WV Bureau for Behavioral Health - Expanded School Mental Health Monthly Reporting Form

Send Reports to DHHRBBHReporting@wv.gov by the 25th day of each month

Grantee Name	Marshall University Research Corp. (MU Coding: ESMH 221086)			
Grant Number		Program Code	10001020	
Month Reported		Year Reported		

I. Meetings

1. Meetings

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Date(s)	Purpose of Meeting: Steering Team,	Meeting Notes	Location of Meeting	#	
	Planning Meetings, Conference Call,			attending	
	Other (specify in notes)				

II. TA/Training Activities

1. TA/Training Activities *List each activity separately.*

				TA or Training Description (for TA make sure to	Type: Online, In person	
Date of	TA or		Date	identify the challenge and means provided to	(specify location), or	# of
Request	Training	Requestor	Completed	overcome)	Phone	Participants
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III. Information Dissemination

9. **Information Dissemination.** *List each activity separately.*

Date	Information Provided	Recipients	# of individuals reached

IV. Site Visits

1. Site Visits. *List each activity separately.*

		Describe what was accomplished during the site visit?	
		Strengths: Successful Implementation, positive outcomes	# of individuals
Date	Site Visited	Needs: Problems identified, TA needs, or resource information	reached