

BHWD (BHRR Phase B) Quarterly Data Report
ORGANIZATIONAL INFORMATION AND CONTACT INFORMATION

Welcome to the Behavioral Health Recruitment and Retention (BHRR) Phase B Quarterly Data Report. Completion of this quarterly data report is required for invoice approval, as it is tied to the requirements of the California Department of Health Care Services (DHCS). A save button is located at the bottom of each page. The page must have responses to all questions to be saved. Once all questions in the survey have been completed, click “submit” and a copy of your survey responses will be sent to the email address you provide in this survey. For any questions regarding this data report, please email bhwddata@ahpnet.com. For all other questions, please reach out to the organization’s Grantee Coach. The deadline for completing and submitting this report via the QuestionPro link is the 15th of the month after the reporting period. Please note, the organization’s invoice cannot be approved until this completed report has been submitted. Please complete this report for the reporting period that just ended. Select the reporting period dates from the drop-down menu below. *Please refer to the PDF copy of this report available in the portal to view all questions at once and gather the necessary information. (Contact your Grantee Coach for assistance.)

I am completing this BHRR Phase B Quarterly Data Report for the following reporting period:

1. 10/1/23-12/31/23

Grantee Agency Name:

1. AHP - TEST
2. Archway Recovery Services Inc
3. Aspiranet Behavioral Health Division
4. Aspiranet Family and Community Division
5. Aspiranet Residential and Education Division
6. Aspiranet Resource Family Adoption and Foster Care Division
7. Aspiranet Transition Aged Youth Division
8. Aspiranet Wraparound and Intensive Home-Based Services Division
9. Bienestar Human Services Inc
10. Chinatown Service Center
11. City Impact
12. Community Clinics Health Network dba Health Quality Partners of Southern California
13. Community Health for Asian Americans
14. Community Solutions
15. Compator Counseling Center
16. County of Riverside Riverside University Health System Behavioral Health
17. Cultivating Culturally Competent Clinicians Inc
18. Didi Hirsch Psychiatric Services dba Didi Hirsch Mental Health Services
19. East Bay Agency for Children
20. El Dorado County Community Health Center
21. El Dorado County Community Health Center Cameron Park Behavioral Health Site
22. Five Acres
23. Fred Brown Recovery Services
24. Gardner Family Health Network Inc DBA Gardner Health Services
25. Gateway Mountain Center
26. Gateways Hospital and Mental Health Center
27. Grandmas House of Hope
28. Greater Fresno Health Organization Inc
29. Health Care Integrated School Based Health SBH
30. Health Care Integrated School Based Health SBH
31. Healthy Hearts Medical Association dba Health Care Integrated Services
32. Healthy Hearts Medical Association dba Health Care Integrated Services
33. Healthy Hearts Medical Association dba Health Care Integrated Services
34. Heart and Soul
35. Higher Ground Youth and Family Services
36. Instituto Familiar de la Raza
37. Janus of Santa Cruz

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38. Kings View
39. La Clínica de La Raza
40. LAGS Recovery Centers Inc
41. LGBTQ Collaborative
42. LifeLong Medical Care
43. Marys Shelter DBA Marys Path
44. Mendocino Community Health Center
45. Mental Health Association of Santa Barbara County DBA Mental Wellness Center
46. NAMI San Mateo County
47. Norooz Clinic Foundation
48. North County Health Project Inc dba TrueCare
49. One New Heartbeat
50. Orange County Asian and Pacific Islander Community Alliance
51. Palomar Family Counseling Service
52. Parents Anonymous Inc
53. Partnerships for Trauma Recovery
54. Peer Voices of Orange County
55. Penny Lane Centers
56. Petaluma Health Center
57. PHOENIX HOUSES OF CALIFORNIA INC
58. Rebekah Childrens Services
59. Redwood Community Services Inc
60. Sacramento Youth Center
61. Samuel Dixon Family Health Center Inc
62. Samuel Dixon Family Health Center Inc
63. Santa Barbara Neighborhood Clinics
64. Schrank Clubhouse
65. Serve The People
66. Southern California Health And Rehabilitation Program
67. St Johns Community Health
68. STEPS Program at El Dorado Community Health Center
69. The Happier Life Project
70. The People Concern
71. The Purpose of Recovery
72. The Village Family Services
73. Transitions Mental Health Association
74. Tule River Indian Health Center
75. Unicare Community Health Center
76. Union of Pan Asian Communities
77. Venice Family Clinic
78. Vista Community Clinic
79. Vista Hill Foundation
80. Waymakers
81. We Care Services for Children
82. Yurok Tribe

