

COUNCIL ON CHEMICAL ABUSE

CASE MANAGEMENT POLICIES AND PROCEDURES

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I. DEFINITION OF PHILOSOPHY OF CASE MANAGEMENT

Addiction is a chronic and progressive disease that has an enormous impact on individuals, families and society. As a chronic illness, in most cases effective and appropriate treatment is required to arrest the disease process and to enhance the opportunity for the individual to achieve sobriety and on-going recovery. Long term recovery is the ultimate goal for those entering the Berks County SCA treatment system. However, not all individuals who access and receive drug and alcohol treatment are successful in their attempt to achieve sobriety. Identifying the nature and extent of an individual's chemical dependency and matching them to the most appropriate treatment is essential. Many times an individual's lack of success can be attributed to their inability to access the most appropriate drug and alcohol treatment service to address their addiction. In addition to their addiction, many individuals with substance use disorders also suffer from other life stress problems that can impede their ability to complete treatment and/or achieve and maintain long-term recovery. For these individuals, it is crucial to learn and incorporate into their daily lives the necessary skills to achieve and maintain overall self sufficiency and sobriety from chemical dependency.

In Berks County drug and alcohol case management is designed to help addicted individuals access treatment and address other life stress problems that could impede the recovery process. In order for case management to be successful, it must be a collaborative effort with the individual's achievement of overall wellness and self-sufficiency being the ultimate goal. As such, the primary focus of case management is the individual. While clients may require assistance from a drug and alcohol case management professional, services must be client driven and the client must be an active and willing participant. It is also imperative that those who deliver services be qualified in the services they provide.

II. STRUCTURE OF BERKS COUNTY'S CASE MANAGEMENT SYSTEM AND ACCESS

In Berks County, case management consists of those treatment and recovery supports that assist individuals to effectively address their chemical dependency disorder. While not treatment, case management includes those activities that facilitate the process for individuals to access appropriate levels of care and that assist individuals to address other life-stress areas that could impede the individual's treatment and/or recovery process. Through a comprehensive and coordinated system of case management, clients will be afforded an opportunity to experience a positive and effective treatment episode and attain an adequate level of self-sufficiency in order to achieve and maintain long-term sobriety. The case management system in Berks County will entail three primary functions: screening, level of care (LOC) assessment for adults and adolescents, case coordination, and intensive case management (ICM) for adults only.

Screening will determine the drug and alcohol client's need for acute care; this could include the need for detoxification, pre/peri-natal medical care and/or psychiatric services. All individuals to be funded for drug and alcohol treatment by Berks County SCA must first be screened upon accessing treatment services. Screenings shall be conducted by all contracted providers which serve as access points into the Berks County SCA funded treatment system; this includes but is not limited to: the Berks County Central Intake Unit, outpatient treatment programs, and local detoxification units. The Berks County Jail serves as a treatment access points and is exempt from the screening requirements as a similar function is provided upon an individual's entry into the prison.

Level of Care (LOC) Assessment will ascertain the nature and extent of the individual's substance use disorder and match, as well as refer, the client to the appropriate mode of treatment. LOC assessments shall be conducted by all contracted providers which serve as access points in the Berks County SCA funded treatment system; this includes: the Berks County Central Intake Unit, outpatient treatment programs, local detoxification units, the Berks County Jail and the Berks County Re-Entry Center.

Case Coordination is a vital component of the case management process and addresses both the treatment and non-treatment needs of an individual. The treatment needs are directly related to treatment authorization and continued stay reviews. This directly impacts the level of care and duration of treatment the Berks SCA is willing to fund for the individual. The non-treatment needs, while not directly related to the individual's treatment, is concerned with those life areas that will directly affect an individual's ability to participate in treatment as well as to provide needed recovery support.

Case Management/Intensive Case Management will identify the individual's life stress problems, link the client with available supportive services and monitor progress. Case Management is offered to all individuals who suffer from a substance use disorder and who experience other life stress problems (i.e., medical, employment, housing, etc.). By addressing the individuals various problems through the provision of Case Management services, individuals with a substance use disorder will be afforded a greater opportunity to attain and maintain sobriety and to ultimately reach a greater level of self-sufficiency and support the overall recovery process. ICM services are provided to special populations in need of intensive services to address life stress problems. These populations include pregnant women, women with children and those residing in certain SCA supported recovery houses.

Recovery Support Services are designed to help individuals seeking and/or entering recovery from a substance use disorder. These services assist individuals to establish necessary connections with available supports and resources in the community, develop on-going engagement in the recovery process and help develop and solidify long-term recovery supports. The individual in conjunction with a Recovery Specialist will develop an individualized Recovery Plan. The Recovery Plan is intended to identify and address obstacles to entering and maintaining recovery as well as basic life necessities such as (re)building of healthy lifestyles, developing sober leisure activities and community service. The plan will all help to connect the individual the recovery supports and work with the family, service and treatment providers as well as other programs and community supports to assist in the achievement of these goals. Recovery Specialist Services are designed to be a peer service and will be delivered by individuals in long term recovery.

