Template 20 – CMHSOC Quarterly Report Template

Agency: CMHSOC Site:

**Report Period: Prepared By:**

**Submitted Date:**

# PART 1 - IMPLEMENTATION NARRATIVE

*Provide a brief narrative summary of quarterly activity in each domain.*

1. Explain how you have engaged in outreach activities to inform the community of the services available under the system.
2. Explain how services are delivered within a family-driven, youth-guided framework and how families and youth are integrally involved in the governance and oversight of grant activities, and in the planning and implementation activities.
3. Explain how you are collaborating across child serving agencies (e.g. child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationship between community and residential treatment settings.
4. Explain how you are integrating services between mental health and substance abuse services and systems.
5. Explain how you are engaging with local primary care to incorporate screening, risk assessment, and developmental milestones as part of well visits for children.
6. Describe the integration of trauma-related activities into the service system, including trauma screening, trauma treatment, and trauma-informed approach to care.
7. Describe all social marketing and strategic communications activities to promote social inclusion, develop partnerships, and promote system of care values and principles.
8. Explain training and technical assistance strategies that facilitate ongoing learning, coaching and practice improvement and supports fidelity to SOC values and principles.
9. Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
10. Please describe lessons learned or accomplishments your community has experienced this reporting period that you would like to share with others.
11. Are there any other areas that you would like to work on in the future? If so, is there a plan in place for your community to address this/these area(s)?
12. What if any additional support or technical assistance do you need from the CHMSOC state level team or the designated SOC technical assistance point of contact?

**Part 2 - Quarterly Incidental Summary**:

*Please provide the following details on Incidental Expenses.*

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| **Quarterly Incidental Expenses** |
| **Type of Expense** | Number of Clients Receiving | **Grant Dollars Spent** |
| Transportation |  |  |
| Vehicle repairs |  |  |
| Child Care |  |  |
| Rent |  |  |
| Other: Specify |  |  |
| Other: Specify |  |  |
| TOTAL |  |  |

|  |
| --- |
| **Total Program to Date Incidental Expenses** |
| **Type of Expense** | Number of Clients Receiving | **Grant Dollars Spent** |
| Transportation |  |  |
| Vehicle repairs |  |  |
| Child Care |  |  |
| Rent |  |  |
| Other: Specify |  |  |
| Other: Specify |  |  |
| TOTAL |  |  |

Note: If there were incidental expenses that do not fall into one of the categories, please briefly describe what was purchased with these funds.