Please enter the organization's Unique ID. (The Unique ID begins with "BHRR" followed by three letters and two numbers. Example: "BHRRXXX01". This ID can be found at the top of the organization's notice of award (NOA) letter, contract, statement of work (SOW), or payment schedule.)

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First Name

Last Name

Phone

Email Address

Are you the BHRR coordinator for \${UID}?

1. Yes
2. No

What is your position at \${ORG-NAME}?

INDIVIDUALS SERVED DEMOGRAPHICS

The following questions are regarding the number of individuals served by the organization's BHRR-funded site (\${UID}). If an individual has received services at this BHRR-funded site more than once, please count them only one time.

1. What is the total number of individuals served at \${UID} during this reporting period (\${PERIOD})? (If an individual has received services at this BHRR-funded site more than once, please count them only one time.)

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2. Of the total $\{IND_TOTAL\}$ individuals served, how many received services for the first time at this BHRR-funded site during this reporting period ($\{PERIOD\}$)?

Demographics Instructions: The following questions are based on the total $\{IND_TOTAL\}$ individuals served. The totals given in each demographic section must match $\{IND_TOTAL\}$, the total provided in the first question to continue. If demographics are known for some but not all individuals in these sections, please enter the unknown demographic counts in “Unknown.”

3. Was information collected on the age of individuals served?

1. Yes, at least some exact counts are available.
2. No, this information was not collected.

3a. For the $\{IND_TOTAL\}$ individuals served during this reporting period ($\{PERIOD\}$), please provide the number of individuals by age group. (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.” The total, including “Unknown,” must equal $\{IND_TOTAL\}$.)

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____
- Declined to answer _____

4. Was information collected on the gender identity of individuals served?

1. Yes, at least some exact counts are available.
2. No, this information was not collected.

4a. For the $\{IND_TOTAL\}$ individuals served during this reporting period ($\{PERIOD\}$), please provide the number who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.” The total, including “Unknown,” must equal $\{IND_TOTAL\}$.)

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Nonbinary/Genderqueer/Gender nonconforming _____

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- Other _____
- Unknown _____
- Declined to answer _____

4b. If you entered a number for “Other” in question 4a, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

5. Was information collected on the sexual identity of individuals served?

1. Yes, at least some exact counts are available.
2. No, this information was not collected.

5a. For the $\{IND_TOTAL\}$ individuals served during this reporting period ($\{PERIOD\}$), please provide the number who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.” The total, including “Unknown,” must equal $\{IND_TOTAL\}$.)

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____
- Declined to answer _____

5b. If you entered a number for “Other” in question 5a, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

6. Was information collected on the race/ethnicity of individuals served?

1. Yes, at least some exact counts are available.
2. No, this information was not collected.

6a. For the $\{IND_TOTAL\}$ individuals served during this reporting period ($\{PERIOD\}$), please provide the number who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.” The total, including “Unknown,” must equal $\{IND_TOTAL\}$.)

- American Indian/Alaskan Native _____
- Asian American _____

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- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____
- Declined to answer _____

6b. If you entered a number for “Other” in question 6a, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

7. Was information collected on the languages spoken by individuals served?

1. Yes, at least some exact counts are available.
2. No, this information was not collected.

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. No language’s count should exceed \${IND_TOTAL}.)

Language	Number served
English	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>
Persian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Japanese	<input type="checkbox"/>

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French	<input type="checkbox"/>
German	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Hmong	<input type="checkbox"/>
Khmer	<input type="checkbox"/>
Other	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

7b. If you entered a number for “Other” in question 7a, please list the other language(s) and counts for each. (Maximum of 1200 characters)

8. Of the $\{IND_TOTAL\}$ individuals served, which of the following groups are represented? (Check all that apply)

1. Unhoused (experiencing homelessness)
2. Returning to community from incarceration/justice-involved
3. Experiencing drug/alcohol challenges and/or in recovery from drug or alcohol problems
4. Experiencing mental health challenges and/or in recovery from a mental illness
5. This BHRR-funded site did not have participant representation from any of the above-mentioned groups.

