

## COLLABORATIVE SYSTEMS OF CARE (CSOC) QUARTERLY REPORTING INFORMATION GUIDE

Personally identifiable information is collected for monitoring the development of CSOC projects. All information gathered is confidential.  
 Use this form for **reference only**. The type of data outlined in this form is collected quarterly using a Microsoft Access database and sent electronically via e-mail to the State. For more information or technical assistance, contact one of the following individuals in the Bureau of Prevention, Treatment and Recovery: Tim Connor—608-261-6744 or George Hulick—608-266-0907.

**Instructions:** Quarterly report is due no later than the 30<sup>th</sup> of the month following the end of the reporting period.

Name – Child (Last, First, Middle Initial)		Date of Birth	Name – Case Manager	
Status this Quarter	Quarterly Report Period	Year: _____	Funding Source	
<input type="checkbox"/> Enrolled	<input type="checkbox"/> 1 <sup>st</sup> Quarter (January – March)	<input type="checkbox"/> 3 <sup>rd</sup> Quarter (July – September)	<input type="checkbox"/> 01 = MA	<input type="checkbox"/> 03 = Private Insurance
<input type="checkbox"/> Discharged	<input type="checkbox"/> 2 <sup>nd</sup> Quarter (April – June)	<input type="checkbox"/> 4 <sup>th</sup> Quarter (October – December)	<input type="checkbox"/> 02 = SSI	<input type="checkbox"/> 04 = Katie Beckett
			<input type="checkbox"/> 05 = Parents	<input type="checkbox"/> 06 = Other:

Please complete the following Mental Health DSM IV Diagnosis information and Child Adolescent Functioning Scale (CAFAS) information.

DSM IV DIAGNOSIS			CHILD ADOLESCENT FUNCTIONING ASSESSMENT SCALE	
Axis	Number	Name of Diagnosis	Role Performance: School/Work	
Axis I			Role Performance: Home	
			Role Performance: Community	
			Behavior Toward Others	
Axis II			Moods/Emotions	
			Self-Harmful Behavior	
Axis III	<input type="checkbox"/> Yes <input type="checkbox"/> No		Substance Use	
Axis IV Social Stressors	(1 = mild, 6 = severe) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		Thinking	
Axis V GAF at Intake			<b>Youth Score</b>	
Name – Author of Diagnosis			Caregiver Resources: Material Needs Caregiver Resources: Family/Social Support <b>Caregiver Resources Score:</b>	
Date Diagnosed				
On Medication at start date of services? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify medication(s) and daily dosage:				
Notes/Comments			Date Administered	
			Name – Administered By	
			Notes/Comments	

**Service Costs**

**Instructions:** Record all costs associated with maintaining the child in the community for a one-month period.

Service Code *	Service Description	Vendor (Service Provider)	Units Projected	Unit Description **	Unit Cost	Total Cost	Paid for By ***
						<b>Total:</b>	

**\* Service Codes**

MEDICAL SERVICES	MENTAL HEALTH SERVICES	PLACEMENT SERVICES
5000 Assessments Outpatient 5010 Assessments Inpatient 5020 Medication Trial Inpatient 5030 Medication Trial Outpatient 5050 Psychiatric Reviews/Medication Checks 5099 Other Medical Services	5100 Individual Therapy 5101 Individual AODA Therapy 5110 Family Therapy 5120 Group Therapy 5121 Group AODA Therapy 5130 Special Therapy 5140 Crisis Intervention 5050 Crisis Counseling 5160 In-Home Treatment 5170 Day Treatment 5180 Evaluation Services 5200 Therapeutic Community Support Services 5201 Reintegration Treatment Services 5210 Reintegration Treatment Services	5220 Consultation with Other Professionals 5221 Child and Family Team Meeting/Planning 5230 Crisis Case Planning 5240 Behavior Management Services 5229 Other Mental Health Services
<b>SUPERVISION SERVICES</b> 5530 Community Supervision 5540 Intensive Supervision 5541 Education Costs	<b>SOCIAL/RECREATIONAL COSTS</b> 5527 Membership Costs 5528 Recreational Equipment Costs 5529 Social Activities Cost 5520 Recreational Reimbursement Costs 5550 Supported Independent Living 5560 Supported Work Environments 5570 Transportation 5580 Discretionary Funds 5590 Other Case Aide Services 9999 Non-Covered Services	5300 Crisis Home/Beds 5310 Treatment Foster Care 5320 Therapeutic Group Home 5330 Partial Hospitalization 5340 Residential Treatment/Child Caring Institutional Placement 5350 Psychiatric Hospitalization 5360 Assessment Home 5370 Foster Day Care 5380 Shelter Care 5390 Foster Home Care 5400 Group Home Care 5499 Other Placement Services
<b>CASE AIDE SERVICES</b> 5521 Teacher's Aide 5522 Parent Aide 5523 Supervision 5524 Mentoring 5525 Recreation 5526 Life Coach	<b>CORRECTIONAL PLACEMENTS</b> 5420 Detention 5430 Corrections	<b>OTHER SERVICES</b> 5410 Respite Services 5500 Case Management 5501 Case Management-Treatment Foster Care 5502 Training Expenses

** Unit Descriptions	***Paid for By Codes
Per Hour                      Per Month Per Day                        Total Amount Per Week	<b>CY</b> = County <b>PS</b> = Public School System <b>ST</b> = State <b>PR</b> = Program <b>FR</b> = Free <b>PI</b> = Private Insurance <b>FA</b> = Family (1 <sup>st</sup> Party) <b>MC</b> = Medicaid <b>NA</b> = Not Applicable





**CONTACT WITH POLICE AND/OR JUVENILE JUSTICE**

(Only report offenses in the past six months)

Month/Year	Type of Violation	Taken into Custody?	Adjudicated?	Disposition (Use Codes Below)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DISPOSITION CODES:    01 Supervision                    04 Secure Detention                    07 CCI                    10 Community Service                    13 No Contact  
                                  02 Fine    05 Non-Secure Detention                    08 Group Home                    11 Pending  
                                  03 Restitution                                   06 Hospitalization                    09 Foster Home                    12 Informal Arrangements

**RESTRICTIVENESS OF LIVING ENVIRONMENT**

Only report living locations within this quarter

Living Location Dates (List Start & End Dates)		Living Location (See choices at right)	Level of Restrictiveness (Use corresponding codes at right)	Living Environment and Level of Restrictiveness			
Start Date	End Date						
				Jail	9.8	Individual Emergency Shelter Home	4.9
				Correctional Center	9.0	Specialized Foster Care	4.6
				State Mental Hospital	9.0	Regular Foster Care	3.8
				County Detention Center	8.9	Supervised Independent Living	3.6
				Intensive Treatment Unit	8.4	Home of Family Friend	2.6
				AODA Inpatient Rehab	7.8	Home of Adoptive Parent	2.6
				Inpatient Hospital	7.5	Home of Relative	2.5
				Wilderness Camp 24-hr Year Round	7.2	School Dormitory	2.0
				Residential Treatment Center	6.5	Home of Natural Parent (Child)	2.0
				Group Emergency Shelter	6.0	Home of Natural Parent (18 yrs)	1.9
				Residential Job Corps Center	5.7	Independent Living with Friend	1.4
				Group Home	5.7	Independent Living on Own	0.5
				Treatment Family Foster Home	5.1		

NOTE: Adopted from Hawkins, R.P.; Almelda, M.C.; Fabry, B.; & Reltz, A.C. (1991) Hospital & Community Psychiatry.