

**ANNEX A
PROGRAM COMMITMENTS
EMERGENCY SERVICES**

NAME OF AGENCY: _____

CONTRACT NUMBER: _____

CONTRACT TERM: _____ TO _____

BUDGET MATRIX CODE: 15

BUDGET MODIFICATION NO: _____

(0 = Original)

1. Total number of clients will be referred to other community services. _____
 - A. Number of Adults (Outpatient, PC, etc.) _____
 - B. Number of Youth (Outpatient, Youth PC, CMO, YCM, Mobile Response and Stabilization Services, referral for other DCBHC services, etc.) _____
2. Number of clients will be referred voluntarily to Alternate Inpatient Settings. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
3. Number of clients will be referred to Designated Screening Center for Involuntary Psychiatric Hospitalization Screening. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
4. Total number of clients will utilize Extended Crisis Stabilization (Holding) beds. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
5. Total number of Extended Crisis Stabilization (Holding) bed days will be provided. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
6. Total number of other emergency bed days will be provided. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
7. Total number of staff face-to-face contacts with clients will take place on-site. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
8. Total number of staff face-to-face contacts with clients will take place off-site. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____
9. Total number of staff face-to-face contacts will be provided by a psychiatrist. _____
 - A. Number of Adults (*age 18 and above*) _____
 - B. Youth (*thru age 17*) _____

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BUDGET MATRIX CODE: **15**

BUDGET MODIFICATION NO: _____

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10. Total number of crisis telephone contact with clients will be delivered. _____

A. Number of Adults (*age 18 and above*) _____

B. Youth (*thru age 17*) _____

11. Total Units of service to be provided. (Sum of lines 7 and 8) _____

A. Number of Adults (*age 18 and above*) _____

B. Youth (*thru age 17*) _____

12. The following will be the schedule of staff coverage in order to provide 24 hour a day, seven days a week access to Emergency.

<u>BUSINESS DAYS</u>	<u>DAY to:</u>		<u>EVENING to:</u>		<u>NIGHT to:</u>	
	# on-call	#on-site	# on-call	#on-site	#on-call	#on-site
Psychiatrist	_____	_____	_____	_____	_____	_____
Other MD/DO	_____	_____	_____	_____	_____	_____
Other Professionals (Direct Services)	_____	_____	_____	_____	_____	_____
Paraprofessionals (Direct Service) (Less than BA or RN)	_____	_____	_____	_____	_____	_____
Clerical/Other	_____	_____	_____	_____	_____	_____
<u>WEEKENDS/HOLIDAYS</u>	<u>DAY to:</u>		<u>EVENING to:</u>		<u>NIGHT to:</u>	
	# on-call	#on-site	# on-call	#on-site	# on-call	#on-site
Psychiatrist	_____	_____	_____	_____	_____	_____
Other MD/DO	_____	_____	_____	_____	_____	_____
Other Professionals (Direct Services)	_____	_____	_____	_____	_____	_____
Paraprofessionals (Direct Service) (Less than BA or RN)	_____	_____	_____	_____	_____	_____
Clerical/Other	_____	_____	_____	_____	_____	_____