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| **2023-2025 OHA MHS 11 Parent Child Interaction Therapy Services Quarterly Report Face Sheet** |
| **Organization Name:***Enter the organization's legal name above, as it is stated on the contract.* |  |
| **Reporting Period:**Enter reporting period here *(e.g. January - March 2014)* |  |
| **Organization Point(s) of Contact:***Please enter the name and contact information for the person who can be reached if there are questions regarding this report* | **Name**(s): |  |
| **Role**(s) in PCIT Program: |  |
| **Phone** number of contact(s): |  |
| **Email** address(es): |  |
| **Report the physical locations your staff is providing PCIT***(Do not include PCIT home visits which are part of primarily office based PCIT)* |
| **Name of Location** | **Address** |
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**Workforce Development**

**Report the names and credentials of therapists with active PCIT caseloads:**

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| **Full Name and credentials***(QMHP, LCSW, LPC etc.)* | **NPI#** | **PCIT Training** *Check the box that applies this quarter* |
| **Actively Completing core competencies** | **Completed Training/ Signed off by Trainer****(Y/N)** | **Certified- PCIT International***(Indicate Level)* |
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| Report below**PCIT-trained supervisory Staff**- *Full Name and Credentials (QMHP, LCSW, LPC etc.)* | Report below**PCIT-trained skills builders**, *promotors or other adjunct staff on your PCIT team* |
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| **Program Specific Outcomes:** |
|  **PCIT Program Accomplishments****200-500 words** *Examples include completing PCIT room, starting PCIT in a new location, staff meeting certification requirements etc.* |
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| **Program Specific Challenges** |
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| **Other Comments** |
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| **Two PCIT Success Stories****200-500 words total***Any reference to the recipient of services in this section should be stated as "the client" to protect the recipient's confidentiality 1) What happened? 2) Why was this a success? What was remarkable about this event? 3) How was the funding for this program directly responsible for the positive outcome?* |
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