



## QUARTERLY PROVIDER CAPACITY REPORT

This report is due on or before the 10<sup>th</sup> of October, January, April, & July. Send or Fax to:

ACR LME-QI Department  
 319 N. Graham Hopedale Road  
 Burlington, NC 27217  
 bhill@acmhdds.org  
 FAX: (336) 513-4422

Agency Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Quarter/Year: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

| ACCESS TO SERVICES   |                                      |  |                                      |  |                                      |  |
|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|
| <p><i>Please complete the items below for each service provided by your agency. If a particular item is not applicable, please indicate this (N/A) rather than leaving the item blank.</i></p> | Service: _____<br>Please Circle one: | Child MH/Child DD/Child SA<br>Adult MH/Adult DD/Adult SA | Service: _____<br>Please Circle one: | Child MH/Child DD/Child SA<br>Adult MH/Adult DD/Adult SA | Service: _____<br>Please Circle one: | Child MH/Child DD/Child SA<br>Adult MH/Adult DD/Adult SA |
| Total # of Consumers served this quarter   |                                      |  |                                      |  |                                      |  |
| # of New Consumers enrolled this quarter   |                                      |  |                                      |  |                                      |  |
| # of Discharges this quarter   |                                      |  |                                      |  |                                      |  |
| Of consumers discharged, how many transitioned to a higher level of care   |                                      |  |                                      |  |                                      |  |
| Of consumers discharged, how many transitioned to a lower level of care  |                                      |  |                                      |  |                                      |  |
| # of Referrals this quarter  |                                      |  |                                      |  |                                      |  |
| # Denials this quarter (*)   |                                      |  |                                      |  |                                      |  |
| Average wait time from referral to intake  |                                      |  |                                      |  |                                      |  |
| # of Current Openings  |                                      |  |                                      |  |                                      |  |
| (*) Please note reason(s) for any denials noted above:   |                                      |  |                                      |  |                                      |  |

| <b>FIRST RESPONDER INFORMATION</b>   |  |
|--|--|
| # of calls to First Responder Crisis Hotline   |  |
| # of calls to First Responder Crisis Hotline requiring telephonic intervention   |  |
| # of calls to First Responder Crisis Hotline requiring face-to-face intervention   |  |
| # of calls to First Responder Crisis Hotline requiring external intervention (please specify: police, emergency room, Mobile Crisis, etc...) |  |

| <b>REQUIRED ATTACHMENTS</b><br>(please check indicating documents are attached)   |                          |
|---|--------------------------|
| External Programmatic Audits<br>(Please attach all reports, plans of correction, etc... submitted to and received from all regulatory agencies: i.e. DHSR, DMA, DHHS, HCPR, DSS, ETC...)                                  | <input type="checkbox"/> |
| Narrative Summary of Internal Peer Reviews/Activities/Findings<br>(Please attach all a summary of all documentation reviews, internal investigations, needs assessments, review of complaints, incidents, and violations) | <input type="checkbox"/> |
| Quarterly QI Minutes  | <input type="checkbox"/> |
| Quarterly Human Rights Committee Minutes  | <input type="checkbox"/> |
| Quarterly Incident Report   | <input type="checkbox"/> |

Please describe any cultural and/or linguistic capacity (other than English) that your agency has available for each service provided:

Please identify any staff training and/or technical assistance needs: