

BAIN - Protocol Monitoring Form

Date of data compilation:	
Agency:	
Name of person completing data return:	
Position of person completing return:	
Contact Number:	

Agency referrals:

How many referrals did you make to statutory/community service providers this month?

No. of service users this month that your agency referred to BIAN agencies:

	MCCDT	HSE	MBCDT	Genesis	HHCDT	Coolmine	LES	TRP	Totals
MCCDT									
HSE									
MBCDT									
Genesis									
HHCDT									
Coolmine									
LES									
TRP									
Totals									

No. of service users referrals this month that you received from BIAN agencies:

	MCCDT	HSE	MBCDT	Genesis	HHCDT	Coolmine	LES	TRP	Totals
MCCDT									
HSE									
MBCDT									
Genesis									
HHCDT									
Coolmine									
LES									
TRP									
Totals									

MC CDT: Mulhuddart Corduff

CDT HSE: HSE Addiction Service

MB CDT: Mountview Blakestown CDT

Genesis: Genesis

HH CDT: Hartstown Huntstown

CDT C TC: Coolmine

LES: Blanchardstown Local Employment Service

TRP: Tolka River Project

How many Service Users are you the case manager for? _____

How many Interagency Care Plan meetings did your agency *initiate* this month? _____

No. of Interagency Care plans *that you are involved in* with BIAN agencies in the last month? _____

No. of Interagency Care plan *reviews* that you were involved in with BIAN agencies in the last month? _____

What were the main gaps in services for your service users that are not being met by protocol work between BIAN agencies in the past month?

What changes would you propose making to the existing BIAN protocols to overcome these limitations/problems?

Are there other protocols you think should be developed between BIAN agencies to improve services for service users?