While the Berks SCA does provide case coordination services, the Berks SCA does not provide any direct treatment or ancillary treatment services to clients, all case management services are provided through contracts with local drug and alcohol service providers. The framework by which Berks County's case management services are provided will be in accordance with the guidelines set forth by the Department of Drug and Alcohol Programs (DDAP). However, the particular policies and procedures for the provision of these services will be determined locally according to the needs of the residents of Berks County. It shall be the responsibility of each contracted case management provider to establish policies and procedures with regard to the case management services they provide.

III. PRIORITY POPULATIONS

This section contains various policies related specifically to the Department of Drug and Alcohol Programs (DDAP) Case Management and Clinical Services Manual.

The Berks SCA and providers which serve an injection substance use population shall give preference to treatment as follows:

1. Pregnant women who inject drug
2. Pregnant women who use substances
3. Persons who Inject drugs
4. Overdose survivors
5. Veterans

All individuals identified in the above Priority Populations must have a level of care assessment be offered admission into recommended level of care. If the SCA or contracted provider cannot ensure admission to the recommended level of care immediately, the individual must be offered case management services as well as admission to another level of care. Any individuals in need of emergency care should be treated as outlined in Section VII. If the SCA chooses to restrict access to assessment and/or admission to treatment, such restrictions shall not apply to these Priority Populations

Pregnant Women

The Berks SCA and all of its contractors that serve women shall provide preference to pregnant women and shall publicize such preferential service. The Berks SCA will provide services to each pregnant woman as follows:

- Screen for emergent care needs. If emergent care needs are identified, a referral must be made to the appropriate service. If no emergent care needs are identified then;
- Conduct a level of care assessment to determine the need for treatment. If treatment is indicated then;
- Refer the woman to a treatment provider that has the capacity to provide treatment services to the woman immediately. If no treatment facility has the capacity to admit the woman, then;
- Make available interim services and support services such as case management or recovery support services to the pregnant woman within 48 hours after the assessment.

Interim Services are defined as services that are provided until an individual is admitted to a substance use treatment program. The purpose of interim services is to reduce adverse health effects of substance use, promote the health of the woman, and reduce the risk of transmission of a disease until the woman is admitted to a treatment program. Interim services for pregnant women must include:

- Counseling and education about HIV and TB;
- Counseling and education about the risks of needle sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur;
- A referral for HIV and TB treatment services, if necessary;
- Counseling on the effects of alcohol and drug use on the fetus; and
- A referral for prenatal care.

If the client is deemed eligible for Interim Services, the assessor will offer the client a listing of various resources in the local community that address the above issues (**Appendix A**). Regardless whether or not the client accepts interim services, on a monthly basis the treatment provider to whom the client has been referred shall attempt telephone contact with the client until admission into treatment occurs. All such telephone contacts shall be documented in the client file

The LOC Assessment provider must document in the Assessment file the offering of Interim Services to pregnant women unable to access treatment services.

Persons Who Inject Drugs (PWID)

Service Providers that treat PWID are required to notify the Berks SCA by letter or electronic mail within seven (7) days upon reaching ninety percent (90%) of its capacity to admit individuals to the program. Upon receipt of this notification, the Berks SCA's Executive Director, or his/her designee, shall notify the Utilization Management Supervisor in writing regarding the program reaching 90% capacity.

Note: The following only pertains to non-pregnant PWID. The Berks SCA shall ensure that each individual who has been identified as needing treatment services for injection drug use is offered admission to a program for such treatment within 14 days of assessment. If the individual cannot be admitted within 14 days, interim services and supportive services must be made available to the individual within 48 hours of assessment and admission must occur no later than 120 days after assessment. During this waiting period for admission, a mechanism for maintaining contact with the individual must be in place.

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- Counseling and education about HIV and TB;
- Counseling and education about the risks of needle sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur; and
- Referral for HIV and TB treatment service, if necessary.

If the individual is deemed eligible for Interim Services, the assessor will offer the individual a listing of various resources in the local community that address the above issues. **Regardless whether or not the individual accepts interim services, on a monthly basis the treatment provider to whom the individual has been referred shall attempt telephone contact with the client until admission into treatment occurs. All such telephone contacts shall be documented in the client file.**

The provider must document in the Assessment file the offering of Interim Services to injection drug users unable to access treatment services.

PWID Injection drug users who cannot be offered a treatment admission within 14 days of the assessment will be given a treatment admission date within 120 days of the assessment. The Utilization Management Unit will track such individuals until the date of the scheduled admission.

