

# Case Management Resource Report

SCA: \_\_\_\_\_  
Prepared by: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

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

*(This report is due to BDAP, Division of Treatment on the 30th of the month following the close of the reporting period, i.e. June's reporting data would be due July 30th)*

*(If an SCA contracts assessments, each SCA contracted assessment provider should independently complete all questions in Sections II & III of this report and forward it to the SCA. Reports must be completed and forwarded to the SCA every month regardless of whether or not the provider conducted any assessments during that month. The SCA will then combine all contracted report data, as well as their own, into one cumulative report for submission to BDAP).*

*Note: Grey areas are automatically calculated.*

## Section I: SCA Case Management Capacity

1. Enter the number of contracted providers currently providing the following services:  
If applicable, enter the number of agencies contracted to provide these functions.

- Level of Care (LOC) Functions Only

## Section II: Assessment / Treatment Questions

### 1. Total Number of Non-Institutionalized Clients Assessed

This is the number of assessments completed by an SCA and/or its subcontracted providers for clients who are NOT institutionalized (e.g. prison, hospital, detention center), regardless of the referral and funding sources, (e.g. SCA-funded, Act 152, BHSI, etc.). 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.

SCA	<input type="text"/>
Provider	<input type="text"/>
Total	0

### 2. Total Number of Institutionalized Clients Assessed

This is the number of assessments completed by an SCA and/or its subcontracted providers for clients who are institutionalized (e.g. prison, hospital, detention center), regardless of the referral and funding sources, (e.g. SCA-funded, Act 152, BHSI, etc.). 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.

SCA	<input type="text"/>
Provider	<input type="text"/>
Total	0

**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.

SCA	
Provider	
Total	0

**4. Total Number of Assessments Completed**

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

SCA	
Provider	
Total	0

**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.

	Number waiting	Percent waiting
SCA	0	
Provider		
Total	0	

If the waiting list for the assessment is greater than 5% for the FY 2014-2015, the SCA 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	0	0	0



### Section III: 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.

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?