

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
INDIVIDUAL MOVEMENT REPORT
988 Mobile Crisis Outreach Response Teams (MCORT)

USTF PROJECT CODE:	CALENDAR YEAR OF REPORT <input style="width: 100px;" type="text"/>			
NAME OF TEAM:	REPORTING QUARTER: (CHECK ONE):			
REGION:	JULY 1 TO SEPTEMBER 30	1 <input type="checkbox"/>		
PERSON COMPLETING FORM / PHONE #:	OCTOBER 1 TO DECEMBER 31	2 <input type="checkbox"/>		
DATE SUBMITTED:	JANUARY 1 TO MARCH 31	3 <input type="checkbox"/>		
CHECK AGENCY REPORTING QUARTER:	APRIL 1 TO JUNE 30	4 <input type="checkbox"/>		
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>	<u>Quarter Total</u>
1. Total number of dispatches <i>Validation: a=(b+c+d) =(e+f+g)</i>				
a. Number of completed dispatches	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
b. Number of dispatches arrived within 1 hour	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
c. Number of dispatches arrived between 2 hours	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
d. Number of dispatches arrived after 2 hours	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
e. Number of dispatches during day shift	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
f. Number of dispatches during evening shift	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
g. Number of dispatches during overnight shift	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
h. Number of incomplete dispatches	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
2. Total number of referrals/linkages/warm transfers				
a. Number of referrals/linkages	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
b. Number of warm transfers	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
c. Number of dispatches resolved on site by MCORT (through referrals/linkages/warm transfers)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	
d. Number of dispatches requiring emergency services involvement (911/Law Enforcement/EMS/Fire Department/ARRIVE Together/Mobile Screening)	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	

3. Total number of individuals requiring transport to or referred to: (Sum of 3a + 3b +3c+3d+3e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a. Hospital/ Emergency Department	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Crisis Receiving and Stabilization Center (CRSC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Early Intervention Support Services (EISS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Crisis Home or Peer Respite, Crisis Diversion Home (CDH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Total number of contacts requiring follow-up <i>Validation: (a+c should not be < #4)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a. Number of follow-up contacts attempted by phone <i>(3 attempts within 72-hours of initial contact)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of follow-up contacts achieved by phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of follow-up contacts attempted in person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Number of follow-up contacts achieved in person <i>(within 72-hours of initial contact)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of individuals served out of agency's region	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Average number of individuals served per 8-hour shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Number of unique (unduplicated) consumers visited	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Number of dispatches requiring consultation from a Master's Level Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STAFFING

9.1 Please record **full- time staffing** information (See instructions below as needed):

Staffing Position	Contracted Staff Composition (FTEs)	Actual Team Composition at End of Month (FTEs)			Quarterly Total (auto-calculated)	Quarterly Staff Fill Rate (auto-calculated)
		Month 1	Month 2	Month 3		
a. Program Director						
b. Certified Peer Support Specialist						
c. Bachelors Level Professional						
d. Masters Level Supervisor						
e. Total (Auto-calculated)						

The reporting on *individual outcomes* is conducted annually and is separate from this report.

9.2 Please record **Per Diem staffing** information (See instructions below as needed):

Staffing Position Per Diem	Contracted Staff Composition (FTEs)	Total number of hours worked			Number of hours per month per FTE	Actual Team Composition at End of Month (FTEs)			Quarterly Total (auto-calculated)	Quarterly Staff Fill Rate (auto-calculated)
		Month 1	Month 2	Month 3		Month 1	Month 2	Month 3		
a. Certified Peer Support Specialist					173.8					
b. Bachelors Level Professional					173.8					
c. Masters Level Supervisor					173.8					
d. Total (Auto-calculated)										

Number hours per month: 40 hrs/week * 4.345 weeks/month =173.8 hours/month

FTE= Total hours worked in a month/ 173.8

The reporting on *individual outcomes* is conducted annually and is separate from this report.

