

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CLIENT MOVEMENT REPORT
EMERGENCY SERVICES**

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| USTF PROJECT CODE: _____ | REPORTING QUARTER: (CHECK ONE) JULY 1 TO SEPTEMBER 30 _____ | | | |
| NAME OF AGENCY: _____ | OCTOBER 1 TO DECEMBER 31 _____ | | | |
| NAME OF PROGRAM: _____ | JANUARY 1 TO MARCH 31 _____ | | | |
| PERSON COMPLETING FORM/PHONE #: _____ | APRIL 1 TO JUNE 30 _____ | | | |
| DATE SUBMITTED: _____ | | | | |
| CHECK AGENCY REPORTING QUARTER: | 1. _____ | 2. _____ | 3. _____ | 4. _____ |

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| 1. Duplicated count of Persons served face-to-face by Emergency Program. | | 1. _____ |
| A. # Adults _____ <i>(age 18 and above)</i> | B. # Youth _____ <i>(thru age 17)</i> | |
| 2. Duplicated Count of Persons Served Face-to-Face by Emergency Program who fall into the TARGET GROUP Categories listed below: | | 2. _____ |
| A. Clients who were Discharged from State Hospitals and Received Emergency Services within 30 Days of Discharge. _____ | | |
| B. Clients who were Discharged from County Hospitals and Received Emergency Services within 30 Days of Discharge. _____ | | |
| C. Clients who were Discharged from a Short Term Care Facility/CCIS and Received Emergency Services within 30 Days of Discharge. _____ | | |
| D. Clients who were Discharged from "Other" Hospitals and Received Emergency Services within 30 Days of Discharge. _____ | | |
| 3. Total number of clients referred to other community services. | | 3. _____ |
| A. # of adults (Outpatient, PC, etc.) _____ | | |
| B. # of youth (Outpatient, Youth PC, CMO, YCM, Mobile Response and Stabilization Services, referral for other DCBHC services, etc.) _____ | | |
| 4. Number of Clients referred voluntarily to Alternate Inpatient Settings. | | 4. _____ |
| A. # Adults _____ <i>(age 18 and above)</i> | B. # Youth _____ <i>(thru age 17)</i> | |
| 5. Number of Clients referred to Designated Screening Center for Involuntary Psychiatric Hospitalization Screening. | | 5. _____ |
| A. # Adults _____ <i>(age 18 and above)</i> | B. # Youth _____ <i>(thru age 17)</i> | |

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| 6. Total number of clients utilized Extended Crisis Stabilization (Holding) beds. | | 6. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 7. Total number of Extended Crisis Stabilization (Holding) bed days provided. | | 7. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 8. Total number of other emergency bed days provided. | | 8. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 9. Total number of staff face-to-face contacts with clients on-site. | | 9. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 10. Total number of staff face-to-face contacts with clients off-site. | | 10. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 11. Total number of staff face-to-face contacts provided by a psychiatrist. (Included in lines 7 and 8) | | 11. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |
| 12. Total number of crisis telephone contact with clients delivered. | | 12. _____ |
| A. # Adults _____ (age 18 and above) | B. # Youth _____ (thru age 17) | |