

County of San Diego - Health and Human Services Agency  
**QUARTERLY STATUS REPORT-NOTICE OF ACTION A and B**

**1. General Information**

|                 |   |                |                           |
|-----------------|---|----------------|---------------------------|
| Contractor Name |   | Program Type   | CHILD                     |
| Program Name    |   | Provider Type  | CONTRACTOR                |
| Contract Number |   | Report Period  | JULY 1-SEPTEMBER 30, 2011 |
| Unit            |   | Date Submitted |                           |
| SubUnit(s)      | 0 |                |                           |
| Submitted By    |   | Contact Phone  |                           |

**2. Notice of Action - Assessment (NOA-A)**

NONE (No Notice of Action-A was issued this reporting period.)

| Date | ID Number | Client Response |
|------|-----------|-----------------|
|      |           |                 |
|      |           |                 |
|      |           |                 |
|      |           |                 |
|      |           |                 |

**3. Notice of Action - Denial of Service (NOA-B)**

NONE (No Notice of Action-B was issued this report month.)

| Date | ID Number | Client Response |
|------|-----------|-----------------|
|      |           |                 |
|      |           |                 |
|      |           |                 |
|      |           |                 |
|      |           |                 |

**Mental Health Services - QUARTERLY STATUS REPORT**

due the 15th calendar day of the month following each quarter via email:

MHS-COTR.HHSA@sdcounty.ca.gov; Tess.Widmayer@sdcounty.ca.gov; Angela.Hawley@sdcounty.ca.gov

QSR Naming Convention: Contractor name.Program name.Contract #.CQSR.Q# - year

Please write the QSR file name in the subject line of the email. If a revised MSR is sent, add "Revised.mm-dd-yy" after the QSR file name.

*for instructions place cursor over the RED Markers located at the upper right corner of each heading.*

VLOOKUP DATE TABLE:  
Report Period for cell I7

JULY 1-SEPTEMBER 30, 2011

OCTOBER 1-DECEMBER 31, 2011

JANUARY 1-MARCH 31, 2012

APRIL 1-JUNE 30, 2012

**1. GENERAL INFORMATION:**

|                 |  |                |                           |
|-----------------|--|----------------|---------------------------|
| Contractor Name |  | Program Type   | CHILD                     |
| Program Name    |  | Provider Type  | CONTRACTOR                |
| Contract Number |  | Report Period  | JULY 1-SEPTEMBER 30, 2011 |
| Unit            |  | Date Submitted |                           |
| SubUnit(s)      |  |                |                           |
| Submitted By    |  | Contact Phone  |                           |

**2. PROGRAM DESCRIPTION:**

**3. ACTIVITIES AND EVENTS:**

**4. COMMUNITY OUTREACH /COLLABORATION WITH OTHER AGENCIES/EDUCATION REGARDING SERVICES:**

| Target Population | Venue | # of Hrs | # of Audience |
|-------------------|-------|----------|---------------|
|                   |       |          |               |
|                   |       |          |               |
|                   |       |          |               |
|                   |       |          |               |

**5. EMERGING ISSUES OR POTENTIAL PROBLEMS AND ACTIONS INITIATED TO SOLVE/ MITIGATE THEM**

**6. QUALITY IMPROVEMENT ACTIVITIES:**

**7. UTILIZATION MANAGEMENT ACTIVITIES (Year-to-Date) based on Unique Clients Services YTD**

|                                |  |      |                       |
|--------------------------------|--|------|-----------------------|
| Over 13 (18) sessions (1st UM) |  | 0.0% | Date of COTR Approval |
| Over 26 (36) sessions (2nd UM) |  | 0.0% |                       |
| Over 39 sessions (3rd UM)      |  | 0.0% |                       |
| UM's Denied                    |  |      |                       |

Comments:



County of San Diego - Health and Human Services Agency  
**QUARTERLY STATUS REPORT-DATA**

