

NorthCare Network Substance Abuse Services

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Monthly Outpatient Capacity Management Report

FY 2011 - 2012

PROGRAM: _____ LICENSE #: _____

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

<input type="checkbox"/> October, 2011	<input type="checkbox"/> February, 2012	<input type="checkbox"/> June, 2012
<input type="checkbox"/> November, 2011	<input type="checkbox"/> March, 2012	<input type="checkbox"/> July, 2012
<input type="checkbox"/> December, 2011	<input type="checkbox"/> April, 2012	<input type="checkbox"/> August, 2012
<input type="checkbox"/> January, 2012	<input type="checkbox"/> May, 2012	<input type="checkbox"/> September, 2012

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?	If "Yes", on what Date this Reported Month did your Program first reach the 90% (or Higher) Capacity Mark?!
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

*** 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: _____ Date Reported: _____

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

Jan McCombie

Questions? Phone: 225-4435

Note: Please request your Electronic version of this report by emailing: jmccombie@up-pathways.org

Revised 9-2011