

Employment

Mental Health Services



E2

Public Hospital Quarterly Return

This form is used to report workforce data for staff purchased by Mental Health Services. The form should be completed at the end of each quarter and forwarded within *21 days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Agency:	
Output:	Period:
	Year:
Service Setting	Clinical EFT
1 Adult CAT Services	
2 Adult Mobile Support Services	
3 Adult Community Continuing Care	
4 Adult Integrated Community Services	
5 Adult Other Community Services	
6 Adult Acute Inpatient Services	
7 Adult Secure Extended Care Unit	
8 Adult Residential, Community Care Unit	
9 Other Adult Bed-Based Service	
10 Child & Adolescent Community Assessment & Treatment Team	
11 Child & Adolescent Day Program	
12 Child & Adolescent Psychiatric Intensive Case Manager	
13 Child & Adolescent Acute Inpatient Unit	
14 APMHS Assessment & Treatment Service (APATT/PGAT)	
15 APMHS Acute Inpatient Unit	
16 APMHS Residential – Nursing Home	
17 APMHS Residential – Hostel	
18 Emergency Psychiatric Service	
19 Consultation and Liaison Service	
20 Primary Mental Health Team	
21 Dual Diagnosis Team	
22 Specialist – Community Service	
23 Specialist – Acute Inpatient Service	
24 Specialist – Rehabilitation Inpatient Service	
25 Specialist – Secure Extended Care	
26 Prevention and Promotion (dedicated staff)	
27 Carer Support (dedicated staff)	
28 Training (dedicated staff)	
29 Total (1 to 28)	
Workforce Training	
30 Number of Clinical Staff Trained	
31 Number of Clinical Staff Training Hours	
32 Percent Successfully Completing Training	
Signed (Chief Executive Officer):	Date: