DMH MENTAL HEALTH CALWORKS PROVIDER SERVICE REPORT CARD

Date: _____ Contact Person: _____

Name of Provider: _____ Phone #: _____

Service Area: _____ Reporting Period: Month of _____

# of GAIN referrals: _____ # clients that showed for assessment: _____

# of clients that started treatment: _____ # of clients that no showed for assessment: _____

# of new clients with co-occuring Domestic Violence: _____ # of new clients with co-occurring Substance Abuse: _____

	DPSS PERFORMANCE REQUIREMENTS	Comments
1.	Next available appointment for clinical assessment for: Level 1: _____ Level 2: _____ Level 3: _____	
2.	# of cases open more than 36 months: _____ # of cases open 24-36 months: _____ # of cases open 12-24 months: _____ # of cases open 0-12 months: _____ Total # of open CalWORKs cases: 0	
3.	# of clients in level of care 1 (treatment 1-10 hrs/wk): _____ # of clients in level of care 2 (treatment 1-7 hrs/wk): _____ # of clients in level of care 3 (treatment 1-4 hrs/wk): _____	
4.	# of clients remaining in level 1 after 9 months of treatment: _____ # of clients in level 1 who have mental health exemption: _____	
5.	CalWORKs clients not able to engage in additional GAIN activities within 6 months are identified as SSI appropriate. # of cases pending SSI application (cumulative): _____ # of participants that applied for SSI (this month): _____ # of SSI approvals (this fiscal year): _____	
6.	# of CalWORKs clients currently participating in concurrent GAIN activities (as indicated by your recommendation on GN6006B or GN6008): _____	
7.	# of CalWORKs cases completed treatment successfully: _____	9. # of CalWORKs cases closed for other reasons: _____
8.	# of CalWORKs cases closed for non-compliance: _____	10. # of total CalWORKs cases closed during this reporting period: 0

Due from 1st to 10th day of each month

EXHIBIT 11

11. **SUPPORTED EMPLOYMENT IPS**

# of clients receiving IPS services during the reporting month: _____

# of new clients enrolled in IPS during the reporting month: _____

# of new job starts for IPS clients during the reporting month: _____

# of new job starts for non-IPS clients during the reporting month: _____

# of IPS clients who are currently employed during the reporting month: _____

# of non-IPS clients who are currently employed during the reporting month: _____

Comments:

12. **NEGOTIATION PACKAGE (Contract Agency Only):**

Negotiation Package Amount: $ _____

# of Treatment Slots: _____

Expenditures (YTD): _____

Additional Funding (If applicable): _____

Comments:

13. **LANGUAGE(S) AVAILABLE FOR CALWORKS CLIENTS:**

14. **CLINICAL TEAM AT THE PROVIDER LOCATION**

_____ Total # of CalWORKs staff providing service to CalWORKs clients; indicate team configuration below)

_____ # of Clinical Staff (LCSW, LMFT, Clinical Psychologist, Registered Nurse, MSW/waivered)

_____ # of Paraprofessional Staff (Medical Case Worker/Case Manager, Psychiatric Technician, Mental Health Services Coordinator, Community Worker, Substance Abuse Counselor)

_____ # of Interns (specify discipline)

_____ # of Employment Specialist

_____ # of Peer Advocate

_____ # of Psychiatrist