

**NorthCare Network
Substance Abuse Services
200 W. Spring Street, Marquette, MI 49855
Phone: (906) 225-7222 Toll-Free: (800) 305-6564 Fax: (906) 225-7224**

Monthly Outpatient Capacity Management Report

FY 2008 – 2009

PROGRAM: _____ **LICENSE #:** _____

DATE: (Please check *Reported*** Month)

<input type="checkbox"/> October, 2008	<input type="checkbox"/> February, 2009	<input type="checkbox"/> June, 2009
<input type="checkbox"/> November, 2008	<input type="checkbox"/> March, 2009	<input type="checkbox"/> July, 2009
<input type="checkbox"/> December, 2008	<input type="checkbox"/> April, 2009	<input type="checkbox"/> August, 2009
<input type="checkbox"/> January, 2009	<input type="checkbox"/> May, 2009	<input type="checkbox"/> September, 2009

OP: What is your Program's FULL CAPACITY? (see OP Method, below*)	What is your Program's 90% Capacity Mark? (90% of Full Capacity)	Did your Program reach the 90% Capacity Mark (or higher) during Reported Month?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

*** OP Method for Calculating 90% of Full Capacity:**

- Total the FTEs for all OP Clinicians
- Multiply this number by 40, the maximum number of open clients a full-time counselor (1.0 FTE) can be serving at any time, according to Licensing. This = Full Capacity
- Multiply the Full Capacity number by 90% to obtain the 90% Capacity Mark.
- Compare the 90% Capacity Mark to the Total Open Cases for ALL Clinicians at any time (choose a particular day) during Report Month.

Name of Person Completing This Report: _____

**** Due Date:** Please FAX this Report *within* 15 days of the END of EVERY Reported Month to:

Jan McCombie, FAX: 225-7224

Phone: 225-4435

Note: This form is available in electronic format. Request your copy by emailing: jmccombi@up-pathways.org
(yes, the "e" at the end of my name has been omitted purposely to make my name fit the format! ☺) Revised 10-2008