



DIRECT CARE STAFF REPORT COMMUNITY MENTAL HEALTH CENTER

State Form 53359 (R2 / 1-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION

INSTRUCTIONS:

1. *Direct Care Staff are those persons providing medical services, psychological services, counseling services, case management services, residential services and other social services. Include only those involved in providing direct services to consumers - exclude administrative, clerical, and environmental staff. If an administrative or other staff member also provides direct service, include only that portion of their time dedicated to direct services.*
2. *Calculations should be based on forty (40) hours full time equivalent (FTE) basis. If your agency has a different definition of FTE, please explain.*
3. *Include FTE of those persons contracted by your agency to provide direct services.*
4. *If your agency contracts with another agency for services, do not include employees of the other agency.*
5. *Include all direct care staff for all populations (mental health and addictions) that your agency serves.*

SECTION 1 – DIRECT CARE STAFF FTEs			
Staff	Agency Staff FTEs	Contract Staff FTEs	Total Number of FTEs
Psychiatrists			
Licensed Psychologists (including HSPP*)			
LCSW, LMHC, LMFT, CNS*			
		Subtotal A	
All Other Direct Care Staff			
		Subtotal B	
TOTAL (Subtotal A + Subtotal B)			

SECTION 2 – Calculate the percentage of FTEs that are indicated in Subtotal A.					
Enter Subtotal A from Section 1	Divided by	Enter TOTAL from Section 1	RESULT: (Must be <1.00)	Multiply by 100	PERCENTAGE (Per rule % should be ≥10%)
	÷			X 100 =	

SECTION 3 – Calculate the percentage of FTEs in Subtotal A that are psychiatrists.					
Enter Total Number of Psychiatrists from Section 1	Divided by	Enter Subtotal A from Section 1	RESULT: (Must be <1.00)	Multiply by 100	PERCENTAGE (Per rule % should be ≥5%)
	÷			X 100 =	

SECTION 4 – The above information is for the following agency. Documentation supporting this information is maintained on file at the agency.	
Legal name of agency	
Signature of authorized person	Date (month, day, year)
Typed or printed name of signatory	Title

* DEFINITIONS: LCSW – Licensed Clinical Social Workers; LMHC – Licensed Mental Health Counselors; CNS – Clinical Nurse Specialists; HSPP – Health Service Provider in Psychology; LMFT – Licensed Marriage and Family Therapist