SERVICE UTILIZATION AND ENGAGEMENT

Of the $\{IND_TOTAL\}$ individuals this BHRR-funded site ($\{UID\}$) has served during this reporting period ($\{PERIOD\}$), the following questions ask about what services and referrals they received.

9. Are exact counts available of individuals who received services (mental health services, substance use services, peer services, etc.) directly from this BHRR-funded site during this reporting period ($\{PERIOD\}$)?

1. Yes, there are at least some exact counts of the individuals who received services. (Please enter the counts that are known.)
2. No, this information was not tracked in this way during this reporting period. (Please note that the organization must prepare and be able to answer this question in the next reporting period.)

10. Please select all services this BHRR-funded site provides. Based on the services you select below; you will be prompted to enter the number of individuals who received each service directly from this BHRR-funded site ($\{UID\}$) during this reporting period ($\{PERIOD\}$) on the following page.

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1. Peer Services
2. Peer Staff Supervision
3. Recovery Housing
4. Crisis Intervention
5. Diversity, Equity, and Inclusion (DEI)/Cultural Competency
6. Life Skills Development
7. Digital Literacy
8. Mental Health Services
9. Trauma-Informed Care
10. Substance Use Disorder (SUD) (including alcohol) Services
11. Medication Assisted Treatment (MAT) Services
12. Recovery Planning
13. Justice-Involved Populations/Reentry Services/Diversion Programs
14. Youth and/or Family Services
15. Other

Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

Life Skills Development

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Digital Literacy

Mental Health Services

Trauma-Informed Care

SUD (including alcohol) Services

MAT Services

Recovery Planning

Justice-Involved Populations/Reentry Services/Diversion Programs

Youth and/or Family Services

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10a. Please list the “Other” service(s) and counts for each service provided during this reporting period ({PERIOD}). (Maximum of 1200 characters)

11. Are exact counts available of individuals who received a REFERRAL to receive services (mental health services, substance use services, peer services, etc.) through a partner organization during this reporting period ({PERIOD})?

1. Yes, there are at least some exact counts available of the individuals who received referrals. (Please enter the counts that are known.)
2. No, this information was not tracked in this way during this reporting period. (Please note that the organization must prepare and be able to answer this question in the next reporting period.)

12. Which of the following services did this BHRR-funded site REFER individuals to receive through a partner organization? Based on the REFERRAL services you select below; you will be prompted to enter the number of individuals who received a referral during this reporting period ({PERIOD}) on the following page.

1. Peer Services
2. Peer Staff Supervision
3. Recovery Housing
4. Crisis Intervention
5. DEI/Cultural Competency
6. Life Skills Development
7. Digital Literacy
8. Mental Health Services
9. Trauma-Informed Care
10. SUD (including alcohol) Services
11. MAT Services
12. Recovery Planning
13. Justice-Involved Populations/Reentry Services/Diversion Programs
14. Youth and/or Family Services
15. Other
16. None

Peer Services

Peer Staff Supervision

Recovery Housing

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Crisis Intervention

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DEI/Cultural Competency

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Life Skills Development

--

Digital Literacy

--

Mental Health Services

--

Trauma-Informed Care

--

SUD (including alcohol) Services

--

MAT Services

--

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Recovery Planning

Justice-Involved Populations/Reentry Services/Diversion Programs

Youth and/or Family Services

12a. Please list the “Other” service(s) and counts for each REFERRAL during this reporting period (\$ {PERIOD}). (Maximum of 1200 characters)

13. What recruitment strategies did the organization use during this reporting period (\$ {PERIOD})? Check all that apply.

