



Luzerne-Wyoming Counties Mental Health and Developmental Services  
Provider Outcome Report

Agency Name:

Report Period:

Contracted Service (please indicate if  
Mental Health, Intellectual Disabilities  
or Early Intervention):

Have you incorporated the Recovery and Consumer Support Program (CSP)  
Principles for adults as well as emphasized resilience and wellness (MH)?

Yes  No  N/A

Please explain:

Have you incorporated the Child and Adolescent Service System Program  
(CASSP) Principles for children, adolescents and families (MH)?

Yes  No  N/A

Please explain:

Have you incorporated Person Centered Planning Principles into your  
organization (DS)?

Yes  No  N/A

Please explain:

Luzerne-Wyoming Counties Mental Health and Developmental Services  
Provider Outcome Report

Agency Name:

Report Period:

Contracted Service (please indicate if  
Mental Health, Intellectual Disabilities  
or Early Intervention):

Have you incorporated Family Coaching into your organization (EI)?

Yes     No     N/A

Please explain:

How is your agency adhering to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care?

How are you incorporating trauma informed practices into your organization? Include staff roster with status of trauma trainings (date completed or date to be completed).

Luzerne-Wyoming Counties Mental Health and Developmental Services  
Provider Outcome Report

Agency Name:

Report Period:

Contracted Service (please indicate if  
Mental Health, Intellectual Disabilities  
or Early Intervention):

Does your agency conduct trauma assessments at intake? If yes, how do the assessments affect their treatment path?  
How frequently are trauma assessments conducted?