

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
 LEVEL OF SERVICE REPORT
 INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES (IOTSS)
 (Revised 6/10/15)

USTF PROJECT CODE:	Calendar Year of data you are submitting: <input style="width: 50px;" type="text"/>
NAME OF AGENCY:	Reporting Quarter: (check one) JULY 1 TO SEPTEMBER 30 1
NAME OF PROGRAM:	OCTOBER 1 TO DECEMBER 31 2
PERSON COMPLETING FORM/PHONE #:	JANUARY 1 TO MARCH 31 3
DATE SUBMITTED:	APRIL 1 TO JUNE 30 4

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

7. Referrals to the Program:	Total Referrals	Intakes Offered Within 24 Hours of Referral (<24 HRS)	Intakes Offered Greater than 24 Hours from Referral (>24 HRS)	Admit Within 24 Hours of Referral (<=24 HRS)	Referred, Not Admitted within 24 hours	Inappropriate Referrals
7A. Consumers who were referred from State Hospitals						
7B. Consumers who were referred from County Hospitals						
7C. Consumers who were referred from a Short-Term Care Facility (STCF)						
7D. Consumers who were referred from an Other Psychiatric Inpatient Unit						
7E. Consumers who were referred from a Designated Screening Service (DSC)						
7F. Consumers who were referred from an Affiliated Emergency Services (AES) or other Emergency Room based Program						
7G. Consumers who were referred from a DMHS contracted Crisis Residential Program						
7H. Consumers who were referred from an Partial Care/Hospital (PC/PH) Program						
7I. Consumers who were referred from an Early Intervention and Support Services (EISS) Program						
7J. Consumers who were referred from a DMHS funded Jail Diversion or Re-Entry Program						
7K. Consumers referred from Other sources						
7L. TOTAL						

8. Of the Ending Caseload how many clients are:

A. Medicaid/Familycare Enrolled _____

B. Medicaid/Familycare Non-Enrolled _____

(Note: 8A. + 8B. must equal Item #6 "Ending caseload")

Service Modality Outputs

9. The following is a breakdown by modality of the number of consumer contacts with outpatient staff

	<u>On-Site Contacts</u>	<u>Off-site Contacts</u>	<u>Total Contacts (On-site + Off-site)</u>
9A. Individual Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>
9B. Group Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>
9C. Family Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>
9D. Medication Monitoring	<input type="text"/>	<input type="text"/>	<input type="text"/>
9E. Intake/Clinical Assessment/Treatment Planning	<input type="text"/>	<input type="text"/>	<input type="text"/>
9F. Outreach	<input type="text"/>	<input type="text"/>	<input type="text"/>
9G. Program Case Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
9H. All other contacts not classified above (specify):			
9H1. Individual (i.e., IMR, Psycho-Education)	<input type="text"/>	<input type="text"/>	<input type="text"/>
9H2. Group (i.e., IMR, Psycho-Education):	<input type="text"/>	<input type="text"/>	<input type="text"/>
10A. Total Face-to-Face On-Site Contacts: .(Sum of A to H)	<input type="text"/>	n/a	
10B. Total Face-to-Face Off-Site Contacts: .(Sum of A to H)	n/a	<input type="text"/>	
10C. Total Face to Face Contacts (Sum of all "Total Contacts")			<input type="text"/>

11. Of the Total Face to Face Contacts Provided how many were provided to individuals who were:

A. Medicaid/Familycare Enrolled _____

B. Medicaid/Familycare Non-Enrolled _____

Note: The sum of 11A + 11B must equal the ending caseload (See Item #6, above)

Service Intensity Outputs

12. Total Face to Face Hours of Service Provided: _____

13. Total Number of Collateral Contacts Provided on Behalf of the Consumer: _____

14. Average Length of Stay—in days--in IOTSS program (for consumers terminated during the quarter): _____

Additional Outputs

- 15. Total number of Wellness and Recovery Action Plans (WRAPs) Developed: _____
- 16. Total Number of Consumers Receiving Illness Management and Recovery (SAMHSA EBP): _____
- 17. Total Number of Physical Health Care Referrals: _____
- 18. How many consumers have been educated about Psychiatric Advanced Directives this Quarter? _____
- 19. How many Psychiatric Advanced Directives have been completed this Quarter?: _____

Consumer Outcomes:

20. Please report the # of Enrolled Consumers who (while enrolled in IOTSS), at any point in the quarter were:

- A. Hospitalized On A Psychiatric In-patient Unit: _____
- B. Homeless/Living in a shelter/motel: _____
- C. Incarcerated: _____
- D. Utilized a DMHS Designated Screening Service: _____
- E. Utilized a non Designated Screening Service ER For Psychiatric Needs: _____