The Berks SCA shall develop a plan, which is updated yearly, to ensure outreach activities are carried out for injection drug users who have not yet entered treatment. The Berks SCA shall have written outreach procedures that include the following:

- Who at the Berks SCA ensures that outreach activities are carried out as planned and how oversight is accomplished;
- Who, specifically, is selected to perform outreach;
- What types of training the outreach workers receive;
- What those specific outreach activities are;
- How outreach workers contact and follow up with PWID;
- How PWID are made aware of the relationship between injection drug use and communicable diseases, like HIV;
- How PWID are made aware of the steps that can be taken to prevent the transmission of such diseases; and
- How outreach workers encourage entry into treatment.

Women With Children

All contracted treatment providers who serve pregnant women and women with dependent children, and women who are seeking custody of their children treat the family as a unit, when appropriate, and provide or arrange for the provision of the following services:

- Primary medical care for women, including a referral for prenatal care and, while the women are receiving such services, child care;
- Primary pediatric care, including immunization, for their children
- Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, family therapy, nutrition education and education to GED level, as well as childcare while the women are receiving services;
- Sufficient case management and transportation to ensure that women and their children have access to the services provided in this paragraph;
- Therapeutic interventions for the children in the custody of the women receiving treatment services pursuant to this paragraph, which may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect.

The Berks SCA shall maintain a current resource list to identify a provider for each the services listed above (**Appendix B**).

The provider must document in the client treatment chart that ancillary services had been provided or arranged.

Overdose Survivors

The Berks SCA has chosen the Certified Recovery Specialist Model as the means of outreach and engagement for those individuals who have experienced an opioid overdose. Local hospital Emergency Rooms (ER) and Emergency Medical Services (EMS) have agreed to link opioid overdose survivors with Certified Recovery Specialists (CRS) that are available 24 hours per day, 7 days per week. The Berks SCA contracts with the Treatment Access and Services Center (TASC) to provide outreach and engagement to opioid overdose survivors through CRS services.

A program specific to the Reading hospital is the Hospital-Based Warm Hand-Off Program (HB-WHO). This program is designed to provide on-site intervention services at the Reading Hospital by positioning Certified Recovery Specialists (CRSs) at the hospital's emergency room on a full-time 24/7 basis. While opioid overdose survivors and those revived by Naloxone will represent the priority population, the CRSs can also provide warm hand-off intervention services to individuals who present in severe opioid withdrawal, as well as hospital patients who have been admitted for any drug and/or alcohol related incident.

When an overdose survivor is revived, the hospital ER personnel will discuss CRS services with the client. The hospital ER personnel will describe the various services and benefits provided by the CRS which includes helping the individual/family explore treatment and recovery options as well as offering emotional support throughout the process. With proper consent from the overdose survivor, the hospital ER personnel will contact the CRS for an immediate response. If permission is not given for the CRS to be called, the hospital ER personnel will provide the individual the phone number that is available 24/7 to call for CRS services.

When the CRS is contacted either by the individual surviving the overdose, a family member, or hospital ER personnel, the CRS will arrange for a face-to-face meeting immediately or at least within 24 hours. The CRS will arrange for an immediate level of care assessment, referral to treatment, and authorization of treatment funding. If the client is engaged during normal TASC business hours, the client will be seen that day, if client engagement occurs during off-hours, the client can be seen the next business day. If it is apparent the client needs detoxification services, an immediate referral to a detoxification unit will be made. Transportation for services will either be directly provided or arranged by the CRS. Additionally, the CRS will assist the individual in developing a Recovery Plan. The Recovery Plan will be client-driven and outcomes based and will focus on recognizing and removing barriers to

treatment as well as identifying supports to enhance recovery. The CRS will maintain regular contact with the client during all phases of the treatment/recovery process including: before entering treatment, during all levels of treatment and following the completion of the prescribed course of treatment.

TASC will submit monthly reports to the Berks SCA regarding the outreach and engagement efforts related to the overdose survivor services. The information will be collected on all individuals for whom CRS services were requested by the ER personnel, their families, police or any one that refers an individual for such services. The information will include, but not be limited to: the referral source, if contact with the overdose survivor occurred within 30 minutes of the initial phone call requesting services, if the overdose survivor agreed to a level of care assessment, and if the client accepted or refused any recommended for treatment. This information will be collected on all individuals regardless if they are funded for treatment by the Berks SCA or through some other means.

Overdose survivors are a priority population and have preference to drug and alcohol treatment access as afforded in the DDAP Case Management and Clinical Services Manual. The Berks SCA will immediately access overdose survivors into the most appropriate level of care regardless if an overdose survivor is eligible for Berks SCA funding or possess private or public health insurance. Access to various level of care is contingent upon the availability of funding. The Berks SCA will make every attempt to assure that an overdose survivor that possesses private or public health insurance utilizes that particular coverage to fund necessary services.