1. Outreach in the community
2. Advertisement
3. Online job boards
4. Recruitment from existing behavioral health partnerships
5. Referrals
6. Pipeline creation through new partnerships with behavioral health organizations
7. Recruitment/advertisements at educational institutions
8. Recruitment/advertisements at faith-based and/or community-based organizations
9. Revamping organization's brand and/or website
10. Brought back previously exited staff
11. Sign-on bonuses
12. Employee referral programs
13. Other
14. None

13a. Please list and explain the “Other” strategies used. (Maximum of 1200 characters)

13b. Did any of the strategies result in improvements in recruitment? Please explain. (Maximum of 1200 characters)

STAFF DEMOGRAPHICS

14. Of the organization-wide staff during this reporting period ($\${PERIOD}$), how many are full-time?

14a. Of the organization-wide staff during this reporting period ($\${PERIOD}$), how many are part time?

15. Of the $\${STAFF_ORG_FT}$ full-time organization-wide staff during this reporting period ($\${PERIOD}$), how many are working at the BHRR-funded site?

15a. Of the $\${STAFF_ORG_PT}$ part-time organization-wide staff during this reporting period ($\${PERIOD}$), how many are working at the BHRR-funded site?

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Staff Demographics Instructions: The following questions are based on staff at this BHRR-funded site (\$ {STAFF_GRANT_FT} full time and \$ {STAFF_GRANT_PT} part time).

16. Was information collected on the age of staff at the BHRR-funded site \$ {UID}?

1. Yes, at least some exact counts are available for staff at the BHRR-funded site \$ {UID}.
2. No, this information was not collected.

16a. Total number of full-time staff in this reporting period (\$ {PERIOD}) who are aged: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____
- Declined to answer _____

16b. Total number of part-time staff in this reporting period (\$ {PERIOD}) who are aged: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- 17 and under _____
- 18-25 _____
- 26-35 _____
- 36-45 _____
- 46-65 _____
- 66 and over _____
- Unknown _____
- Declined to answer _____

17. Was information collected on the gender identity of staff at the BHRR-funded site \$ {UID}?

1. Yes, at least some exact counts are available for staff at the BHRR-funded site \$ {UID}.
2. No, this information was not collected.

17a. Total number of full-time staff in this reporting period (\$ {PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Nonbinary/Genderqueer/Gender nonconforming _____
- Other _____
- Unknown _____
- Declined to answer _____

17b. If you entered a number for “Other” in question 17a, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

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17c. Total number of part-time staff in this reporting period (\$ {PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- Cisgender men (i.e., identify with male gender assigned at birth) _____
- Cisgender women (i.e., identify with female gender assigned at birth) _____
- Transgender men/Transmasculine _____
- Transgender women/Transfeminine _____
- Nonbinary/Genderqueer/Gender nonconforming _____
- Other _____
- Unknown _____
- Declined to answer _____

17d. If you entered a number for “Other” in question 17c, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

18. Was information collected on the sexual identity of staff at the BHRR-funded site \$ {UID} ?

1. Yes, at least some exact counts are available for staff at the BHRR-funded site \$ {UID} .
2. No, this information was not collected.

18a. Total number of full-time staff in this reporting period (\$ {PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____
- Declined to answer _____

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

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18c. Total number of part-time staff in this reporting period (\$ {PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- Heterosexual/Straight _____
- Gay _____
- Lesbian _____
- Bisexual/Pan _____
- Queer _____
- Other _____
- Unknown _____
- Declined to answer _____

18d. If you entered a number for “Other” in question 18c, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

19. Was information collected on the race/ethnicity of staff at the BHRR-funded site \$ {UID} ?

1. Yes, at least some exact counts are available for staff at the BHRR-funded site \$ {UID} .
2. No, this information was not collected.

19a. Total number of full-time staff in this reporting period (\$ {PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____
- Declined to answer _____

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

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19c. Total number of part-time staff in this reporting period ({PERIOD}) who identify as: (If some but not all exact counts are available, please enter the counts that are known and enter the rest as “Unknown.”)

- American Indian/Alaskan Native _____
- Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latinx/Chicanx/Hispanic _____
- More than one race _____
- White _____
- Other _____
- Unknown _____
- Declined to answer _____

19d. If you entered a number for “Other” in question 19c, please list the other identification(s) and counts for each. (Maximum of 1200 characters)

20. Was information collected on the languages spoken by staff at the BHRR-funded site {UID}?

1. Yes, at least some exact counts are available for staff at the BHRR-funded site {UID}.
2. No, this information was not collected.

