**Monthly Vacant Position(s) Report**

**Community Action Team (CAT)**

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| **Provider:**  | **Circles of Care** | **Reporting Month:**  |  |

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| **Brevard County** |
| **Required Position Title** | **Minimum Number of FTE** | **Staff Name** | **Position Vacant (Y/N)** | **Date position became vacant** | **Number of Vacant Calendar Days \*** | **If vacant, the efforts being taken to fill the position** |
| Program Director  | .35 |  |  |  |  |  |
| Team Leader  | 1.0 |  |  |  |  |  |
| Psychiatrist or ARNP | .25 |  |  |  |  |  |
| Registered Nurse  | 0.5 |  |  |  |  |  |
| Crisis Therapist (Intake) | 1.0 |  |  |  |  |  |
| Therapist | 1.0 |  |  |  |  |  |
| Therapist | 1.0 |  |  |  |  |  |
| Therapist  | 1.0 |  |  |  |  |  |
| Therapist  | 1.0 |  |  |  |  |  |
| Case Manager | 1.0 |  |  |  |  |  |
| Case Manager | 1.0 |  |  |  |  |  |
| Case Manager  | 1.0 |  |  |  |  |  |
| Case Manager | 1.0 |  |  |  |  |  |
| Case Manager/Mentor | 1.0 |  |  |  |  |  |
| Adolescent Mentor | 1.0 |  |  |  |  |  |
| Parent Mentor | 1.0 |  |  |  |  |  |
| Medical Records Clerk  | 1.0 |  |  |  |  |  |
| Administrative Assistant  | .30 |  |  |  |  |  |

\*After 90 days being vacant CFCHS will issue a notice of non-compliance and will then enact the “Subcontractor Compliance and Performance Improvement” policy.