

Provider: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Reporting Month/Year: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_  
 Email: \_\_\_\_\_

*(This report is due to the Council on the 15th of the month following the close of the reporting period.)*

## Section II: Assessment / Treatment Questions

**1. Total Number of Non-Institutionalized Clients Assessed** □

This is the number of assessments completed for clients who are NOT institutionalized (e.g. prison, hospital, detention center). All non-institutionalized clients receiving assessment services should be counted with the exception of SAP assessments. Assessments must be completed within 7 days from the time of initial contact.

**2. Total Number of Institutionalized Clients Assessed** □

This is the number of assessments completed for clients who are institutionalized (e.g. prison, hospital, detention center). All institutionalized clients receiving assessment services should be counted. Given the problems coordinating these types of assessments, SCAs and/or their contracted providers will not be expected to adhere to the 7 day time frame for scheduling assessments.

**3. Total Number of Assessments Scheduled** □

This is the total number of assessments that were scheduled by the SCA and/or contracted providers for the reporting month. Clients who do not show up for a scheduled appointment are to be included in this number. (This is the total of the number of assessment performed and the number of no-show appointments.)

**4. Total Number of Assessments Completed** □

(Total must equal the sum of the totals in questions 1 & 2 of this section)

**5. Total Number Waiting Longer than 7 days for an Assessment**

This is the total number of clients assessed by an SCA and/or its contracted providers that had to wait more than 7 days after their initial contact to be assessed. This number only applies to those clients who cannot be offered an assessment appointment within 7 days and who are not in an institutionalized setting (e.g., prison). When clients voluntarily request to be assessed outside of the 7-day window or when clients choose not to accept an available appointment for assessment within the 7-day window, they should NOT be counted in the waiting list.

FY 2006-2007 13%  
 FY 2007-2008 12%  
 FY 2008-2009 11%  
 FY 2009-2010 10%

Number waiting	Percent waiting

**If the waiting list for assessment is greater than the percentage above for the current fiscal year, the Provider must explain the reason in the box below.**

**6. Total Number Recommended for Treatment**

This is the total number of clients (both institutionalized and non-institutionalized) assessed by an SCA and/or its contracted providers that were recommended for some Type of Service (TOS)

**7. Total Number of Clients Recommended for Treatment**

Do not check off a specific TOS. Indicate the actual number of clients that did and did not receive the recommended TOS. Please only identify one TOS per client. The sum of the TOS for clients that Did and Did not receive the recommended TOS must add up to the total number of clients recommended for treatment in question 6.

	Received	Did not Receive
Detox		
Outpatient		
Methadone Maintenance		
Intensive Outpatient		
Partial Hospitalization		
Short Term Inpatient Rehabilitation		
Long Term Inpatient Rehabilitation		
Dual Diagnosis Inpatient Rehabilitation		
Women & Children's Inpatient Rehabilitation		
Halfway House		
Totals		

**8. Of the Total Number of Clients who did not receive the recommended treatment in Question #7 of this section, Why Didn't the Clients Receive the Recommended TOS?**

Do not check off a specific reason. Indicate the actual number of clients for each reason that did not receive the recommended TOS. Please only identify one reason per client. The sum of the reasons must add up to the total number of clients who did not receive the recommended TOS (as identified in Question #7 of this section).

- Funding
- Capacity Issues
- Provider Staffing Concerns
- Proximity
- Lack of Appropriate Service
- Legal Issues (probation, pending charges, incarceration, etc.)
- Client Choice
- Other -*Specify Here:* \_\_\_\_\_


**9. Of the Total Number of Clients who received the Recommended Treatment in Question #7 of this section, How Many Had to Wait Longer Than Two Weeks to Access the Recommended TOS?**

Do not check off a specific TOS. Indicate the actual number of clients for each TOS that waited longer than two weeks to receive the recommended TOS. Please only identify one TOS per client. The sum of the TOS must add up to the total number of clients who had to wait longer than 14 days for the recommended TOS.