20a. Number of full-time and part-time staff in this reporting period ({PERIOD}) who speak: (If a staff member speaks more than one language, count one for EACH language.)

Language	Number of FULL-TIME staff	Number of PART-TIME staff
English	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog (including Filipino)	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>
Persian	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>

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Russian	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Khmer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

20b. If you entered a number for “Other” in question 20a, please list the other language(s) and counts for each. (Maximum of 1200 characters)

TRAINING AND TECHNICAL ASSISTANCE

The following questions ask about the training and technical assistance (TTA) activities that occurred among staff at the BHRR-funded site ($\{STAFF_GRANT_FT\}$ full-time and $\{STAFF_GRANT_PT\}$ part-time; $\{UID\}$).

21. Are at least some exact counts available of staff at this BHRR-funded site who PARTICIPATED in trainings on certain topics during this reporting period ($\{PERIOD\}$)? (Excluding any of the mandatory trainings provided by or through Advocates for Human Potential [AHP])

1. Yes, at least some exact counts are available of the individuals at the BHRR-funded site who participated in trainings.
2. No, this information was not tracked in this way during this reporting period. (Please note that the organization must prepare and be able to answer this question in the next reporting period.)

22. Select all of the training topics that staff at this BHRR-funded site PARTICIPATED in during this reporting period ($\{PERIOD\}$). There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of staff at this BHRR-funded site who participated in trainings on each topic during this reporting period on the following page.

1. Peer Services
2. Peer Staff Supervision
3. Recovery Housing
4. Crisis Intervention

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5. DEI/Cultural Competency
6. Life Skills Development
7. Digital Literacy
8. Mental Health Topics
9. Trauma-informed Care
10. SUD (including alcohol) Services
11. MAT Services
12. Recovery Planning
13. Community Outreach
14. Medi-Cal Billing
15. Expanding Referral Pathways
16. Formalizing Partnerships/MOUs
17. Data Collection/Data Tracking
18. Organizational Capacity Building
19. Justice-involved Populations/Reentry
20. Confidentiality and Ethics
21. Becoming a 501(c)(3)
22. Serving children and youth
23. Serving linguistically and culturally diverse families
24. Serving persons experiencing homelessness
25. Other
26. None

Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

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Life Skills Development

[Empty rectangular box for data entry]

Digital Literacy

[Empty rectangular box for data entry]

Mental Health Topics

[Empty rectangular box for data entry]

Trauma-Informed Care

[Empty rectangular box for data entry]

SUD (including alcohol) Services

[Empty rectangular box for data entry]

MAT Services

[Empty rectangular box for data entry]

Recovery Planning

[Empty rectangular box for data entry]

Community Outreach

[Empty rectangular box for data entry]

Medi-Cal Billing

[Empty rectangular box for data entry]

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[Empty text box]

Expanding Referral Pathways

[Empty text box]

Formalizing Partnerships/MOUs

[Empty text box]

Data Collection/Data Tracking

[Empty text box]

Organizational Capacity Building

[Empty text box]

Justice-Involved Populations/Reentry

[Empty text box]

Confidentiality and Ethics

[Empty text box]

Becoming a 501(c)(3)

[Empty text box]

Serving Children and Youth

[Empty text box]

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Serving Linguistically and Culturally Diverse Families

Serving Persons Experiencing Homelessness

22a. Please list the “Other” training(s) and counts for each training topics that staff at this BHRR-funded site PARTICIPATED in during this reporting period ({PERIOD}). (Maximum of 1200 characters)

23. The following two questions ask for the number of trainings this BHRR-funded site PROVIDED/HOSTED to internal staff or external staff during this reporting period ({PERIOD}). There CAN be overlap across multiple categories. Based on your selections below, you will be prompted to enter the number of trainings this BHRR-funded site PROVIDED/HOSTED during this reporting period ({PERIOD}) on the following page. External staff = staff at other organizations, other grantees, etc. Internal staff = staff at this BHRR-funded site

