentiality and Ethics
- Becoming a 501(c)(3)
- Serving children and youth
- Serving linguistically and culturally diverse families
- Serving persons experiencing homelessness
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Topics

* Trauma-informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

* 42. Select all of the training topics that your **MIP Interns** PARTICIPATED in training(s) on this reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?

***There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your MIP Interns who participated in trainings on each topic during this reporting period on the following page.**

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy
- Mental Health Topics
- Trauma-informed Care
- Substance Use Disorder (SUD) (including alcohol) Services
- Medication Assisted Treatment (MAT) Services
- Recovery Planning
- Community Outreach
- Medi-Cal Billing
- Expanding Referral Pathways
- Formalizing Partnerships/MOUs

- Data Collection/Data Tracking
- Organizational Capacity Building
- Justice-involved Populations/Reentry
- Confidentiality and Ethics
- Becoming a 501(c)(3)
- Serving children and youth
- Serving linguistically and culturally diverse families
- Serving persons experiencing homelessness
- Other

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Topics

* Trauma-informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

42a. If you entered a number for "Other" in question 42, please list the other training(s) and counts for each. (Max. of 1200 characters)

* 43. Select all of the training topics that your MIP agency PROVIDED/HOSTED to internal or external staff* this reporting period.

There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of your MIP grant-related staff who participated in trainings on each topic during this reporting period on the following page.

*External staff = staff at other orgs, other grantees, etc.

*Internal staff = staff at your organization

- Peer Services
- Peer Staff Supervision
- Recovery Housing
- Crisis Intervention
- DEI/Cultural Competency
- Life Skills Development
- Digital Literacy

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

* Peer Services

* Peer Staff Supervision

* Recovery Housing

* Crisis Intervention

* DEI/Cultural Competency

* Life Skills Development

* Digital Literacy

* Mental Health Topics

* Trauma-informed Care

* Substance Use Disorder (SUD) (including alcohol) Services

* Medication Assisted Treatment (MAT) Services

* Recovery Planning

* Community Outreach

* Medi-Cal Billing

* Expanding Referral Pathways

* Formalizing Partnerships/MOUs

* Data Collection/Data Tracking

* Organizational c=Capacity Building

* Justice-involved Populations/Reentry

* Confidentiality and Ethics

* Becoming a 501(c)(3)

* Serving children and youth

* Serving linguistically and culturally diverse families

* Serving persons experiencing homelessness

* Other

43a. If you entered a number for "Other" in question 43, please list the other training(s) and counts for each. (Max. of 1200 characters)

*** 44. Mentor-specific training: How many MIP mentors* received skill development training on the following topics this reporting period (excluding any of the mandatory trainings provided by or through AHP with this grant)?**

*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 period; mentor has been onboarded (identified/designated) as a mentor.

	# of mentors
Strengths-based guidance	
Professional shadowing	
Culturally affirming clinical or non-clinical supervision	
Reflective supervision	
Leadership development	
Other	

44a. If "other", please list the type of trainings here. (Max. of 1200 characters)

*** 45. Intern-specific training: How many MIP interns received training on the following topics this reporting period?**

	Number of interns
Social drivers of health (SDOH, previously "social determinants of health")	
Achieving equity in providing BH services	
Leadership development	
Implementing BH educational programming	
Outreach	
Trauma-informed care	
Cultural humility and culturally responsive care	

Recovery principles	
Evidence-based practices	
Clinical standardized questionnaires (PHQ9, GAD7, PTSD, CAPS5, PCLS)	
	Number of interns
Electronic health records	
Documentation training	
Data tracking/collection	
Outcome measures	
Other	

45a. If you entered a number for "Other" in question 39, please list the other training(s) and counts for each. (Max. of 1200 characters)

*** 46. Are you on target to meet your goals/objectives as outlined in your Implementation Plan(s) for this reporting period?**

If you need additional TTA or resources, please submit a request through the [MIP Grantee Request Form](#).

Yes

No

* 47. If you answered no to question 41, please explain below or enter "N/A" (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

* 48. Did your educational partner(s) change this reporting period?

- Yes
- No

* 49. Please complete the following for your current educational partner(s) as of the end of this reporting period.

*Only count the ed partners that have an MOU (memorandum of understanding) with your organization.

	Total number of Ed partners with an MOU with your MIP site in this reporting period.	Total number of new Ed partners (if any) you developed an MOU with in this reporting period.	Total number of Ed partner(s) you disengaged with this reporting period.
High School			
Community College			
Bachelor's Program			
Master's Program			
Doctorate Program			
Post Doctorate			

Other

--	--	--

* 50. Please list all your educational partners* this reporting period. (Max. of 1200 characters)

*Only count the ed partners that have an MOU (memorandum of understanding) with your organization.

