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| **Contractor Name** |  |
| **Contract/Program** |  |
| **Individual Completing Form** |  |

*\*Please complete an Annual Report for each contract.*

1. **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.***
2. **Provide one “client (or family) story” in narrative form. (Please do not use names/PHI)**
3. **Describe any impacts, recommendations or other pertinent lessons learned from COVID-19 that will be applied to FY 21-22.**
4. **Describe at least one initiative or approach that your program implemented to address racial equity.**
5. **For DMC-ODS Treatment Providers Only: Provide a brief overview of the Performance Improvement Project that your agency implemented in FY 2020-21 based on Treatment Perception Survey data.**
6. **Describe any changes to the program you plan to make in FY21-22 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*