1. Peer Services
2. Peer Staff Supervision
3. Recovery Housing
4. Crisis Intervention
5. DEI/Cultural Competency
6. Life Skills Development
7. Digital Literacy
8. Mental Health Topics
9. Trauma-Informed Care
10. SUD (including alcohol) Services
11. MAT Services
12. Recovery Planning
13. Community Outreach
14. Medi-Cal Billing
15. Expanding Referral Pathways
16. Formalizing Partnerships/MOUs
17. Data Collection/Data Tracking
18. Organizational Capacity Building
19. Justice-Involved Populations/Reentry
20. Confidentiality and Ethics
21. Becoming a 501(c)(3)
22. Serving Children and Youth
23. Serving Linguistically and Culturally Diverse Families
24. Serving Persons Experiencing Homelessness
25. Other
26. None

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Peer Services

Peer Staff Supervision

Recovery Housing

Crisis Intervention

DEI/Cultural Competency

Life Skills Development

Digital Literacy

Mental Health Topics

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Trauma-Informed Care

SUD (including alcohol) Services

MAT Services

Recovery Planning

Community Outreach

Medi-Cal Billing

Expanding Referral Pathways

Formalizing Partnerships/MOUs

Data Collection/Data Tracking

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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

23a. Please list the “Other” trainings(s) and counts for each that this BHRR-funded site PROVIDED/HOSTED to internal staff or external staff during this reporting period ({PERIOD}). (Maximum of 1200 characters)

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24. Did any of the BHRR-funded site staff attend any workforce-related training during this reporting period (\$ {PERIOD})? Select all that apply.

1. Workplace wellness
2. Psychological safety
3. Workplace resilience
4. Supervision and leadership trainings
5. Financial literacy
6. Public Service Loan Forgiveness programs
7. Employee rights
8. Employee benefits
9. None
10. Other _____

25. Is this organization on target to meet its goals/objectives as outlined in its Implementation Plan(s) for this reporting period (\$ {PERIOD})? (If additional TTA or resources are needed, please submit a request through [HERE](#).)

1. Yes
2. No

26. Please explain why the organization is not on target to meet these goals and objectives. (Maximum of 1200 characters)

WORKFORCE EVALUATION

The following questions are about experience with the AHP Workforce Development Team and the BHRR Grantee Coach, and other workforce development-related questions. All questions refer to this BHRR-funded site.

27. Did someone from the organization meet with the AHP Workforce Development Team outside of the Workforce Development Team's Office Hours during this last reporting period (\$ {PERIOD})?

1. Yes
2. No

27a. How many times did someone from the organization meet with them?

1. Once
2. 2-3 times
3. More than 3 times

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27b. Please describe the experience with the AHP Workforce Development Team. (Maximum of 2400 characters)

28. Did someone from the organization attend any office hours held by the AHP Workforce Development Team during this reporting period ({PERIOD})?

1. Yes
2. No

28a. How many office hours did the organization's representative attend?

1. 1 office hour
2. 2-3 office hours
3. More than 3 office hours

28b. Please describe the experience with office hours. (Maximum of 2400 characters)

29. Rate the overall experience working with AHP's Workforce Development Subject Matter Experts (SMEs) during this reporting period ({PERIOD}).

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Not applicable (N/A)

29a. Please explain why the organization was {WFD_SME} with AHP's SMEs. (Maximum of 2400 characters)

30. Rate the overall experience working with the BHRR Grantee Coach during this reporting period ({PERIOD}).

1. Very dissatisfied

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2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied

30a. Please explain why the organization was $\{Q127\}$ with the BHRR Grantee Coach. (Maximum of 2400 characters)

31. Did the organization hire consultants during this reporting period ($\{PERIOD\}$)?

1. Yes
2. No

31a. Please describe the impact or value of the hired consultant(s) for the organization. (Maximum of 2400 characters)

32. In which areas was knowledge gained as a result of the BHRR grant during this reporting period ($\{PERIOD\}$)?

	Significant knowledge gained	Some knowledge gained	A little knowledge gained	No knowledge gained	N/A
Diversity, Equity, Inclusion, Justice, and Belonging+ (DEIJB+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onboarding Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Engagement Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision and Management Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipeline Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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32a. If you selected “Other” for areas in which knowledge was gained as a result of the BHRR grant during this reporting period, please explain. (Maximum of 1200 characters)

33. What workforce development topics is the organization interested in learning more about? Select all that apply.

1. DEI/DEIJB
2. Program Sustainability
3. Recruitment Strategies
4. Retention Strategies
5. Onboarding Strategies
6. Staff Engagement Strategies
7. Supervision and Management Improvements
8. Leadership Development
9. Pipeline Strategies
10. Technology
11. Career Pathways
12. Organizational Development
13. Funding, Compensation, and Benefits
14. Data
15. Workplace Culture
16. Partnerships
17. Peer Workforce
18. Other _____
19. None

34. How many staff at this BHRR-funded site did the organization ONBOARD during this reporting period ({PERIOD})? If none, enter “0”.