F. Total ER episodes (for psychiatric needs) by enrolled consumer: _____

21.	(A) Total # of FTE's	(B) # of FTE's Employed at the end of the quarter	(C) # of FTE's Consultants at the end of the quarter	(D) # of FTE Vacancies at the end of the quarter	(E) % Bi-Lingual Bi-Cultural Staff at the end of the quarter
Staffing					
Psychiatrist					
Advanced Practice Nurse (APN)					
Licensed Practical Nurse (LPN)					
Psychologist					
Registered Nurse (RN)					
Masters Level Clinicians					
Other (i.e. case managers)					
Total					

22 . Total # of Hours of Operation this quarter:

Day of the Week/Time of Day	Number of Hours (Note: 15 min = 0.25 hr.)
Weekday (Prior to 5 PM)	
Weekday (After 5 PM)	
Saturday/ Sunday	
Holiday	

INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES (IOTSS)

QUARTERLY CONTRACT MONITORING REPORT (QCMR)

DEFINITIONS

Revised 6/10/15

Intensive Outpatient Treatment and Support Services: Community based ambulatory treatment alternatives for adults who have serious and persistent mental illness. Access to the service is intended to provide an option for Designated Screening Services and other acute care referral sources to assure that appropriate, intensive, community based, recovery oriented outpatient services are readily accessible. These programs provide a comprehensive outpatient service package that addresses the needs of individuals with an exacerbation of the symptoms of mental illness and/or a co-occurring substance abuse disorder through services that include comprehensive assessments, Wellness and Recovery Action Plans (WRAPS), Medication Administration and Education, Individual Therapy, Structured Group Therapy, Illness Management and Relapse Prevention Groups, Family psycho-education, the provision of or arrangements for physical health care and direct linkage to ongoing clinical and support services as identified in the WRAP. Such outpatient services are designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle.

1. BEGINNING CASELOAD: Refers to the total number of consumers who have had at least one face-to-face contact with (IOTSS staff) in the last 90 days and were active on the last day of the previous quarter. **The Beginning Caseload is equal to the Ending Caseload of the previous reporting quarter.**

2. NEW ENROLLEES: Refers to the number of consumers who were newly enrolled in the IOTSS program during the reporting quarter.

3. TRANSFERS IN to Program Element During Qtr.: Indicate the number of consumers who transferred into your agency's IOTSS program from another one of your agency's existing programs.

4. TRANSFERS FROM Program Element During Quarter: Indicate the number of consumers who transferred out of your agency's IOTSS program and was immediately enrolled in another one of your agency's behavioral health programs.

5. TERMINATIONS: Refers to the number of consumers for whom an IOTSS program file (case) was closed during the quarter.

6. ENDING CASELOAD: Refers to the caseload on the last day of the reporting quarter.. This is auto-calculated as: (Beginning caseload + New enrollees + Transfers In) - (Transfers from + Terminations)

7. Referrals to the Program:

Total Referrals: For each row, indicate how many unduplicated individuals in that category were referred to your IOTSS program, regardless of whether they had an intake process completed and/or admitted, or not.

Intakes Offered within 24 Hours of Referral (<24 HRS): Indicate the number of unduplicated individuals for whom the intake process was completed *within* 24 hours of your agency receiving their referral.

Intakes Offered within 24 Hours of Referral (≥24 HRS): Indicate the number of unduplicated individuals for whom the intake process was completed 24 hours or later after your agency received their referral.

Admit within 24 Hours of Referral (≤24 HRS): Indicate the number of unduplicated consumers whom were admitted/enrolled in your IOTSS program within 24 hours of your agency receiving their referral.

Referred, Not Admitted: Refers to the number of referrals that were not subsequently enrolled in the IOTSS program. Includes instances in which the program discontinues efforts to engage a prospective consumer.

Inappropriate Referrals: Refers to the number of referrals found inappropriate and as a result were not admitted to the IOTSS program.

7A. Consumers who were referred from STATE HOSPITALS: Refers to the states four psychiatric hospitals located in New Jersey only: Greystone Park, Trenton, Ancora, and Ann Klein.

7B. Consumers who were referred from COUNTY HOSPITALS: Refers to the five county hospitals located in New Jersey only: Essex, Camden, Hudson, Bergen, and Union.

7C. Consumers who were referred from a 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. Consumers who were referred from an OTHER PSYCHIATRIC UNIT: Refers to any psychiatric hospital or unit within a hospital that is not a State, County, or STCF/Inpatient Psychiatric Unit.

