

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
INTENSIVE FAMILY SUPPORT SERVICES

USTF PROJECT CODE: _____	REPORTING QUARTER: (CHECK ONE):			
NAME OF AGENCY: _____	JULY 1 TO SEPTEMBER 30		1 _____	
NAME OF PROGRAM: _____	OCTOBER 1 TO DECEMBER 30		2 _____	
PERSON COMPLETING FORM/PHONE#: _____	JANUARY 1 TO MARCH 31		3 _____	
DATE SUBMITTED: _____	APRIL 1 TO JUNE 30		4 _____	
CHECK AGENCY REPORTING QUARTER:	1 _____	2 _____	3 _____	4 _____

- | | | | | |
|--|---|---|--|--|
| A. _____
Beginning Number
of Active Individuals
(First Day of Qtr.) | B. _____
New Individuals
Enrolled into
Program During
Quarter | C. _____
Number of
Individuals
Re-Enrolled
this Quarter | D. _____
Number of
Individuals
Terminated
During Quarter | E. _____
Ending Number of
Enrolled Individuals
(Last Day of Qtr.) |
| Aa. _____
Beginning Number
of Active Families
(First Day of Qtr.) | Bb. _____
New Families
Enrolled into
Program During
Quarter | Cc. _____
Number of
Families Re-
Enrolled this
Quarter | Dd. _____
Number of
Families
Terminated
During Quarter | Ee. _____
Ending Number of
Enrolled Families
(Last Day of Qtr.) |

- | | |
|---|----------|
| 3. Number of on-site face-to-face single family consultation contacts. | 3. _____ |
| 4. Number of off-site face-to-face single family consultation contacts. | 4. _____ |
| 5. Number of collateral contacts made on behalf of families. | 5. _____ |
| 6. Number of multiple family support group sessions provided. | 6. _____ |
| 7. Unduplicated number of participants in multiple family support groups. | 7. _____ |
| 8. Number of psychoeducational program sessions provided. | 8. _____ |
| 9. Unduplicated number of participants in psychoeducational program sessions. | 9. _____ |

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
INTENSIVE FAMILY SUPPORT SERVICES

<u>USTF PROJECT CODE:</u>	REPORTING QUARTER: (CHECK ONE):			
<u>NAME OF AGENCY:</u>	JULY 1 TO SEPTEMBER 30		1 <u> </u>	
<u>NAME OF PROGRAM:</u>	OCTOBER 1 TO DECEMBER 30		2 <u> </u>	
<u>PERSON COMPLETING FORM/PHONE#:</u>	JANUARY 1 TO MARCH 31		3 <u> </u>	
<u>DATE SUBMITTED:</u>	APRIL 1 TO JUNE 30		4 <u> </u>	
CHECK AGENCY REPORTING QUARTER:	1 <u> </u>	2 <u> </u>	3 <u> </u>	4 <u> </u>

- | | |
|---|-----------------|
| 10. Number of supportive telephone contacts made to family members. | 10. <u> </u> |
| 11. Number of staff face-to-face hours providing in-home respite care provided. | 11. <u> </u> |
| 12. Number of hours of out-of-home respite care provided. | 12. <u> </u> |
| 13. Unduplicated number of families provided with respite care services. | 13. <u> </u> |
| 14. Total Units of Service (Sum of 3, 4, 5, 6, 8, 10, 11, 12). | 14. <u> </u> |

INTENSIVE FAMILY SUPPORT SERVICES

SERIOUS MENTAL ILLNESS (SMI): Persons who are (1) age 18 and over and (2) who currently have, or at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders which are excluded, unless they co-occur with another diagnosable serious mental illness, and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

- A.** Enter the number of individual family members associated with all active families reported in **item Aa**. For this purpose, include all family members who have received services within the previous reporting quarter (90 days). These family members will be enrolled on the last day of the previous quarter.
- B.** Enter the number of individual family members newly enrolled in your program within the reporting quarter who received services. Also, include family members associated with active families but who are not included in **item A** and who began receiving services within the reporting quarter.
- C.** Enter the number of individual family members that were re-enrolled in your program within the reporting quarter.
- D.** Enter the number of individual family members that were terminated from your programs within the reporting quarter.
- E.** Enter the ending number of enrolled individuals on the last day of the reporting quarter. Calculate the number as follows: Add letters **A, B, C** and then subtract **D** to get the total for **E**. This will be your beginning number of active individual family members for the next reporting quarter.

