## ANNEX A PROGRAM COMMITMENTS DESIGNATED SCREENING SERVICES

NAME OF AGENCY:		
CONTRACT NUMBER:	CONTRACT TERM:	ТО
BUDGET MATRIX CODE: 13	BUDGET MODIFICATION NO	<b>)</b> :
1. Total Duplicated Episodes of Care (Admissions to DSS	) Provided by the Designated Scre	ening 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	o) 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 delivere	d.	
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.)

	A. DAY Shift:		B. EVENING Shift:		C. NIGHT Shift:	
8a BUSINESS DAYS	1.# on-call 2. #on-site		1.# on-call 2. #on-site		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 <u>all</u> 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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