If the Berks SCA chooses to restrict access to assessment and/or admission to treatment such restrictions shall not apply to overdose survivors. All such limitations will be expressed in written policy and all individuals must sign off to indicate that they have been notified of the limitations in writing.

Naloxone for First Responders: Overdose Prevention initiative

The goal of this project is to decrease the number of opioid related overdose deaths through the establishment of the Berks SCA as a central point of Naloxone distribution and training. The Berks SCA developed this project in collaboration with community partners including local drug and alcohol treatment providers, Berks County school districts, and concerned parents. Project services will be directed to both traditional and non-traditional first responders including police departments, fire departments, schools, drug and alcohol providers, homeless shelters, and families. Through outreach to these identified sectors of the community, first responders will be informed and engaged in project services. The Berks SCA will provide naloxone kits to individuals who have successfully completed the required training. Naloxone Overdose Prevention Kits include: two doses of Narcan; educational information; gloves; a rescue breathing mask; and a

Naloxone Utilization Report. To measure the effective implementation of this project, the Berks SCA will track specific outcomes including the number and type of responders trained to administer naloxone, the number of naloxone kits distributed, the type of agency or service provider the naloxone kits are distributed to, and the number of naloxone kits used to revive an individual experiencing an opioid overdose. Through the distribution of naloxone at the key community sites and to concerned family members throughout Berks County, this project has the potential to significantly reduce the number of opioid related deaths.

Protocols for distributing Naloxone Overdose Kits

1. Naloxone Overdose Prevention kits will be stored at the Berks SCA. The Berks SCA will maintain a standing order from a physician to distribute naloxone. The Berks SCA will maintain an inventory of naloxone including the amount of naloxone ordered, received and distributed along with the lot numbers and expiration dates. The Berks SCA will dispose of any expired naloxone via medication drop boxes in the community.
2. Individuals requesting naloxone will be required to complete either the Pennsylvania Department of Health approved naloxone training or a Council on Chemical Abuse (the Berks SCA) approved training.
3. Requests for naloxone will not be refused as long as supplies are available. However, it is preferable that insured individuals obtain naloxone from area pharmacies holding a standing order for the antidote.
4. The Berks SCA staff will complete a record of who has been given Overdose Prevention Kits through the use of the Naloxone Distribution Sheet. Information tracked will include:
 - Name and demographic information to document who has received naloxone
 - Staff signature verifying all items are present in the kit and that the naloxone has not expired.
5. The Naloxone Utilization Report, included in the Overdose Prevention Kit must be completed and returned to the Berks SCA by: facsimile at 610-376-8423, scanned and emailed to drugfree@TheBerksSCAberks.org, or in the event that a fax machine or computer is not available, by phone at 610-376-8669 ext. 104 to report naloxone use.
6. Individuals requesting a refill of naloxone should submit the completed Naloxone Utilization Report to the Berks SCA and are not required to complete the training a second time.

Veterans

The Berks SCA will address the needs of veterans as follows:

- 1) Provide the full continuum of treatment services to veterans;
- 2) Conduct screening and assessment services;
- 3) Utilize the ASAM Criteria to determine the appropriate level of care;
- 4) Make a referral to treatment; and
- 5) Provide additional case management services as appropriate.

The Berks SCA will not deny funding to a veteran regardless of the veteran's eligibility status for Veterans Affairs (VA) benefits.

Referrals to VA Facility

If it is determined that a VA facility is the most appropriate facility to provide treatment for the veteran, the assessment provider will facilitate a direct connection with the individual and admitting provider, and the referring provider will follow up with the new provider to determine if the individual was admitted as planned. It is unacceptable to only provide contact information to the veteran. Case Management Services may continue to be provided while the veteran is in the VA facility, at the discretion of the SCA. If a VA facility cannot facilitate an admission to the appropriate level of care, the veteran will be funded by the SCA.

IV. TRANSITIONAL/RECOVERY HOUSING

Act 59 of 2017 defines a drug and alcohol recovery house as housing for individuals recovering from drug or alcohol addiction, which provides those individuals with a safe and supportive drug and alcohol-free environment that may include peer support and other recovery support services.

DDAP is in the process of developing regulations and implementing Act 59 of 2017. Once those regulations take effect, the Berks SCA will contract with or make referrals only to licensed recovery houses. In addition, SCA-funded treatment facilities will be permitted to make referrals only to licensed recovery houses.

The Berks SCA contracts with several organizations that provide transitional/recovery services. The various populations served in the contracted transitional/recovery houses include: criminal justice (male/female), homeless (male/female), women with children (female), dually diagnosed (male) and Spanish speaking.

The Berks SCA shall only contract with transitional/recovery houses that meet the following requirements:

1. Have protocols in place regarding appropriate use and security of medication;
2. Verify that residents are informed in writing of all house rules, residency requirements, and any lease agreements upon admission;
3. Have a policy in place which promotes recovery by requiring resident participation in treatment, self-help groups, or other recovery supports;
4. Have a policy regarding resident use of alcohol and/or other substances;
5. Have procedures, including referral agreements, to address relapse;
6. Have safeguards in place to ensure the safety and protection of each resident;
7. Be in compliance with all local municipal ordinances.

