Marin County  
Division of Behavioral Health and Recovery Services  
FY 2019-20 Annual Report - Due: July 31, 2020

<table>
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<tr>
<th>Contractor Name</th>
<th>Contract/Program</th>
<th>Individual Completing Form</th>
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A. As an attachment to this narrative, report on the progress achieved, including outcomes and individuals served (unduplicated and duplicated), for each of the objectives in your scope of work.  
*Note: For DMC-ODS Providers, BHRS will pull the numbers served and CalOMS data from Marin WITS.*

B. Describe any challenges in meeting the Program Objectives and how these were addressed.

C. Describe any successes that are not reflected in the answers above.

D. Provide one “client (or family) story” in narrative form. (Please do not use names/PHI)

E. Describe any impacts, recommendations or other pertinent lessons learned from COVID-19 that will be applied to FY 20-21.

F. Describe at least one initiative or approach that your program implemented to address racial equity.

G. For DMC-ODS Treatment Providers Only: Provide a brief overview of the Performance Improvement Project that your agency implemented based on Treatment Perception Survey data.

H. Describe any changes to the program you plan to make in FY20-21 and why, such as:
   - *Proposed changes to your Contract Objectives*
   - *Areas where you have not met stated Objectives*
   - *Responses to client feedback you have received*
   - *Identification of a need/population you could serve more effectively*