

Appendix C, County And Tribal Matching Grant Reporting Data FY18-19

**DRAFT - REPORTING REQUIREMENTS ARE SUBJECT TO CHANGE

Project Period - by State Fiscal Year		FY 2018												
County or Tribe Submitted														
Date Submitted														
A. Month Reported	B. Number of Unduplicated Individuals Served from Appendix D	C. Number of Individuals Admitted to Montana State Hospital from Column B	D. Number of Individuals Court Ordered to MSH from Column B	E. Number of Individuals Admitted to 72 Hour Crisis Stabilization from Column B	F. Number of Individuals Admitted to 14 Day Diversion Inpatient Crisis Facility from Column B	G. Number of Individuals Discharged to Community from Column B	H. Number of Individuals Admitted to Acute Psychiatric Hospital/BHU from Column B	I. Number of Individuals Admitted to Jail from Column B	Program Goal #1	Program Goal #2	Program Goal #3	Program Goal #4, Expected Percentage of County/Tribe Reduced Admissions to the Montana State Hospital	Program Goal #5, Resulted State Cost Savings	2016 Rate of Admissions Percentage for MSH (rate from Appendix B, FY18 Matching Rate Table)
July														
August														
September														
October														
November														
December														
January														
February														
March														
April														
May														
June														
Totals	0	0	0	0	0	0	0	0						

Example Only

Crisis Intervention Training - If Applicable														
Month Reported	# County/Tribal Staff	# Provider Staff	# Community Members											
July														
August														
September														
October														
November														
December														
January														
February														
March														
April														
May														
June														
Totals	0	0	0											

Note: Data listed above is required for counties and tribes requesting matching grant funds for Crisis Intervention Training.

Example Only