San Joaquin County Behavioral Health Services
BHS OUTREACH
PRESENTATIONS AND EVENTS FORM

MHSA Program   CBO   MHS Program   SAS Program

Outreach Presentation/Event: Please attach flyer or e-mail	
Description of Presentation/Event:	
Date of Presentation/Event:	Number of Program Staff at Event:
Staff Name: _____ Staff Title:	Name of Program or RU #
Staff Name: _____ Staff Title:	Name of Program or RU #
Staff Name: _____ Staff Title:	Name of Program or RU #
Staff Name: _____ Staff Title:	Name of Program or RU #
Staff Name: _____ Staff Title:	Name of Program or RU #

Purpose of Presentation/Event:	Eucation _____ Decrease Stigma Workforce development Outreach to enroll in services Other, specify _____

Start Time:	End Time:	Number of Attendees:
Total Minutes spent at event (*Include travel time*): Num		ber of Contacts:

Instructions on the back of this form

Completed form should be sent to: MHSA Administration · 468-8871
Attach a copy of event flyer

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Instructions for use of the Outreach-Presentations and Events Form

The form is used to track and report all community outreach presentations and events. This information will be used to report outreach activities to the State Department of Mental Health as a requirement of the Mental Health Services Act and the Cultural Competency Plan.

Presentations/events can be recorded on the form.

Completed forms should be sent to: **MHSA Administration (468-8871) with an attached copy of event flyer**

Field	Explanation
Outreach Presentation/Event	Provide the name of the Outreach Presentation/Event – Attach a flier or even announcement.
Description of Presentation/Event	Provide a brief description of the presentation/event, including the targeted population (ex: Mental health, health and safety outreach to community).
Date of Presentation/Event	Enter the date of the presentation/event. If the event is more than one day, enter the date range for the event in this field.
Number of program staff at presentation/event	Enter the number of program staff that worked at the presentation/event.
Staff Names	Enter the name, title and RU# of each staff that worked at the presentation/event.
Purpose of presentation/event	Check the box that best identifies the purpose of the presentation/event: Education. -Decrease Stigma -Outreach to enroll in services -Workforce Development -Other: If other is checked, please provide details in the space provided.
Start Time	Enter the time the presentation/event started.
End Time	Enter the time the presentation/event ended.
Total Minutes spent at event	Enter the total time, in minutes spent at the event, including travel time to and from the event. (Reflects total time spent by all staff working at the event, including each staff's travel time).
Number of Attendees	Enter the estimated total number of individuals that attended the presentation/event (ex. Approximately 20,000 individuals attended).
Number of Contacts	Enter the estimated number of individuals that had direct contact with outreach personnel (ex. Approximately 100 individuals visited the booth at the health fair).