

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
BI-LINGUAL, BI-CULTURAL
COMMUNITY AND OUTREACH SERVICES

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

1. _____	2. _____	3. _____	4. _____	5. _____	6. _____
Beginning Active Caseload (First Day of Quarter)	New Enrollees to Program Element During Qtr.	Transfers to Program Element During Quarter	Transfers From Program Element During Qtr.	Terminations From Program Element During Qtr.	Ending Active Caseload (Last Day of Qtr.)

TARGET GROUPS		7. Number of Target Group Members:	
		NEW ENROLLEES	TRANSFERS
7A.	Clients who were Discharged from State Hospitals and Enrolled in this Program Within 30 Days of Discharge.	_____	_____
7B.	Clients who were Discharged from County Hospitals and Enrolled in this Program Within 30 Days of Discharge.	_____	_____
7C.	Clients who were Discharged from a Short-Term Care Facility/Involuntary Psychiatric Unit and Enrolled in this Program Within 30 Days of Discharge.	_____	_____
7D.	Clients who were Discharged from another Hospital and Enrolled in this Program Within 30 Days of Discharge.	_____	_____
7E.	Clients who were referred or outreached from Bi-lingual, Bi-cultural community-based agencies.	_____	_____
7F.	Clients who were referred or outreached from non-Bi-Lingual, Bi-Cultural Community-Based Agencies.	_____	_____
7G.	Clients who were self-referred.	_____	_____

BI-LINGUAL, BI-CULTURAL COMMUNITY AND OUTREACH SERVICES

BEGINNING ACTIVE CASELOAD: Consist of clients who have had at least one face-to-face contact with your agency in the last 90 days and were active on the last of the previous quarter. **The Beginning Caseload is equal to the Ending Caseload of the previous reporting quarter.**

NEW ENROLLEES: Clients who were newly enrolled in your agency during the reporting quarter and were enrolled in this program element prior to enrollment in any other program element within your agency.

TRANSFERS TO: Refers to clients who are already registered within your agency in another program element, and are being transferred to this program element service.

TRANSFERS FROM: Refers to clients who are registered within your agency in this program element, but for whom this program has ceased to provide services on an ongoing basis and for whom another program element of your agency is going to provide services on an ongoing basis.

TERMINATIONS: Clients who are no longer receiving services at your agency.

ENDING ACTIVE CASELOAD: Is the active caseload on the last day of the reporting quarter. It is calculated in the following manner: **Add #1 (Beginning Active Caseload) plus #2 (New Enrollees) plus #3 (Transfers To). Subtract #4 (Transfers From) and #5 (Terminations) = Ending Caseload #6.**

DUPLICATED COUNTY OF TARGET GROUP MEMBERS AMONG "NEW ENROLLEES" AND "TRANSFERS TO": Refers to the count of clients who entered this program element within 30 days of their discharge from the hospital. The definitions of "New Enrollees" and "Transfers To" are the same as stated above. Therefore, the number of "New Enrollees" or "Transfers To" indicated in categories 7A, 7B, 7C, and 7D, should be the same or less than the number indicated in items #2 and #3 of this form.

- 7A. STATE HOSPITAL:** Refers to the states five psychiatric hospitals located in New Jersey only: Greystone Park, Trenton, Ancora, Hagedorn, and Ann Klein.
- 7B. COUNTY HOSPITALS:** Refers to the six county hospitals located in New Jersey only: Essex, Burlington, Camden, Hudson, Bergen, and Union.
- 7C. SHORT-TERM CARE FACILITIES:** Refers to inpatient, community-base mental health treatment facilities that provide acute care and assessment services to the mentally ill. The Commissioner, Department of Human Services must designate the facility.
- 7D. OTHER HOSPITAL:** Refers to any psychiatric hospital or psychiatric unit within a hospital that is not a State, County or STCF Hospital in New Jersey; include as "Other" any Facility located outside of New Jersey.
- 7E. BI-LINGUAL, BI-CULTURAL COMMUNITY-BASED AGENCY:** Refers to staff who fluently speak and write clients' preferred languages. These staff also demonstrate clinical skills that include knowledge of clients' cultural 1) traditions (i.e. communication channels), 2) practices (i.e. religion), and 3) roles (i.e. family dynamics) related to treatment strategies.
- 7F. NON BI-LINGUAL, BI-CULTURAL COMMUNITY-BASED AGENCY:** Refers to agencies whose staffing and treatment do not include the components listed in 7E. above.
- 7G. SELF-REFERRED:** Clients who inquire about participating in an agency's services themselves. These clients will have no referral from any agency or mental health service.