10. **Payer Mix:** How many of your total dispatches this quarter are paid by the following payers?

10a. Medicaid	10b. Medicare	10c. State Funded	10d. Self-Pay	10e. Private/Commercial
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10f. Charity Care	10g. Provider Funded	10h. Other Funded	10i. Unknown Funding	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Note: Each client is to be counted only one time, (even if they have more than one payer). For those consumers with more than one payer, please count the client with the payer that is the major/primary payer

DEFINITIONS AND INSTRUCTIONS

1. **Total number of dispatches:** Refers to the number of dispatches made by Carelon to the reporting team in response to requests from NJ 988 Lifeline centers.

- a. Refers to the number of times the reporting team was dispatched and made contact with the individual in crisis or a third party per reporting month. The values entered into 1b, 1c, and 1d should equal the number entered into 1a. The values entered into 1e, 1f, and 1g should equal the number entered into 1a.
- b. Refers to the number of times the reporting team reached an individual in crisis/third party within 1-hour of being dispatched and provided face-to-face services per reporting month.
- c. Refers to the number of times the reporting team reached an individual in crisis/third party within 2-hours of being dispatched and provided face-to-face services per reporting month.
- d. Refers to the number of times the reporting team reached an individual in crisis/third party 2-hours or more after the initial dispatch and provided face-to-face services per reporting month
- e. Refers to the number of dispatches the reporting team responded to during the day shift per reporting month. Based on the initial dispatch request time from Carelon. "Day shift" is to be defined by the provider agency (e.g., 6:00AM to 2:00PM EST).
- f. Refers to the number of dispatches the reporting team responded to during the evening shift per reporting month. Based on the initial dispatch request time from Carelon. "Evening shift" is to be defined by the provider agency (e.g., 2:00PM to 10:00PM EST).
- g. Refers to the number of dispatches the reporting team responded to during the overnight shift per reporting month. Based on the initial dispatch request time from Carelon. "Overnight shift" is to be defined by the provider agency (e.g., 10:00PM to 6:00AM EST).
- h. Refers to the number of incomplete dispatches, regardless of the reason (i.e. consumer declines *or* original team does not complete the dispatch and no other team within the provider region is able to accept reassignment. **It is understood that, due to Crisis Module functionality, this information may not be immediately known if the other region is not covered by the same provider. However, it is expected that MCORT Directors will share information when such out-of-Region activity occurs).**

2. **Total number of referrals/linkages/warm transfers:** A referral/linkage to care is when an MCORT provides the individual in crisis and/or third parties with contact information for community-based mental health services for the individual to contact after MCORT has left the scene. A warm transfer is a direct and immediate hand-off via phone call to a community-based mental health service. The individual/third party must give verbal permission before a warm transfer is made.

- a. Refers to the number of consumers who received referrals/linkages to community-based mental health services during the provision of MCORT services (*maximum 1 per dispatch*).

- b. Refers to the number of consumers who consented to and received an immediate warm transfer to a community-based program during the provision of MCORT services.
- c. Refers to the total number of dispatches resolved by MCORT through referrals/linkages/warm transfers as defined above.
- d. Refers to the total number of dispatches requiring involvement from emergency services. Emergency services includes Law Enforcement, Emergency Medical Services, Fire Department, ARRIVE Together, and Mobile Screening.

3. **Total number of individuals requiring transport:** Refers to the total number of consumers requiring transportation by the MCORT or self/family/other (excluding Emergency Services) as prompted by MCORT involvement:

- a. to a Hospital Emergency Department
- b. to Crisis Receiving and Stabilization Center (CRSC)
- c. to Early Intervention Support Services (EISS)
- d. to a Crisis Home or Peer Respite, Crisis Diversion Home (CDH)
- e. to Other

4. **Total number of contacts requiring follow-up:** Refers to the total number of individuals who reported suicidal thoughts during or within the 24-hours prior to contact with 988 **as well as all other individuals to whom MCORT offered a follow-up**. These individuals should be counted in the same month as the original outreach episode. The total of 4a, 4b, 4c, and 4d should not be greater than the value entered in #4.

