**PENNSYLVANIA CARE PARTNERSHIP COOPERATIVE AGREEMENT**

**303 WALNUT STREET**

**COMMONWEALTH TOWERS, 11TH FLOOR**

**HARRISBURG, PA 17101**

***Please email to Mark B. Durgin, Project Director @*** [***durginm@upmc.edu***](mailto:durginm@upmc.edu)

**COUNTY NAME:\_\_\_\_\_\_\_\_\_\_\_ County\_\_**

**PROJECT TITLE:** PA System of Care Expansion and Sustainability Grant

**REPORTING MONTH:** \_\_\_\_\_\_\_\_\_\_

**Information to be collected and ready on or before the 2nd Friday of the month**

**For the information below, detail information that occurred within the reporting month.**

**Number of individuals/families started in the Planning Process in the reporting month:**

**High Fidelity Wraparound: \_\_\_\_\_NA\_\_\_\_\_\_ Other Planning Process: \_\_\_\_\_\_NA\_\_\_\_\_\_\_\_\_\_**

**Number of individuals/families who declined to be studied:**

**High Fidelity Wraparound: \_\_\_\_\_NA\_\_\_\_\_\_ Other Planning Process: \_\_\_\_\_\_NA\_\_\_\_\_\_\_\_\_\_\_**

**Successes: (Detail any achievements, accomplishments, events, or celebrations that occurred in the reporting month related to the System of Care grant.)**

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| **\*Opportunities: (This would be any planning, collaboration, or ideas that your program intends to complete during the current reporting month, and the next to reporting months.)** | **\*Challenges and Barriers: (Detail any challenges or barriers you encountered in the reporting month. This should also include problems you are experiencing with engaging counties, providing Technical Assistance, difficulties with technology, or other issues impeding the success and expansion through the PA Care Partnership.)** | **\*Plans to Address the Opportunity, Challenge, and Barrier, as well as any requests for assistance: (Detail any plans, ideas, or solutions you have to address any challenges or barriers related to your program)** | **\*Timeline to address. (Detail the date, or time you anticipate the** |
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**\*Please use the table to cross walk any Opportunities, challenges related to the Opportunities and Plans to Address the Challenges. If you have challenges that do not relate to Opportunities, leave the Opportunities section blank in that row, and list the Challenge and Plans to Address.**

**Upcoming Events**

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SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Representative Completing Form)