7E. Consumers who were referred from a DESIGNATED SCREENING SERVICES: Public or Private ambulatory care service designated and authorized by DMHAS, to evaluate individuals for involuntary commitment, in conformance with the provision of the Mental Health Screening Law (P.L. 1987, ch.116).

7F. Consumers who were referred from AFFILIATED EMERGENCY SERVICES (AES) or other emergency room program: Emergency room based crisis intervention services including assessment, counseling, medication, supervision/observation, and linkage and referral to hospital care and other community services. Within DMHAS, Affiliated Emergency Services programs are affiliated with Designated Screening Services.

7G. Consumers who were referred from DMHAS CONTRACTED CRISIS RESIDENTIAL PROGRAMS: DMHAS-licensed supervised residential programs offer on-site staff support and assistance with activities of daily living according to clients' needs. Housing opportunities include supervised apartments, group homes, and family care homes.

7H. Consumers who were referred from PARTIAL CARE/HOSPITAL (PC/PH) PROGRAM: Comprehensive, facility-based, structured, non-residential day treatment mental health services that may reduce the risk of hospitalization and that may include structured support, rehabilitation, relapse prevention, and/or the development of community living skills. Services may include counseling, psycho-education, medication monitoring and other psychiatric care, prevocational training, direct skills teaching, and recreation and social events, available on a half-day or full-day basis for no fewer than five days per week.

7I. Consumers who were referred from EARLY INTERVENTION AND SUPPORT SERVICES (EISS) PROGRAM: Refers to community based ambulatory treatment alternatives for adults who have serious and persistent mental illness. Access is intended to provide an option for Designated Screening Services and other acute care and hospital referral sources to assure that appropriate, intensive, community based, recovery oriented outpatient services are readily available.

7J. Consumers who were referred from a DMHAS JAIL DIVERSION OR RE-ENTRY PROGRAM: Refers to programs designed to divert from screening services or jail and link persons with mental illness who come into contact with the criminal justice system to mental health providers and substance abuse treatment programs rather than jail or the inappropriate referral to screening services. Programs can function to intercept the process prior to booking and incarceration. Programs can also function to provide incarcerated mentally ill persons with discharge planning that links to community based services, resources and benefits upon release.

7K. CONSUMERS REFERRED FROM OTHER SOURCES: Refers to consumers referred from sources not listed above.

7L. TOTAL [of all consumers referred to your program]. This is auto-calculated as a subtotal of the values of the cells in each column.

8. Of the Ending Caseload how many clients are:

A. Medicaid/Familycare Enrolled: Indicate how many of your quarterly ending caseload are currently enrolled in Medicaid/Familycare.

B. Medicaid/Familycare Non-Enrolled: Indicate how many of your quarterly ending caseload are NOT currently enrolled in Medicaid/Familycare.

(Note: 8A. + 8B. must equal ending caseload (Item #6)):

SERVICE MODALITY OUTPUTS:

9. Record the number of face to-face contacts delivered during the quarter according to the following modality: Do not multiply contacts for service delivery requiring more than one staff.

9A. Individual Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer.

9B. Group Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count excess Medicaid maximum group size of 8.

9C. Family Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count each family member.

9D. Medication Monitoring: 1 contact is 15 continuous minutes of face-to-face with the consumer.

9E. Intake/Clinical Assessment/Treatment Planning: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

9F. Outreach: 1 contact is 15 continuous minutes of face-to-face with the consumer or as a collateral contact.

9G. Program Case Management: 1 contact is 15 continuous minutes of face-to-face with or on behalf of the consumer or as a collateral contact.

9H. All Other Contacts Not Classified Above: Refers to all other face-to-face time not included in A through G. Group sessions facilitated by non-masters-prepared staff, such as IMR and psychoeducation should be included in 7H. Individual and group face to face contacts should be reported separately.

9H1. Individual (i.e., IMR, Psycho-Education): Please indicate the number of contacts conducted on a one-on-one basis, that do not fit categories 7A – 7G.

9H2. Group (i.e., IMR, Psycho-Education): Please indicate the number of contacts conducted in a group setting , that do not fit categories 7A – 7G.

Note: For the therapies, 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).

10A. Total Face to Face On-Site Contacts: This is auto-calculated as the sum of all *on-site* contacts for all treatment modalities listed in times 9A through 9H2.

10B. Total Face to Face Off-Site Contacts: This is auto-calculated as the sum of all off-site contacts for all treatment modalities listed in times 9A through 9H2.

