

**ANNEX A
PROGRAM COMMITMENTS
ACUTE CARE FAMILY SUPPORT PROJECT**

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ **CONTRACT TERM:** _____ **TO:** _____

BUDGET MATRIX CODE: 35 **BUDGET MODIFICATION NO:** _____

1. Number of families served onsite during the contract period. _____
2. Number of onsite staff face to face contacts with families during the contract period. _____
3. Number of families served offsite in conjunction with the screening process during the contract period. _____
4. Number of offsite staff face to face contacts with families in conjunction with the screening process during the contract period. _____
5. Number of families that received referrals to family support programs and/or mental health programs during the contract period. _____
6. Number of referrals made by staff to family support programs and/or mental health programs during the contract period _____
7. Number of families who received follow-up telephone contact during the contract period. _____
8. Number of staff follow-up telephone contacts during the contract period. _____
9. Number of families who received follow-up face to face contact during the contract period. _____
10. Number of staff follow-up face to face contacts with families during the contract period. _____
11. Total number of families served in conjunction with the screening process during the contract period. (Sum of lines 1 and 3) _____
12. Units of Service will be provided. **(Sum of lines 2, 4 and 10)** _____

Note: Units of service will be based on fifteen minute time frames after the first hour. Thus one unit of service will be awarded for the first hour of the contact and an additional unit will be awarded for each fifteen minute time period beyond the first hour for the duration of the contact. No additional units will be awarded for the number of staff conducting the contact or for the number of family members receiving the contact.

ANNEX A ACUTE CARE FAMILY SUPPORT PROJECT DEFINITIONS

The Acute Care Family Support Project is targeted to families with an adult member who is experiencing a psychiatric crisis and is being assessed in a Screening Center or Affiliated Emergency Service. They provide on site support to the family while their loved one is being assessed, educate them as to what to expect in an acute care setting, including the commitment process, and to link them to existing family support resources in the community.

1. Families served are those who have agreed to meet with Acute Care Family Support Project staff. If a family refuses this opportunity for whatever reason, they are not counted. Onsite is an acute care setting that is either a designated screening center or affiliated emergency service contracted with the Division of Mental Health Services.
2. The number of onsite staff face to face contacts with families.
3. Families served offsite in conjunction with the screening process. Offsite is a family's home or other community setting. These families may not be able, willing, or have the resources to accompany their loved one onsite.
4. The number of offsite face to face contacts with families.
5. Families are counted if they have agreed to receive information about family support programs and/or mental health programs and indicate at least a minimal desire to act upon the information provided even if at a later time it is learned that they actually did not follow through. Additionally, families are counted if they agree to an **INITIAL** phone call made by staff on their behalf. Family support programs include the county Intensive Family Support Program and the local NAMI (National Alliance on Mental Illness). Mental health programs include outpatient services, integrated case management services etc.
6. Referrals are counted if staff has provided information about family support programs and/or mental health programs to a family and the family has agreed at least minimally to act upon the information provided even if at a later time it is learned that they actually did not follow through. Additionally, a referral is counted if the family agrees to an **INITIAL** call made by staff on their behalf.
7. The number of families who received follow-up telephone contact by staff to assess their well being and to provide additional support and/or information.
8. The number of staff follow-up telephone contacts to families to assess their well being and to provide additional support and/or information.
9. The number of families who received follow-up face to face contact by staff to assess their well being and to provide additional support and/or information.
10. The number of staff follow-up face to face contacts to families to assess their well being and to provide additional support and/or information.
11. Total number of families served in conjunction with the screening process during the contract period (Sum of lines 1 and 3.)

*** With regard to lines 1,3,5,7, 9 and 11, the number of families is unduplicated.

Units of Service = Sum of lines 2, 4 and 10.

Note: Units of service will be based on fifteen minute time frames after the first hour. Thus one unit of service will be awarded for the first hour of the contact and an additional unit will be awarded for each fifteen minute time period beyond the first hour for the duration of the contact. No additional units will be awarded for the number of staff conducting the contact or the number of family members receiving the contact.

5/19/08.