Type of Staff	# Staff Onboarded
Full-time paid staff members	<input type="text"/>
Part-time paid staff members	<input type="text"/>

35. How many staff at this BHRR-funded site left the organization or moved to a different position at the end of this reporting period ({PERIOD})? If none, enter “0”.

Type of Staff	# Staff at BHRR-funded Site
BHRR staff resigned/quit	<input type="text"/>

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BHRR staff promoted	<input type="checkbox"/>
BHRR staff let go	<input type="checkbox"/>
Other	<input type="checkbox"/>

35a. If you answered “Other,” please explain. (Maximum of 1200 characters)

36. Of the total reported full-time staff at this BHRR-funded site, how many received promotions as of the end of this reporting period (\$ {PERIOD})? (If none, enter “0”.)

37. Were there any positions for hire during this reporting period (\$ {PERIOD})?

1. Yes
2. No

37a. How many positions were open?

37b. How many applicants were received for open position(s) during this reporting period (\$ {PERIOD})?

38. Of the \$ {Q118} applicants received during this reporting period (\$ {PERIOD}), how many completed interviews?

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38a. Of the total applicants who completed an interview, how many were hired during this reporting period (\$ {PERIOD})?

39. On average, how many days did it take to fill a position, counting from the first day the position was open to the day an individual accepted the position?

ACCOMPLISHMENTS AND CHALLENGES

The following questions ask about the accomplishments of this BHRR-funded site (\$ {UID}) has achieved and the challenges the organization has encountered during the last reporting period.

40. List 2-3 major milestones or accomplishments during this reporting period (\$ {PERIOD}). (Maximum of 1200 characters)

41. Please select all the areas below in which the organization has experienced any challenges or barriers during this reporting period (\$ {PERIOD}).

Challenges or Barriers	There were challenges and they are now resolved.	There were challenges and they are persisting.	There were no challenges.	N/A
Recruitment (of staff/interns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Retention (of staff/interns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing (other staffing challenges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/service (development, coordination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget/funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations/administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliverable/contract requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering intern employment post-internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiring lag for interns post-internship (Associate Clinical Social Worker [ASW] licensing time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health partners/referral pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer certification (peer support specialist certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal billing (preparation, infrastructure, maintenance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach (community outreach/client recruitment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data (collection, storage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Please elaborate on these challenges. If you selected “Other,” please describe. (Maximum of 2400 characters) Please write “N/A” if it is not applicable to the organization.

43. Has the organization created any BHRR grant-related program materials during this reporting period ({\$PERIOD})? (Select all

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that apply.)

1. Outreach or recruitment flyer
2. One-page guide
3. Onboarding manual
4. Training handbook
5. Memorandum of understanding (MOU)
6. Policies and procedures
7. Educational curriculum
8. Documentation guide
9. How-to video
10. Employee handbook
11. Other
12. None

43a. Please list the “Other” BHRR grant-related program materials created during this reporting period (\$ {PERIOD}). (Maximum of 1200 characters)

44. Has this BHRR-funded site created or utilized any outcome measures or data collection tools to improve its BHRR program during this reporting period (\$ {PERIOD})? (Select all that apply.) Please note: We still want to know this information even if BHRR funds were not used to create these. For example, if as a result of being part of this project, the organization invested in the workforce using other funding as well, we want to know what has been produced.

