

# 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 2009 - 2010**

PROGRAM: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

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

<input type="checkbox"/> October, 2009	<input type="checkbox"/> February, 2010	<input type="checkbox"/> June, 2010
<input type="checkbox"/> November, 2009	<input type="checkbox"/> March, 2010	<input type="checkbox"/> July, 2010
<input type="checkbox"/> December, 2009	<input type="checkbox"/> April, 2010	<input type="checkbox"/> August, 2010
<input type="checkbox"/> January, 2010	<input type="checkbox"/> May, 2010	<input type="checkbox"/> September, 2010

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: \_\_\_\_\_

\*\* 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](mailto:jmccombie@up-pathways.org)

Revised 9-2009