

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CLIENT MOVEMENT REPORT
LEGAL SERVICES**

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

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

TARGET GROUPS		7. Number of Target Group Members:	
		NEW ENROLLEES	TRANSFERS
7A.	Clients who were Discharged from State Hospitals and Enrolled in this Program Within 30 Days of Discharge.		
7B.	Clients who were Discharged from County Hospitals and Enrolled in this Program Within 30 Days of Discharge.		
7C.	Clients who were Discharged from a Short-Term Care Facility/Involuntary Psychiatric Unit and Enrolled in this program within 30 Days of Discharge.		
7D.	Clients who were Discharged from another Hospital and Enrolled in this Program Within 30 Days of Discharge.		

CLIENT MOVEMENT REPORT

1. **BEGINNING ACTIVE CASELOAD:** Consist of clients who have had at least one face-to-face contact with your agency 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:** Clients who were newly enrolled in your agency during the reporting quarter and were enrolled in this program prior to enrollment in any other program within your agency.
3. **TRANSFERS TO:** Refers to clients who are already registered within your agency in another program, and are being transferred to this program.
4. **TRANSFERS FROM:** Refers to clients who are registered within your agency in this program, but for whom this program has ceased to provide services on an ongoing basis and for whom another program of your agency is going to provide services on an ongoing basis.
5. **TERMINATIONS:** Clients who are no longer receiving services in this program at your agency.
6. **ENDING ACTIVE CASELOAD:** Is the active caseload on the last day of the reporting quarter. It is calculated in the following manner: **Add #1** (Beginning Active Caseload) + **#2** (New Enrollees) + **#3** (Transfers To). **Subtract #4** (Transfers From) and **#5** (Terminations) = **Ending Caseload #6.**

DUPLICATED COUNT OF TARGET GROUP MEMBERS AMONG "NEW ENROLLEES" AND "TRANSFERS TO": Refers to the count of clients who entered this program within 30 days of their discharge from the hospital. The definitions of "New Enrollees" and "Transfers To" are the same as stated above. Therefore, the number of "New Enrollees" or Transfers To" indicated in categories 7A, 7B, 7C, and 7D, should be the same or less than the number indicated in items #2 and #3 of this form.

- 7A. **STATE HOSPITAL:** Refers to the states four psychiatric hospitals located in New Jersey only: Greystone Park, Trenton, Ancora, and Ann Klein.
- 7B. **COUNTY HOSPITALS:** Refers to the five county hospitals located in New Jersey only: Essex, Camden, Hudson, Bergen, and Union.
- 7C. **SHORT-TERM CARE FACILITIES:** Refers to inpatient, community-based 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. **OTHER HOSPITAL:** Refers to any psychiatric hospital or psychiatric unit within a hospital that is not a State, County or STCF Hospital in New Jersey; include as "Other" any Facility located outside of New Jersey.

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
LEGAL SERVICES**

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

1. AVERAGE CASELOAD: A. Per Advocate _____ B. Per Attorney _____

2a. Number of clients WITH a signed representation agreement receiving Legal and Advocacy Counseling _____

2b. NUMBER OF STAFF CONTACTS:

	LEGAL (Attorney)	ADVOCACY (Paraprof.)
A. Face-to-Face with Client	A. _____	A. _____
B. Telephone with Client	B. _____	B. _____
C. Collateral Face-to-Face	C. _____	C. _____

3a. Number of clients WITHOUT a signed representation agreement receiving Legal and Advocacy Counseling _____

3b. NUMBER OF STAFF CONTACTS:

	LEGAL (Attorney)	ADVOCACY (Paraprof.)
A. Face-to-Face with Client	A. _____	A. _____
B. Telephone with Client	B. _____	B. _____
C. Collateral Face-to-Face	C. _____	C. _____

4. NUMBER OF NEW SOCIAL SECURITY CASES ACCEPTED BY REFERRAL SOURCE:

A. State/County Hospitals (Total)	A. _____
B. State/County Hospitals (Denials Only)	B. _____
C. DMHAS Residential Programs	C. _____
D. All Others	D. _____

5. NUMBER OF NEW ENTITLEMENT EPISODES:

A. Social Security Eligibility Cases	A. _____
B. Social Security Continuing Cases	B. _____
C. Other Eligibility Cases	C. _____
D. Other Continuing Cases	D. _____

6. NUMBER OF NEW NON-ENTITLEMENT EPISODES:

A. Housing Issues	A. _____
B. Consumer Issues	B. _____
C. Family Issues	C. _____
D. Other Issues	D. _____

7. ENTITLEMENT CASES OUTCOMES:

	FAVORABLE	UNFAVORABLE
A. Social Security Eligibility Cases	A. _____	A. _____
B. Social Security Continuing Cases	B. _____	B. _____
C. Other Entitlement Eligibility Cases	C. _____	C. _____

D. Other Entitlement Continuing Cases

D. _____

D. _____

E. Entitlement Case Pending/Still in Progress

E. _____

LEGAL SERVICES

Legal assistance provided to mental health clients, either through agency referrals or self-referral, by a network of DMHS-funded legal service agencies. Assistance may include advice and guidance, case coordination, and court representation for issues such as government entitlements, housing, evictions, employment, etc.

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.

Deleted: Legal assistance provided to mental health clients, either through agency referrals or self-referral. Assistance may include advice and guidance, case coordination and advocacy, and court representation for issues such as government entitlements, housing, evictions, employment, etc.¶

1. **AVERAGE CASELOAD:** Will be reported by a "full-time equivalent" direct service level. This is determined by assessing the amount of time devoted to direct client services exclusive of supervisory and broad systems advocacy activities.
 2. **CLIENTS WITH SIGNED REPRESENTATION AGREEMENTS:** Will sign a "Representation Agreement", will have a USTF record and require a Face-to-Face contact with an attorney or para-professional.
 3. **CLIENTS WITHOUT SIGNED REPRESENTATION AGREEMENTS:** Will NOT sign a "Representation Agreement", will NOT have a USTF record and do NOT require a Face-to-Face contact with an attorney or para-professional
- 2a/3a. LEGAL AND ADVOCACY COUNSELING:** Occurs when an Attorney or Advocate provides substantive legal information to persons affected by mental illness, or those inquiring on their behalf.
- 2b/3b. NUMBER OF STAFF CONTACTS:** The number of contacts with a client or on behalf of a specific client provided by an attorney or advocate. **A CONTACT IS 15 CONTIGUOUS MINUTES FOR EACH FACE-TO-FACE, TELEPHONE AND/OR COLLATERAL CONTACT.**
4. Self-explanatory
 5. **NEW ENTITLEMENT EPISODES:** Includes all new cases that were initiated during the quarter. The episodes can include issues defined at intake or an entitlement issue which arises during the course of services to an active client initially enrolled for an unrelated legal problem.
 6. **NEW NON-ENTITLEMENT EPISODES:** Include all new cases that were initiated during the quarter. The episode of service can include either a non-entitlement issue identified at intake of a new client or a non-entitlement issue which arises during the course of services to an active client.
 7. **ENTITLEMENT CASE OUTCOMES:** Indicates the terminal outcomes received during the reporting period of entitlement cases in each of the four categories. Terminal cases are those which will be pursued no further.