# MHS 07 - SAGE – CSEC Residential Quarterly Report

MORRISON CHILD AND FAMILY SERVICES

Submit Report to:

amhcontract.administrator@dhsoha.state.or.us

Reporting Period:

* January – March(due May 15)
* April – June (due Aug 14)
* July– September(due Nov 14)
* October – December (due Feb 14)

Program Point of Contact:

Please enter the name and contact information for the person who can be reached if there are questions regarding this report.

Name: Kelli Doolittle, SAGE Program Director\_\_­­­­­­­­­­­­­­­

Phone: 503-260-1093\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: kelli.doolittle@morrisonkids.org\_\_\_\_\_\_\_\_\_\_\_\_

# OUTPUTS

Report on the following outputs as specified in contract section 5.c. (1)

(a)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Client #** | **Age** | **Days in care** | **System Involvement (CW, OYA, DD, other)** (c) |
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1. Workforce

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| --- | --- | --- |
| **Employee Name** | **Credentials** | **NPI or License** |
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# Outcomes

Report on the following outcomes as specified in contract section 5.c. (2) (a) – (e)

Provide client level data to show outcomes for the following time frames:

1. Prior to prior to admit (30 day estimate based on assessment and guardian interview)
2. While enrolled in program
3. 30 – 60 day post discharge follow-up

For each of the following items:

* Total number of night without elopement (nights away from the program without plan)
* Total number of natural and culturally appropriate community supports
* Total number of days in school
* Use of acute care services
* Total number of treated medical conditions

# Marketing plan

Describe collaboration efforts with the CSEC System of Care and other marketing efforts to increase referrals and community program awareness.

# Success Stories (optional)

Please provide client level successes, graduations from the program or other program achievements.