

**INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES
ANNEX A
(Revised 11-22-10)**

1. Total Clients to be Served _____

2. Number of New Enrollees and Transfers _____

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

Service Modality Outputs

4. The following is a breakdown by MODALITY of the number of Face-to-Face client contacts with outpatient staff (both on-site and off-site):

- A. Individual Therapy
- B. Group Therapy
- C. Family Therapy
- D. Medication Monitoring
- E. Intake/Clinical Assessment/Treatment Planning
- F. Outreach

- G. Program Case Management
- H. All Other Contacts Not Classified Above: Specify:
- I. **Total Face-to-Face Contacts:** .(Sum of A through H)

5. Number of <u>Face-to-Face</u> Contacts:			
A. On-Site:		B.Off-Site:	

Service Intensity Outputs

- 6. Total Face to Face Hours of Service to be provided:
- 7. Total Number of Collateral Contacts to be provided on Behalf of the Client:
- 8. Average Length of Stay in IOTSS program:

Additional Outputs

- 9. Total number of Wellness and Recovery Action Plans (WRAPs) to be developed:
- 10. Total Number of Consumers to receive Illness Management and Recovery (SAMHSA EBP):
- 11. Total Number of Physical Health Care Referrals:
- 12. Total Number of consumers to be educated about Psychiatric Advanced Directives?
- 13. Total Psychiatric Advanced Directives to be completed?:

14.. Staffing	Total # of FTE's	# of FTE's Directly Employed by the Provider	# of FTE's Hired as Consultants by the Provider	# of FTE Vacancies	% Bi- Lingual Bi- Cultural Staff Currently Employed
Psychiatrist					
Advanced Practice Nurse (APN)					
Licensed Practical Nurse (LPN)					
Psychologist					
Registered Nurse (RN)					
Masters Level Clinicians					
Other (i.e. case managers)					
Total					

15. Total # of Hours of Operation

Day of the Week/Time of Day	Number of Hours
Weekday (Prior to 5 PM)	
Weekday (After 5 PM)	
Saturday/ Sunday	
Holiday	

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