The transitional/recovery house shall submit such policies, procedures and documents which attest that they are in compliance with the above requirements. These policies, procedures and documents shall be reviewed by the Berks SCA prior to contracting with the transitional/recovery house as well as each year during contract monitoring. Prior to final approval, the Berks SCA will conduct a site visit. Results of the site visit will be documented and will be available for DDAP review.

Any client receiving transitional/recovery house funding from the Berks SCA must be screened, and if appropriate, receive a level of care assessment. The Berks SCA will review requests for recovery housing and will authorize this service after verifying that a level of care assessment has been completed.

The aforementioned requirements apply to all residents of the transitional/recovery house.

V. MEDICATION ASSISTED TREATMENT

The Berks SCA is required to ensure that treatment and non-treatment providers do not exclude individuals on MAT from being admitted into services. Should providers restrict admission based on an individual's use of MAT, they will not be eligible to receive certain State and Federal funds to treat any individual or to provide any type of prevention, intervention, treatment or treatment-related service.

All Berks SCA Contracted providers are expected to educate individuals about Medication Assisted Treatment in accordance with Community Care Behavioral Health's Provider Alert # 7. This Alert can be accessed at:

https://providers.ccbh.com/uploads/files/Provider-Alerts/2018_PA07_drugandalcohol.pdf

Medication Assisted Treatment (MAT) using methadone is available in all levels of care for individuals funded for substance use disorder treatment. Additionally the Berks SCA provides funding for buprenorphine and related medical services for individuals in the following levels of care; outpatient, intensive outpatient, partial hospitalization, residential withdrawal management and short-term residential treatment.

The Berks SCA contracts with several treatment programs to provide buprenorphine in conjunction therapeutic interventions for individuals in need of residential withdrawal management or short-term residential treatment. These services are reimbursed on a fee-for-service basis.

For individuals in need of outpatient levels of care in conjunction with MAT, the Berks SCA contracts with two licensed drug and alcohol treatment facilities, Berks Counseling Center and New Directions Treatment Services, and one physician group, Addiction Medicine, to provide buprenorphine. All three of these providers have physicians on staff authorized to prescribe buprenorphine for opioid addiction treatment. The physicians will perform an evaluation, followed by induction services to stabilize the individual with the correct dose of the medication. The physician will also provide medication management services to assess the individual's status, adjust the dosage if necessary and provide a prescription for the medication. Regular urine drug testing will occur to verify that the individual is taking the medication as prescribed, and to monitor the individual's ability to remain abstinent from other drugs while involved with the program.

Berks Counseling Center and New Directions Treatment Services are licensed by the Department of Drug and Alcohol Programs (DDAP) to provide outpatient treatment services. Individuals who access buprenorphine through either of these two facilities will participate in outpatient treatment at the facility which is providing the buprenorphine services. The physician group, Addiction Medicine, is affiliated with the Reading Hospital. The Reading Hospital also has the Reading Hospital Outpatient Behavioral Health Services, which is a DDAP licensed outpatient facility located close to the Addiction Medicine Office. Most individuals who access buprenorphine through Addiction Medicine will participate in outpatient treatment services at Reading Hospital Outpatient Behavioral Health Services. However, individuals receiving buprenorphine from Addiction Medicine

can also choose to receive outpatient treatment from an SCA contracted provider other than the Reading Hospital.

Regardless of which facility provides the outpatient services, individuals will be placed into a level of care that best meets their needs. This will include group therapy, individual therapy and family sessions. Following completion of formal treatment, individuals will be offered early recovery support groups. This is a post-treatment service that provides guidance, assistance and encouragement to individuals in early recovery.

Individuals accessing buprenorphine services through the Berks SCA will be notified in writing that they are required to remain engaged in outpatient treatment as recommended by the treatment provider as long as the Berks SCA assists in funding physician services and medication. Individuals will sign-off that they are aware of this requirement.

On a monthly basis, the Berks SCA will monitor compliance with treatment. This shall be accomplished by comparing the actual monthly invoice for those involved with the buprenorphine program to invoices for outpatient treatment services to insure that individuals receiving buprenorphine are also participating in treatment. Individuals who fail to comply with treatment recommendations or the terms of the treatment contract that requires counseling attendance, medication compliance, and compliance with drug screenings and “call-backs” or “pill-count” will lose Berks SCA funding and they will be discharged from the program. In the event an individual is discharged from the buprenorphine program, the Berks SCA shall work in conjunction with the buprenorphine provider to assure that cessation of medication is completed as per the prescribing physician’s direction in order to prevent any unnecessary withdrawal complications.

