***ANNEX A***

***PROGRAM COMMITMENTS***

***DESIGNATED SCREENING SERVICES***

|  |  |  |
| --- | --- | --- |
| **NAME OF AGENCY:** | | |
| **CONTRACT NUMBER:** | **CONTRACT TERM:** | TO |
| **BUDGET MATRIX CODE: 13** | **BUDGET MODIFICATION NO:** | |

1. Total Duplicated Episodes of Care (Admissions to DSS) Provided by the Designated Screening Service:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

2. Total Duplicated Episodes of Care (Admissions to DSS) On-Site:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

3. Total Duplicated Episodes of Care (Admissions to DSS) Off-Site:

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

4. Total Units (Hours) of Services Delivered:

5. Total number of staff face-to-face follow-up contacts delivered.

6. Total number medication follow-up contacts delivered.

A. # Adults (age 18 and above):

B. # Youth (thru age 17):

7. Total number of crisis telephone contacts delivered:

**8. Coverage Schedule:**

The following reflects the staff coverage schedule in order to provide access to services 24 hours a day, 7 days a week. (Please record the *number of staff persons* for each discipline providing coverage per shift.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8a BUSINESS DAYS** | **A. DAY Shift:**  **1.# on-call 2. #on-site** | | **B. EVENING Shift:**  **1.# on-call 2. #on-site** | | **C. NIGHT Shift:**  **1# on-call 2. #on-site** | |
| **1. Psychiatrist** |  |  |  |  |  |  |
| **2. Other MD/DO** |  |  |  |  |  |  |
| **3. Certified Screeners** |  |  |  |  |  |  |
| **4. Other Professional Staff**  **(Direct Services Only)** |  |  |  |  |  |  |
| **5. Paraprofessionals**  **(Direct Service; e.g. Peer Advocates)** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8b WEEKENDS/HOLIDAYS** | **A. DAY Shift:**  **1.# on-call 2. #on-site** | | **B. EVENING Shift:**  **1.# on-call 2. #on-site** | | **C. NIGHT Shift:**  **1# on-call 2. #on-site** | |
| **1. Psychiatrist** |  |  |  |  |  |  |
| **2. Other MD/DO** |  |  |  |  |  |  |
| **3. Certified Screeners** |  |  |  |  |  |  |
| **4. Other Professional Staff**  **(Direct Services Only)** |  |  |  |  |  |  |
| **5. Paraprofessionals**  **(Direct Service; e.g. Peer Advocates)** |  |  |  |  |  |  |

***Annex A***

***DESIGNATED SCREENING SERVICES***

**DEFINITIONS:**

**Episodes of Care:** Refers to the provision of mental health services by designated screening service program staff to a consumer that includes, at a minimum, a comprehensive face-to-face assessment of the consumer’s mental health needs and a disposition that includes a transfer (to an in-patient unit) or a discharge plan to the community with aftercare recommendations. (A person who is discharged to the community and is seen face-to-face by designated screening staff for several follow-up contacts counts as one episode of care.)

Note: “Duplicated” counts acknowledge that multiple episodes of care may be provided to the same consumer in a reporting period.

**Units (Hours) of Services**: Is the aggregate duration in hours of **all** of the episodes of care that were delivered during the reporting period. **One unit is equal to one hour of episode duration, irrespective of staffing matters. Record actual time; Do not round time.**

Note: An episode of care commences at the time in which face-to-face interaction between designated screening service staff and a consumer/family/ collateral informant is initiated and concludes when the face-to-face interaction between designated screening service staff and a consumer/family/ collateral informant ends. (Face-to-face follow up contact time subsequent to the provision of a discharge plan is NOT included in the episode duration calculation, as this output is collected elsewhere).

Illustration: Face-to-face contact with Bill and screening staff is initiated at 9:00 AM. Bill is provided with his aftercare plan at 11:30 AM and Face-to-face contact with screening staff terminates. This episode of care has a duration of 2.5 hours and the Screening program would accrue 2.5 Units of Service.

**On-Site:** Refers to services delivered in the building/campus/hospital that houses the designated screening program.

**Off-Site:** Refers to services delivered outside the building/campus/hospital that houses the designated screening program.

NOTE: For the purpose of fields 6 and 7 above, the episode of care should be classified based on where the initial face-to-face contact occurred. A mobile outreach that results in transport of the consumer back to the emergency department should be classified as an off-site episode of care.

**Staff Face-to-Face Follow-up Contacts:** Refers to an in-person contact, irrespective of length, between designated screening staff and a consumer subsequent to the provision of a discharge plan.

**Medication Follow-Up Contacts Delivered:** Refers to an in-person contact, irrespective of length, between designated screening staff and a consumer subsequent to the provision of a discharge plan, for the specific purpose of meeting the person’s medication related needs.

**Crisis Telephone Contacts:** Refers to the aggregate number of telephone contacts between designated screening program staff and a consumer/family/collateral informant.

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