Aa. Enter the number of active families in your program at the beginning of the reporting quarter. For these purposes, an active family is defined as one in which at least one family member received services within the reporting quarter (90 days), and who enrolled on the last day of the previous quarter.

Bb. Enter the number of new families enrolled during this quarter.

Cc. Enter the number of families that are re-enrolled during the reporting quarter.

Dd. Enter the number of families formally terminated during the quarter.

Ee. Enter the number of active families on the last day of the reporting quarter. Calculate the number as follows: Add letters **Aa, Bb,** and **Cc** then subtract **Dd** to get the total for **Ee**. This will be your beginning number of active families for the next reporting quarter.

INTENSIVE FAMILY SUPPORT SERVICES

Intensive Family Support Services are a range of supportive activities designed to improve the overall functioning and quality of life of families with a mentally ill relative. These support activities may include psychoeducation groups, single family consultations, respite, family support groups, systems advocacy, referral/service linkage and medication monitoring. Services may be delivered in the family's home, at the agency, or at other sites in the community.

FACE-TO-FACE CONTACTS (Excluding Psychoeducation and Multifamily Support Groups): Refers to staff contacts with 1 or more family members lasting 15 minutes to 1 hour. If contact lasts a minimum of 1 hour and 15 minutes, count as 2 face-to-face contacts. If 2 staff simultaneously serve 1 family, count as 2 face-to-face contacts. If 1 staff member serves 2 or more families simultaneously, count as 1 face-to-face contact.

3/4. SINGLE FAMILY CONSULTATION: Contact consists of a family receiving information from and consulting with staff on an "as needed" basis in order to enhance the overall functioning of the family with a mentally ill member.

5. COLLATERAL CONTACTS: Are not direct service contacts and can include i.e., calls to welfare offices, advocacy efforts, and/or consultation with other health care providers etc. A standard contact unit is at least 15 minutes and up to 1 hour.

6. MULTIPLE FAMILY SUPPORT GROUPS: Multiple family support group contacts consist of participation in a time-limited or ongoing support group in which families meet together to provide mutual support, information and an opportunity for interaction with other families. A support group contact unit is at least 15 minutes and up to 1 hour. An additional unit is awarded for **each** 15 minute time period beyond the first hour for the duration of the session. **No** additional units will be awarded for each staff member conducting the group **or** for each family **or** family member.

7/9. AVERAGE UNDUPLICATED NUMBER OF PARTICIPANTS: Identify the average number of individuals to attend 1 or more multiple family support sessions or psychoeducation programs. If an individual attends 4 sessions, count as 1 participant.

8. PSYCHOEDUCATION PROGRAMS: In these programs, families participate in a multi-family group which meets on a regular schedule and a time-limited basis for the purpose of enhancing the family's overall functioning. Functioning is enhanced through greater knowledge of mental illness and skills useful in managing the family's ill member. Interaction encourages collaboration between professionals and family members and provides for a mutual exchange of information. A psychoeducation group contact is at least 15 minutes and up to 1 hour. An additional unit is awarded for **each** 15 minute time period beyond the first hour for the duration of the program session. **No** additional units will be awarded for each staff conducting the program session **or** for each family **or** family member.

10. SUPPORTIVE TELEPHONE COUNSELING CONTACTS: Consists of telephone counseling contacts by staff to family members with a minimum of 15 minutes up to a maximum of 1 hour. (These contacts do not include routine telephone calls, such as scheduling appointments).

11/12. RESPITE CARE: Consists of a family's participation in a non-emergency service, which is designed to allow members planned time away from their ill relative living at home. Respite care can be provided in the home or out of the home and can be provided as a day, evening and/or

overnight service. Count the number of staff hours providing respite care. If 2 staff provide 4 hours of respite, count as 8 hours.

13. AVERAGE UNDUPLICATED NUMBER OF FAMILIES: Refer to item **7/9** but count families, not individuals.

14. UNITS OF SERVICE = Sum of items 3, 4, 5, 6, 8, 10, 11 and 12.