Individuals are expected to help pay for the services they receive and are subject to the Berks SCA’s individual liability process. The Berks SCA will pay for all treatment services on a fee-for-service basis and these payments will be processed through the Berks SCA’s authorization and payment system. Early recovery support groups are fully funded by the Berks SCA and are offered at no charge to the individual. The individual may be required to pay a portion of the cost for the on-going urine drug screening.

Payment for induction and other physician services shall be through the Berks SCA’s authorization and payment system. Each of the three buprenorphine providers will establish a relationship with a local pharmacy from where the individual will obtain their medication. The individual is responsible to pay the assigned co-pay to the pharmacy upon receipt of the medication. The buprenorphine provider will provide the pharmacy with the prescription and will reimburse the pharmacy for the balance of the cost of the medication. Each buprenorphine provider will submit invoices to the Berks SCA for reimbursement of funds spent to purchase buprenorphine and for urine drug testing services. All services will be paid for by the Berks SCA through a combination of DDAP, other state and county funds.

A prospective individual must meet the following criteria to be considered for the Berks SCA funded buprenorphine services:

- Must be an adult, 18 years of age or older (This includes women with children and individuals involved in the criminal justice system.)
- Is diagnosed with opioid dependence at time of admission
- Is willing to follow safety precautions for treatment
- Can be expected to comply with treatment or has successfully completed treatment at a licensed drug and alcohol treatment
- Has no contraindications to buprenorphine therapy
- Agrees to buprenorphine treatment after a review of treatment options
- Is eligible for Berks SCA funding

The above are Berks SCA criteria for funding eligibility, the decision to ultimately admit an individual into buprenorphine services rests with the individual buprenorphine providers.

The Berks SCA will help fund medication and physician services related to the buprenorphine program for up to 12 month period or more, provided the individual adheres to the following conditions:

- Abides with the treatment and counseling requirement
- Participates in the recommended level of treatment
- Participates in early recovery support groups
- Complies with physician's requirements
- Refrains from any activity which would result in criminal charges
- Participates in urine drug screenings as scheduled

If the individual is non-compliant with any of the requirements, Berks SCA funding for services will be terminated.

The Berks SCA shall provide semi-annual monitoring of this program to assure compliance with the requirements and to ensure appropriate invoicing for the medication purchases as well as other funded services.

VI. Case Management Overview

SAMHSA's Tip 27 describes case management as a coordinated approach to the delivery of health, substance use, mental health, and social services, and linking individuals with appropriate services to address specific needs and achieve stated goals. Case management offers the individual a single point of contact, is individual-driven and driven by individual need, community-based, pragmatic, anticipatory, culturally sensitive, involves advocacy, must be flexible, and requires particular knowledge, skills, and attitudes.¹

According to The ASAM Criteria, 2013 case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes.²

A. The SCAs and its contracted providers offer case management as a separate and distinct service from treatment that addresses all relevant aspects of an individual's path to recovery. Case management includes screening, LOCA, assessment of treatment-related needs, coordination of services, continued stay reviews, and ongoing management of an individual's needs throughout treatment and recovery. Treatment providers who are contracted to perform case management must conduct the two services either by two separate staff members or at two separate times. The treatment provider may not perform both treatment and case management services during a therapy session.

B. All individuals who present for SUD services must be screened and, if appropriate, referred for a LOCA.

C. The SCA will offer ongoing case management services to all individuals with SUD and may choose to offer case management to families. The SCA will coordinate and track services it funds even for individuals who do not accept case management services.

¹ Levin, Saul M. M.D., M.P.A., Greene, Jeanie Ahearn, M.S.W. Case Management for Substance Abuse Treatment: A Guide for Administrators Desk Reference Based on Treatment Improvement protocol (TIP) 27. DHHS Publication No. (SMA) 00-3396. Printed 2000

² The ASAM Criteria, 2013" used throughout this document is referencing the full ASAM text: Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies®, 2013

VII. SCREENING

Screening is the first step in identifying the presence or absence of alcohol or other drug use whereby information is collected about either an adult or an adolescent in order to make initial decisions concerning his or her emergent care needs. Although screening may include gathering demographic and other information to determine eligibility, for the purpose of this manual screening is specifically defined as the determination of the need for a referral to emergent/acute care services.

All individuals to be funded for drug and alcohol treatment by Berks County SCA must first be screened upon accessing treatment services. Screenings shall be conducted by all contracted providers which serve as access points into the Berks County SCA funded treatment system; this includes but is not limited to: the Berks County Central Intake Unit, outpatient treatment programs and local detoxification units. Screening is not required for individuals accessing treatment services at the Berks County Jail as these individuals would have already undergone medical screening as part of their intake into the prison. Screening can be conducted by telephone or in person.