10C. Total Face to Face Contacts (Sum of all “Total Contacts”): This is auto-calculated as the sum of all on-site contacts (Item #10A) plus the number of all off-site contacts (Item #10B).

11. Of the Total Face to Face Contacts Provided how many were provided to individuals who were

11A. Refers to the number of face-to-face contacts delivered to consumers who were enrolled in either Medicaid or Family Care

11B. Refers to the number of face-to-face contacts delivered to consumers who were NOT enrolled in neither Medicaid or Family Care

SERVICE INTENSITY OUTPUTS

12. Total Face to Face Hours of Service: Refers to the actual hours of service provided to all consumers during the quarter without regard to the number of staff that delivered the service. Does not include telephone contact time; 60 minutes of face-to-face service

provided to one 1 consumer = 1 hour of face-to-face service, irrespective of how many staff are present; (e.g. One staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service; Two staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service). No rounding (e.g. from 50 minutes to 1 hour) is permitted. 45 minutes of face-to-face service provided to one 1 consumer = .75 hour of face-to-face service

13. Total Number of Collateral Contacts Provided on Behalf of the Consumer – Refers to all contacts (face-to-face and telephone) made on behalf of a consumer. One contact is 15 minutes of continuous face to face or telephone contact with the consumer on behalf of the consumer.

14. Average Length of Stay—in days- in IOTSS program (for consumers terminated during the quarter): Refers to the average length of stay in days (e.g. from admission to the IOTSS program to termination) for all consumers who were terminated during the quarter. Is specific to the IOTSS program and does not include consumer enrollment in other agency programs.

ADDITIONAL OUTPUTS

15. Wellness & Recovery Action Plans (WRAPs): Indicate the number of plans that have been developed.

16. Total Number of unduplicated Consumers Receiving Illness Management and Recovery (IMR)(SAMHSA EBP): Refers to the module based psycho-education evidence based practice endorsed by the United States Department of Health and Human Services, Substance Abuse and Mental Health Administration.

17. Total number of physical healthcare referrals including dental referrals.

18. How many consumers have been educated about Psychiatric Advanced Directives (PADs) this quarter?:

19. How many Psychiatric Advanced Directives have been completed this Quarter?:

CONSUMER OUTCOMES

20. Please report the # of Enrolled Consumers who (while enrolled in IOTSS) at any point in the quarter were:

20A. Hospitalized On a Psychiatric In-patient Unit: Indicate the number of unduplicated IOTSS consumers who were hospitalized in a psychiatric in-patient unit in the report quarter.

20B: Homeless/Living in a Shelter/Motel: Indicate the number of unduplicated IOTSS consumers who were homeless and/or living in either a shelter or motel at any point during the report quarter.

20C: Incarcerated: Indicate the number of unduplicated IOTSS consumers who were incarcerated in either state prison, county jail, or local detention facilities at any point during the report quarter.

20D: Utilized a DMHAS Screening Service:

20E: Utilized a non Designated Screening Service ER for Psychiatric Needs:

20F. Total ER Episodes (for psychiatric needs) by enrolled consumer: Refers to the total number of known emergency room visits related to psychiatric needs by all enrolled IOTSS consumers during the quarter.

STAFFING

21. Staffing: Full Time Equivalent (FTEs): Indicate how many total full-time equivalent staff are directly employed and hired as consultants by the provider at the end of the quarter.

Column A: Total Number of FTEs: For each listed staff category (.e.g, Psychiatrist, APN, Registered Nurse) indicate the total number of FTE's your IOTSS program is funded to have staffed.

Column B: # of FTEs Employed at the End of the Quarter: For each listed staff category (.e.g, Psychiatrist, APN, Registered Nurse) indicate the total number of FTE's your IOTSS program actually is hired by your organization.

Column C: # of FTE Consultants at the End of the Quarter: For each listed staff category (.e.g, Psychiatrist, APN, Registered Nurse) indicate the total number of FTE's your IOTSS program has hired as consultants.

Column D: # of FTE Vacancies at the End of the Quarter: For each listed staff category, this value is the number of FTE's that your IOTSS program has vacant at the end of the quarter. This is auto-calculated as = Column A – (Column B + Column C)

Column E: % of Bi-lingual/Bi-Cultural Staff at the End of the Quarter: For each listed staff category please indicate the proportion of staff that provide multi-lingual/multi-cultural IOTSS services.in a

22. Total # of Hours of Operation this During the Quarter: Per the table, indicate the number of hours your facility is open per quarter. (To calculate for each row, simply multiply the number of hours per week, times the number of weeks in the report quarter.)