**Strategic Enhancements to Recovery Oriented Systems of Care**

**Final Report**

This report is due October 30. Send the completed report by email to: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov).

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| **PIHP Region** |  | | | | | | | |
| **Completed By** | **Name** |  | | | **E-mail** |  | | |
| Report on RFA  (One report per form;  **Check One**) | #1: Women’s Specialty Services | | #2: Recovery Housing | #3: Adolescent Treatment Capacity Expansion | #4: Peer Recovery Coaches | | #5: Children Whose Parents Receive Medication Assisted Treatment | #6: Pathways to Potential Collaboration |

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| **Work Plan and Timeline Update** |
| In the table below, identify the original activity and timeline submitted with your Request for Application (RFA) response. Note whether activity has been accomplished. If not, provide an explanation and what changes will be made in order to accomplish the activity in the comments column.  *If desired, you can copy and paste the Work Plan and Timeline provided in your RFA response as long as all the information below is reported, adding a column for “comments” and whether accomplished.* |

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| --- | --- | --- | --- | --- |
| **Activity** | **Original** | **Accomplished?** | | **Comments**  (If original timeline not met, note adjustments made to assure completion) |
| **Timeline Date** | **Yes** | **No** |
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**Strategic Enhancements to Recovery Oriented Systems of Care**

**Final Report**

(Continued)

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| **PIHP Region** |  |

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| **Activity** | **Original** | **Accomplished?** | | **Comments**  (If original timeline not met, note adjustments made to assure completion) |
| **Timeline Date** | **Yes** | **No** |
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| *Insert rows if necessary* |  |  |  |  |

**Additional Comments/Explanation (One page or less):**