

MHS 26 and 27

Residential Mental Health Treatment Services for Young Adults in Transition

Contractor: _____ Contract # _____

Reporting Period: _____

County shall submit a quarterly report of MHS 26 & 27 Treatment Services delivered with funds provided by this agreement after the end of each quarter. Completed forms should be returned electronically to: AMHcontract.Administrator@dhsosha.state.or.us

Please note: Information provided on this report allows OHA to formulate reports for other bodies such as the legislature. Your full disclosure of the breadth of activities your program is engaged in is significant and important. Thank you for your time and specificity.

(Note: County/Contractors providing both MHS 26 and MHS 27 Services need only provide one report for both services)

This report satisfies the reporting requirement for (please check as appropriate):

_____ MHS 26 _____ MHS 27 _____ Both

Name of Young Adult Program: _____

Number of Young Adults admitted to the program this quarter: _____

Client last name	Client First Name	Medicaid # (If OHP eligible)	Admit Date:	Location prior to Admit:

Number of Young Adults discharged from the program this quarter: _____

Client last name	Client First Name	Medicaid # (If OHP eligible)	Discharge Date:	Discharge Location:	Was this a planned Discharge?

Outcome Measure:

All programs shall administer the Adult Hope Scale as an outcome measurement tool at least quarterly.

<https://ppc.sas.upenn.edu/sites/default/files/hopescale.pdf>

Number of Young Adults who completed the Hope Scale this quarter: _____

Program Strengths:

(Examples of program strengths shall include: How your services are impacting the mental and social wellbeing of residents in your program; ensuring services are delivered with equity and cultural responsiveness; collaboration with community resources):

Program Challenges:

(Please describe any challenges, barriers your program is experiencing and steps you are taking to address them).

Success Story:

(Please tell a story about a positive outcome as a result of funding for these services).

Any reference to the resident in this section should be stated as "the resident" to protect the resident's confidentiality.

1. What happened?
2. Where did it happen?
3. Why was this a success? What was remarkable about this event?

Additional Data (optional):

Include any additional data or outcomes you would like to highlight. This could include specific staff trainings, events or activities that residents participated in, etc.