Requirements

The primary requirement of screening is to determine if emergent care services are warranted. Screening for emergent care is available 24 hours a day, seven days a week. After hours screening is provided through the hotline and drop-in services at the Drug and Alcohol Center of the Reading Health System. After hours screening does not necessarily result in the scheduling of a level of care assessment. Screening can be conducted by telephone or in person. Initial referrals for screening may come from a number of different entities including: intake units, emergency rooms, the criminal justice system, juvenile justice system, primary health care providers, individual practitioners, mental health agencies, child welfare system, family, employers, self-referrals, schools, treatment facilities, clergy, and other social service agencies. Whenever possible, screening must be done by speaking with the individual who may be in need of services. Screening must be completed by utilizing the Intake and Screening Tool in PA Web Infrastructure for Treatment Services (PA WITS).

The purposes of screening are:

- to obtain information to ascertain if emergent care is needed in the following areas:
 - Withdrawal Management
 - Prenatal Care
 - Perinatal Care
 - Psychiatric Care
- to motivate and refer, if necessary, for a LOC assessment or other services.
- to identify individuals being referred by an emergency room or urgent care facility following an overdose.

Due to differences in service delivery systems, DDAP allows screening to be conducted in the following three ways:

- **Option 1:** Ideally individuals conducting screening should be skilled medical or human service professionals, e.g. emergency room triage nurse, crisis intervention caseworker, SCA case manager, counselor, proficient in identifying the need for a referral for emergent care through a combination of education, training, and experience; or
- **Option 2:** Support staff may conduct screening in conjunction with skilled medical or human service professionals. And if needed, transfer the individual to a skilled professional to determine emergent care services; or
- **Option 3:** Support staff may conduct screening if the SCA is able to demonstrate, through documentation to be provided during the Quality Assurance Assessment or upon DDAP request, that the individual determining the need for a referral for emergent care has a combination of education, training, and experience in the following areas:
 - psychiatric (identification of suicide and homicide risk factors);
 - perinatal and prenatal (identification of alcohol and other drug use effects on the fetus); and
 - withdrawal management (pharmacology, basic addiction, identification of drug interactions).

Contracted providers should provide adequate training for staff that perform screening. The provider may choose to make training in the appropriate areas available to staff in a variety of ways, including: in-service, in-house, DDAP -sponsored, etc. If a contracted provider chooses the option of support staff conducting screenings on their own, those staff must attend DDAP -sponsored trainings regarding addiction and screening, when such trainings are available.

Referral for Care

If as a result of the screening it is determined acute care is necessary for either detoxification, medical and/or psychiatric care, an immediate referral shall be made for appropriate medical and/or psychiatric care. Depending on the situation and the client's history, referrals could be made to, but not limited to, the following: emergency care unit, private physician, mental health crisis unit, withdrawal management or local health clinic. Specifically, if an adult is in need of detox, the client must be admitted to this level of care within 24 hours. If this time frame cannot be met, the reason must be documented in the client file. If a client is referred to detox prior to completion of a LOC assessment, the assessment must be completed in its entirety before the client can be admitted to another level of care. Whatever the outcomes of a referral, the results and outcomes of the screening must be documented in the client file. This includes: acute

need(s) identified, referral(s) for acute care, outcome of any referral and whenever possible, follow-up results of referral for acute care.

If as a result of the screening it is determined acute care is not necessary, but that a drug and alcohol disorder may exist, a drug and alcohol level of care assessment is immediately completed or an appointment for such an assessment is scheduled. The assessment appointments must be scheduled to occur within seven (7) days of the screening. If this timeframe is not met, the reason must be documented on the screening instrument.

If as a result of the screening it is determined acute care is not necessary and that drug and alcohol usage issues do not exist, no referral or scheduling of an appointment is necessary. The results and outcomes of the screening must be documented in the client file. Other than those individuals seen at Berks County Jail, there may be times when an individual is assessed but not screened. In these situations, the contracted provider must document the reason that a screening was not conducted and the date of initial contact in the client file.

VIII. LEVEL OF CARE ASSESSMENT

The activities encompassed in the function of assessment serve to coordinate all aspects of the client's involvement in the drug and alcohol service delivery system. This function, which is primarily focused on the determination of needed resources, includes a LOC assessment that identifies the need for drug and alcohol treatment as well as a care coordination assessment that determines the need for non-treatment services.

Requirements

Berks SCA's contracted assessment providers will utilize the PA WITS system to complete the requirements below:

- 1) LOC assessment using the Treatment Assessment Protocol (TAP)
- 2) Tuberculosis (TB) Screening and Referral Services utilizing Miscellaneous Notes;
- 3) The Problem Gambling Screening and Referral Questions utilizing Miscellaneous Notes;
- 4) Case Management Service Plan or Recovery Plan as it is known in PA WITS; and
- 5) Placement Determination utilizing the most recent version of the ASAM Criteria and Guidance for Application of ASAM in PA's Substance Use Disorder (SUD) System of Care

LOC assessment and placement determination

LOC assessment is defined as a face-to-face interview with the individual to ascertain treatment needs based on the degree and severity of alcohol and other drug use/abuse through the development of a comprehensive confidential personal history, including significant medical, social, occupational, educational, and family information. A LOC assessment must be completed within seven calendar days from the date of initial contact. The assessor must document if this time frame is not met. A LOC assessment must be completed in its entirety prior to referring the client to the appropriate level of care, except when the individual is in need of withdrawal management. An individual who is admitted directly into withdrawal management without an assessment, cannot be admitted into any other LOC until the assessment is completed.