- a. Refers to the number of attempted contacts via phone within 72-hours after the initial MCORT dispatch. *(NOTE: 3 attempts within 72-hours is the standard for follow-up)*
- b. Refers to the number of consumers who were successfully reached via phone within 72-hours after the initial MCORT dispatch.
- c. Refers to the number of attempted face-to-face contacts within 72-hours after the initial MCORT dispatch.
- d. Refers to the number of consumers who were successfully contacted face-to-face within 72-hours after the initial MCORT dispatch.

5. **Number of individuals served out of agency's region:** Refers to the number of consumers served by the reporting team from a Region outside of its designated regional counties.

6. **Average number of individuals served per 8-hour shift:** Refers to the average number of individuals served per shift by dividing the total number of dispatches by the number of 8-hour shifts. *(e.g., reporting team served 10 individuals over the course of five 8-hour shifts. $10/5=2$)*

7. **Number of unique (unduplicated) consumers visited:** Refers to the number of dispatches made to consumers who were served for the first time that month.

8. **Number of dispatches requiring consultation from Master's Level Supervisor:** Refers to the number of dispatches during which a team consulted with the Master's Level Supervisor *(maximum 1 per dispatch)*.

STAFFING

9. **Please record staffing information:**

Full Time

Contracted Staff Composition (FTEs) - In the first column, indicate the contracted number of staff for each position type. Information must correspond to your agency's Annex A and Annex B documents. Staffing positions that are less than 1.0 Full-time equivalent (FTE) should be reflected as a proportion of an FTE – e.g., 0.25 FTE, 0.5 FTE, etc.

For the columns labeled, “**Month 1**”, “**Month 2**”, and “**Month 3**” indicate the number of staff employed by your agency at each position type on the last day of the month.

The column labeled “**Quarterly Total**” will be auto-populated as the sum of the previous 3 columns (Months 1 through 3).

The column labeled, “**Quarterly Staff Fill Rate**” will be auto-populated for each row as:
 $\text{Quarterly Total} / (\text{Contracted Staff Composition} \times 3)$.

Per Diem Staffing Grid

Contracted Staff Composition (FTEs) - In the first column, indicate the contracted number of staff for each position type. Information must correspond to your agency’s Annex A and Annex B documents. Staffing positions that are less than 1.0 Full-time equivalent (FTE) should be reflected as a proportion of an FTE – e.g., 0.25 FTE, 0.5 FTE, etc.

For the columns labeled, “**Month 1**”, “**Month 2**”, and “**Month 3**” indicate the number of staff employed by your agency at each position type on the last day of the month.

The column labeled “**Quarterly Total**” will be auto-populated as the sum of the previous 3 columns (Months 1 through 3).

The column labeled, “**Quarterly Staff Fill Rate**” will be auto-populated for each row as:
 $\text{Quarterly Total} / (\text{Contracted Staff Composition} \times 3)$.

Calculate total working hours per month:

Multiply the number of weeks in a month by the hours worked per week,

40 hours a week x 4.345= 173.8 hours in a month

FTE= Total hours worked in a month/ 173.8

10. Payer Mix: How many of your total dispatches this quarter are paid by the following payers?

10a to 10i. Based on your ending caseload, please indicate the payer(s) of this service. **Note:** *Each client is to be counted only one time, (even if they have more than one payer). For those consumers with more than one payer, please count the payer that is the major/primary payer.*

10a. Medicaid

10b. Medicare

10c. State Funded:

10d. Self-Pay

10e. Private/Commercial Insurance

10f. Charity Care

10g. Provider Funded

10h. Other Funded

10i. Unknown Funding

PLEASE NOTE: Periodic audits of information submitted in this report will be conducted by DMHAS.