**1. GENERAL INFORMATION:**

|                 |  |                |                           |
|-----------------|--|----------------|---------------------------|
| Contractor Name |  | Program Type   | CHILD                     |
| Program Name    |  | Provider Type  | CONTRACTOR                |
| Contract Number |  | Report Period  | JULY 1-SEPTEMBER 30, 2011 |
| Unit            |  | Date Submitted |                           |
| SubUnit(s)      |  |                |                           |
| Submitted By    |  | Contact Phone  |                           |

**2. SERVICE AND BILLING UNITS:**

**Budgeted at %**

| SERVICE FUNCTIONS   |   |  |  |  | Billing Units   |                      |            |           |     |
|---|---|--|--|--|-----------------|----------------------|------------|-----------|-----|
|   |   |  |  |  | Annual Budgeted | Report Period Actual | YTD Actual | % Elapsed |     |
| MHS   |   |  |  |  |                 |                      |            |           |     |
| MHS-R   |   |  |  |  |                 |                      |            |           |     |
| MHS-TBS   |   |  |  |  |                 |                      |            |           |     |
| MED SUPPORT   |   |  |  |  |                 |                      |            |           |     |
| CRISIS INTERVENTION   |   |  |  |  |                 |                      |            |           |     |
| C.M. BROKERAGE  |   |  |  |  |                 |                      |            |           |     |
| DAY TREATMENT INTENSIVE   |   |  |  |  |                 |                      |            |           |     |
| DAY REHABILITATION  |   |  |  |  |                 |                      |            |           |     |
| OTHER(SPECIFY)  |   |  |  |  |                 |                      |            |           |     |
| TOTAL   |   |  |  |  | 0               | 0                    | 0          |           |     |
| Percent of Year Elapsed   |   |  |  |  |                 |                      |            |           | 25% |
| Mitigation Plan if program is behind producing <u>billing minutes</u> . |   |  |  |  |                 |                      |            |           |     |
| Mitigation Plan if program is below <u>productivity standard</u> .      |   |  |  |  |                 |                      |            |           |     |
| Actual program productivity   | (YTD actual units)/<br>(total direct fte x 108,000 x % of year passed)                      |  |  |  |                 |                      |            | #DIV/0!   |     |
| Estimated clinician productivity  | (YTD actual MHS + CI units)/<br>(total clinician fte x 108,000 x % of year passed)          |  |  |  |                 |                      |            | #DIV/0!   |     |
| Estimated paraprofessional productivity                                 | (YTD actual CM + MHS-R units)/<br>(total paraprofessional fte x 108,000 x % of year passed) |  |  |  |                 |                      |            | #DIV/0!   |     |

**3. STATISTICAL INFORMATION:**

**Target #**

| Report Item <i>(total number count as of last calendar day of report month)</i>             | Report Period | Year to Date |
|---|---------------|--------------|
| Cases Opened (Admissions)   |               |              |
| Cases Closed (Discharges)   |               |              |
| Ending Caseload (Active cases)  |               |              |
| Unique Client Services (Unduplicated clients)   |               | 100          |
| Unusual Occurrence/Incident Report  |               |              |
| Actual FTE Direct Service Staff   | 0.00          |              |
| Average Caseload per Actual Direct Service Staff FTE - <i>#active cases/#direct service</i> | #DIV/0!       |              |

**4. FAMILIES PARTICIPATING IN PERSON AT LEAST ONCE PER MONTH (at the end of the report period)**

| Total Number of Available Families | Total Number of Participating Families | Percent of Participation |
|------------------------------------|--|--------------------------|
|                                    |  |                          |
| Comments:                          |  |                          |

Lookup table:

| <u>PERIOD</u>               | <u>PERCENT</u> |
|-----------------------------|----------------|
| JULY 1-SEPTEMBER 30, 2012   | 25%            |
| OCTOBER 1-DECEMBER 31, 2012 | 50%            |
| JANUARY 1-MARCH 31, 2013    | 75%            |
| APRIL 1-JUNE 30, 2013       | 100%           |

**25%** % of year passed