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

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

Number of partnerships

Formal (with MOU)

Informal

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

Number of partnerships

Formal (with MOU)

Informal

STAFFING AND ORGANIZATIONAL CAPACITY

*** 54. How many MIP grant-related staff and MIP mentors did your organization ONBOARD this reporting period?**

	# Onboarded
Full-time Paid Staff Members	
Part-time Paid Staff Members	
MIP Mentors	

*** 55. How many MIP staff and/or mentors left your MIP agency or moved to a different position as of the end of this reporting period? Zero is an acceptable answer.**

	Number
MIP Staff resigned/quit:	
MIP Staff promoted:	
MIP Staff let go:	
Mentors resigned/quit:	
Mentors who chose to be reassigned:	
Other	

55a. If "other", please explain. (Max. of 1200 characters)

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

- Streamlining of the hiring process to ensure continuity of intern status to hiring status (upfront background checks, interim employment status, etc.)

- Increasing staff or intern salaries
- Providing additional incentives (wellness, apps, flexible hours, hybrid options)
- Providing specialized trainings
- Evidence-based practice certifications
- Other
- None

56a. If you chose "Other", please describe. (Max. of 1200 characters)

*** 57. 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 period.**

(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'.)

	Check if applicable	Please explain
Extending hours of operation (increased morning hours)	<input type="checkbox"/>	<div style="border: 1px solid #ccc; height: 30px; background-color: #f9f9f9;"></div>
Extending hours of operation (increased evening hours)	<input type="checkbox"/>	<div style="border: 1px solid #ccc; height: 30px; background-color: #f9f9f9;"></div>
Extending hours of operation (increased weekend hours)	<input type="checkbox"/>	<div style="border: 1px solid #ccc; height: 30px; background-color: #f9f9f9;"></div>
Expanding places of service	<input type="checkbox"/>	<div style="border: 1px solid #ccc; height: 30px; background-color: #f9f9f9;"></div>

Increasing types of services offered

Increasing frequency of services offered

Other: (Please list)

None

INTERNS

*An "engaged intern" refers to MIP interns who have been onboarded during this reporting period or who are continuing their internship from a previous reporting period.

*** 58. Please fill in the following for the number of interns who were engaged at your site, newly onboarded, exited prematurely, or completed their internship as of the end of this reporting period based on education level:**

	Total number of interns engaged at your site this reporting period	Total number of NEW interns you onboarded this reporting period	Total number of interns who did not complete their internship term or exited their internship prematurely this reporting period	Total number of interns who completed their internship this reporting period
High school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community college	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bachelor's program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Master's program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctorate program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Doctorate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other

--	--	--	--

*** 59. Please enter the number of interns by education level who engaged in the following practice activities at your site this reporting period.**

	High school	Community College	Bachelor's program	Master's program	Doctorate program	Post doctorate	Other
Shadowing							
Case management							
Direct therapeutic services							
Documentation							
Group facilitation							
Outreach							
Trainings							
Administrative tasks							
Special projects							
Collaborations across teams or departments							
	High school	Community College	Bachelor's program	Master's program	Doctorate program	Post doctorate	Other
Other							

59a. If you answered "Other", please describe. (Max. of 1200 characters)

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

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

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

- Less than 1
- 1
- 2
- 3
- 4
- 5 or more

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

- Less than 1
- 1
- 2
- 3
- 4

5 or more

*** 64. Did any of your interns receive employment offers this reporting period?**

Yes

No

Unknown/Requires follow up with the intern(s)

*** 64a. If yes, how many interns (by education level) received an employment offer as of the end of this reporting period? (If you have multiple position entries, please number them: i.e. 1. Intake specialist, 2. Staff clinician, etc.)**

	Number of employment offers from our organization/organization they interned at	Number of employment offers from another MIP organization/fellow grantee	Number of employment offers from an external organization	Staff position(s)/Title (Max of 320 characters)
High school				
Community college				
Bachelor's program				
Master's program				
Doctorate program				
Post doctorate				
Other				

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

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

* 65a. If you selected "other", please explain. (Max. of 1200 characters)

SUSTAINABILITY/FUNDING

* 66. Did your agency experience any changes in funding sources this reporting period?

- Yes
- No

* 66a. Please explain your changes in funding sources. (Max. of 1200 characters)

* 67. Please enter any updates in funding sources this reporting period.

	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State/federal grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

County contracts (other than Medi-Cal billing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundation grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Cal billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 68. 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)**

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