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8. Of the Ending Caseload how many individuals are:

A. Medicaid/Familycare Enrolled _____	B. Medicaid/Familycare Non-Enrolled _____
(8A. + 8B. must equal ending caseload)	

9. Number of Face-to-Face Contacts Clients Have with Staff:

A. On-Site: _____	B. Off-Site: _____
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10. The following is a breakdown by MODALITY of the number of face-to-face client contacts with outpatient staff (both on-site and off-site):

A. Individual Therapy	A	
B. Group Therapy	B	
C. Family Therapy	C	
D. Psycho-Social Education	D	
E. Medication Maintenance	E	
F. Intake/Clinical Assessment/Treatment Planning	F	
G. Outreach to Individuals Residing in Independent Living	G	
H. Outreach to Individuals Residing in Boarding Homes	H	
I. Outreach to Individuals Residing in Nursing Homes	I	
J. Outreach to Individuals Linked to a Bi-Lingual, Bi-Cultural Community-Based Agency	J	
K. All Other Contacts Not Classified Above (i.e. non-Bi-Lingual, Bi-Cultural Community-Based Agency)	K	
Specify: _____		

11. Total Face-to-Face Contacts
(Sum of 9 A. and 9 B. should equal the sum of 10A. thru 10K.)

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BI-LINGUAL, BI-CULTURAL COMMUNITY AND OUTREACH SERVICES

The following client-centered staff skills, agency modalities, and policies provide major components of bi-lingual, bi-cultural services:

- Staff has knowledge of and can speak and write the native language of the clients;
- Staff knowledge, attitude and behaviors are sensitive to the cultural nuances of the client population (i.e. recent immigrants do not have the same experiences as earlier arrivals);
- Staff background represent those of the client population(s);
- Treatment modalities reflect the cultural values and treatment needs of the client population (i.e. incorporating American-Indian rituals into the treatment program);
- Representatives of the client population participate in decision-making and policy implementation so that outsiders are not imposing their values.

FACE-TO-FACE CONTACTS:

Individual Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer.

Group Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count excess Medicaid maximum group size.

Family Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count each family member.

Medication Monitoring: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Intake/Clinical Assessment/Treatment Planning: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

Outreach and Other: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Psychosocial Education: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

For the therapies and psychosocial education, please note that the face-to-face time can include up to 5 minutes per 30 minute session for the completion of progress notes, limited to a maximum of 10 minutes for a 90 minute session (3 QCMR units).

PSYCHOSOCIAL EDUCATION: Interventions that bestow therapeutic, cognitive and social benefits by challenging thinking patterns and interactions through education, goal setting, and skill teaching.

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12. Of the Total Units of Service provided (sum of 9A + 9B), how many are:

A. Medicaid/Familycare Enrolled _____	B. Medicaid/Familycare Non-Enrolled _____
(12A. + 12 B. must equal Total Units of Service)	

13. Clinician Training Activities

A. Number of Full-Day Cultural Competence Trainings Attended	A <input style="width: 80px; height: 20px;" type="text"/>
B. Number of Trainings Presented to Home Agency and/or Other Local Human Services Agency Clinicians	B <input style="width: 80px; height: 20px;" type="text"/>