1. Participant satisfaction survey
2. Intern satisfaction survey
3. Exit interview survey
4. Qualitative and/or quantitative program evaluation measure
5. Pre and post intern competency measure
6. Pre and post mentor competency measure
7. Pre and post training competency measure
8. Cost/benefit analysis of program or service
9. Process evaluation/document peer support delivery
10. Impact/outcome evaluation
11. Needs assessment
12. Logic model matrix
13. Sustainability assessment/ Program Sustainability Assessment Tool (PSAT)
14. Staff satisfaction survey
15. Staff feedback survey
16. Absenteeism rate
17. Psychological safety and/or culture assessment
18. Wellness assessment (e.g., burnout, compassion fatigue, vicarious trauma, resiliency assessment)
19. Stay interview
20. Performance evaluation
21. Calculate cost to hire, retention rate, turnover rate, workload assessment, and other data to support recruitment and retention planning
22. Other
23. None

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44a. Please list the “Other” outcome measures or data collection tools created to improve the BHRR program during this reporting period ({PERIOD}). (Maximum of 1200 characters)

45. Did the organization purchase IT or telehealth infrastructure and equipment with BHRR funds during this reporting period ({PERIOD})?

1. Yes
2. No

45a. Please list the equipment or software purchased. (Maximum of 1200 characters)

STAFFING AND ORGANIZATIONAL CAPACITY

The following questions ask about staffing at this BHRR-funded site ({UID}) and organizational changes that occurred at the organization during the last reporting period.

46. Please select which organizational changes or efforts have been made, if any, to increase staff retention during this reporting period ({PERIOD})?

1. Streamlining of the hiring process
2. Increasing salaries
3. Providing additional incentives (wellness apps, flexible hours, hybrid options)
4. Providing specialized training
5. Evidence-based practice certification
6. Supervisor training
7. Reimbursement for continuing education unit (CEU) and/or licensing fees
8. Licensing exam reimbursement
9. Leadership training and career mobility skill training
10. Employee recognition program
11. Educational reimbursement (scholarship, tuition, loan repayment, etc.)
12. Bonus (retention, merit, educational advancement, obtaining licensure, bilingual, etc.)
13. Protected time for rest or documentation
14. Decrease workload
15. Improving technology to make administrative tasks easier
16. Shared governance and/or employee voice program
17. Other

46a. Please describe the “Other” changes or efforts made to increase staff retention during this reporting period (\$ {PERIOD}). (Maximum of 1200 characters)

47. Please select if participation in the BHRR grant enabled the organization to make any of the following efforts to increase accessibility of services during this reporting period (\$ {PERIOD}). (All text boxes must have something entered to proceed. If an item is not applicable, please leave the checkbox unchecked and add “N/A” under “please explain.”)

Services	Please explain
Extending hours of operation (increased morning hours)	
Extending hours of operation (increased evening hours)	
Extending hours of operation (increased weekend hours)	
Expanding places of service	
Increasing types of services offered	
Increasing frequency of services offered	
Other: (Please list)	
None	

48. How many NEW partnerships with clinical behavioral health service providers did this BHRR-funded site establish during \$ {PERIOD} ? If none, enter “0”.

Partnerships	# of Partnerships
Informal	<input type="checkbox"/>
Formal (with MOU)	<input type="checkbox"/>

49. How many NEW partnerships with nonclinical behavioral health service providers did this BHRR-funded site establish during \$ {PERIOD} ? If none, enter “0”.

Partnerships	# of Partnerships
Informal	<input type="checkbox"/>
Formal (with MOU)	<input type="checkbox"/>

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The following questions ask about funding and sustainability efforts at this BHRR-funded site, \${ORG-NAME}.

50. Please enter any updates in funding sources during this reporting period.

Funding and Sustainability Efforts	There was an increase in this funding source.	There was a decrease in this funding source.	There was no change in this funding source.	There was no funding from this source.
Grants/time-limited contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/federal grants (including BHRR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County contracts (other than Medi-Cal billing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50a. Please explain any changes in funding sources, including “Other” funding sources.

51. Please describe any progress made during this reporting period (\${PERIOD}) towards sustainability to continue the BHRR program after the grant period. For example, did the organization complete the PSAT, identify potential funding sources, etc.? (Maximum of 2400 characters)

52. Does the organization currently bill Medi-Cal directly for peer-related services? (Peer-related services are services that are designed for those with lived experience.)

1. Yes
2. No

53. Please feel free to note any additional information, concerns, or questions. (Maximum of 2400 characters)