- Detox
- Outpatient
- Methadone Maintenance
- Intensive Outpatient
- Partial Hospitalization
- Short Term Inpatient Rehabilitation
- Long Term Inpatient Rehabilitation
- Dual Diagnosis Inpatient Rehabilitation
- Women & Children's Inpatient Rehabilitation
- Halfway House


**10. Of the Total Number of Clients who had to wait longer than two weeks to Access the Recommended TOS, Why did the clients have to wait?**

Do not check off a specific reason. Indicate the actual number of clients for each reason that did not receive the recommended TOS. Please only identify one reason per client. The sum of the reasons must add up to the total number of clients who had to wait longer than 14 days to access the recommended TOS (as identified in Question #9 of this section).

- Funding
- Capacity Issues
- Provider Staffing Concerns
- Proximity
- Lack of Appropriate Service
- Legal Issues (probation, pending charges, incarceration, etc.)
- Client Choice
- Other -*Specify Here:* \_\_\_\_\_


**11. If the SCA provides Resource Coordination (RC), Please indicate the number of Clients who received RC services during this reporting period.**

If applicable, enter the total number of clients that received this case management service during the current reporting period. Only calculate RC clients, do not include ICM clients in this number.

**12. Total Number of Clients Offered a referral for ICM Services**

Of the clients (both institutionalized and non-institutionalized) that appeared to be appropriate for ICM, indicate how many accepted an offer for a referral to ICM services and how many declined an offer for a referral to ICM services. If a client accepts a referral for ICM Services, but does not follow through, they should still be counted as "Offer Accepted".

- Offer Accepted
- Offer Declined


### Section III: Intensive Case Management Services

**1. Total number of clients receiving ICM services for the following:**

Indicate the number of clients in the following areas for the Previous and Current reporting periods. **Note:** The Number receiving services on the last day of the current reporting period is = The number of receiving services on the last day of the previous reporting period + Number admitted to ICM in the current reporting period - the number discharged from ICM in the current reporting period.

<u>Previous</u> Reporting Period	<u>Current</u> Reporting Period		
	Number admitted to ICM	Number Discharged from ICM	Number receiving Services on the last day

**2. If applicable, Total number of clients added to an ICM waiting list this reporting period**

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**3. If applicable, Total number of clients currently on an ICM waiting list.**

Show the breakdown of the number of individuals on ICM waiting lists in reference to how long they have been waiting for services.

- 30 Days or less
- 31 days to 90 days
- 91 days or more


**4. Of the total number of clients currently active in ICM services, how many clients have been involved with services:**

Show the breakdown of the number of individuals in ICM services in reference to how long they have been engaged in ICM services. The number entered in this question should equal the Total number receiving services on the last day of the current reporting period in Question 1 of this section.

- 30 Days or less
- 31 Days to 90 Days
- 91 Days or more


**5. Of the total number of clients discharged from ICM services during the current reporting period, how many clients were discharged for:**

The numbers entered in this question should equal the Total number discharged from ICM in the Current reporting period in Question 1 of this section. It is important to assign only one reason for discharge per client.

- **Completed ICM Services** (Client has completed ICM e.g. support service needs have been adequately addressed and client is no longer in need of additional ICM services.)
- **Institutionalized / Incarcerated** (Client is currently committed to a long-term psychiatric facility or has been incarcerated, either sentenced or pending disposition of his/her criminal case, for more than thirty days.)
- **Voluntary Discharge** (Client indicated that he/she did not want the ICM services or support services that were being offered.)
- **Administrative Discharge** (The SCA is required to specifically define administrative discharge. For example, the SCA would define how many missed appointments in what time interval would initiate an administrative discharge.)
- **Transfer** (Client has moved to another county within Pennsylvania and wishes to continue receiving ICM services.)
- **Other** (Any other reasons for discharge that do not fit the above categories.)


## Section IV: Charitable Choice

**1. Enter the number of clients requesting a referral from a religious treatment provider to an alternate treatment provider due to the client's religious objection.**

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**2. Of those identified in Question 1 of this section, how many clients were referred to an alternative treatment provider as a result of their request?**

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