Once an assessment is completed, it will be valid for a period of six months. The 6-month time frame does not pertain to active individuals. This applies to individuals who have never engaged in treatment after being assessed or who have been discharged and are seeking to reinstate services. If an individual requests to reinstate services prior to the end of the six-month period, the case manager may complete a follow-up TAP in lieu of completing a new one; however, a new ASAM Summary must be completed.

The Berks SCA does not limit the number of LOC assessments or admissions to treatment offered to either an adult or adolescent. However, The Berks SCA will not

continue to pay for Medication Assisted Treatment services for individuals who are non-compliant with treatment/counseling recommendations.

Those individuals receiving the above services will be notified in writing of this limitation. **These restriction do not apply to the priority populations.**

In order to determine the appropriate LOC, the individual conducting the LOC assessment must apply the ASAM Criteria. The ASAM Summary and Risk Rating in PA WITS must be used to record and exchange client information necessary in making or validating placement determinations. The contents of the ASAM Summary must comply with state and federal confidentiality regulations.

The ASAM Summary and Risk Rating must reflect the LOC the client needs whether or not funding is available for a specific LOC. In addition, the ASAM Summary should not be solely based on the LOC requested by the individual or referral source. If the level of care received is different than the level of care recommended, case notes should document attempts to engage the individual into clinically appropriate services.

Referral and Admission to Treatment

All individuals must be offered admission to the most appropriate level of care available within 14 days of the assessment. This excludes the Priority Populations who must be admitted immediately. Individuals in need of withdrawal management must be admitted to treatment within 24 hours. If these time frames cannot be met, the reason must be documented in the client file.

The SCA will identify specialty funding sources such as State Opioid Response grants prior to the initiation of services in order to ensure compliance with the requirements of these sources [e.g. entering the Government Performance and Results Act (GPRA) into WITS]

Admission to treatment is the first attended appointment with a provider after the LOC assessment has been completed. A treatment episode is a combined service provided to an individual during a period of treatment and begins with the admission to treatment. The substance abuse treatment episode should be assumed to have ended if the client has not received a treatment service in three days, in the case of inpatient or residential treatment or 30 days in the case of outpatient treatment.

Communicable Disease Screening and Referral Services

Tuberculosis (TB) - DDAP collaborated with the Department of Health, Bureau of Communicable Diseases to develop questions in reference to assessing the need for referrals to appropriate TB services. These questions must be completed by contracted assessment providers by utilizing the Miscellaneous Note in PA WITS.

In accordance with the Department of Drug and Alcohol Programs, the Berks SCA ensures that any provider performing LOC assessment services:

Assess the client to determine whether or not the client would be considered high risk for TB as follows:

1. Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high TB incidence areas (Asia, Africa, South America, Central America)?
2. Are you a recent immigrant (within the past 5 years) from a high TB risk foreign country (includes countries in Asia, Africa, South America, and Central America)?
3. Have you resided in any of these facilities in the past year: jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers? (*If residents of any of these facilities were tested within the past three months they don't need to have their risk for TB reassessed.)
4. Have you had any close contact with someone diagnosed with TB?
5. Have you been homeless within the past year?
6. Have you ever been an injection drug user?
7. Do you or anyone in your household have the following symptoms such as a sustained cough for two or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?

Any individual that responds with a "yes" to any of the above questions is considered high risk for TB. With regard to TB screening and referral, the assessment provider shall adhere to the following:

- Refer all the individuals identified as high risk to the County's Public Health TB Clinic and document such referral in the client file;
- Attempt follow-up contact with all individuals referred to the County's Public Health TB Clinic to determine if the client reported to the health clinic. Any attempted follow-up contact and any information gathered from the contact must be documented in the client file.
- Establish a Qualified Service Agreement (QSA) and/or obtain client consent to allow for the disclosure of communicable disease reporting to the County's Public Health TB Clinic. Any client consent must be maintained in the client file.

Hepatitis C - In accordance with the Department of Drug and Alcohol Programs, the Berks SCA ensures that any provider performing LOC assessment services must follow current DOH guidelines for ensuring that appropriate individuals are tested for Hepatitis C. At a minimum, DOH indicates that individuals who should be tested include:

- (a) A person who was born between the years of 1945 and 1965;
- (b) Persons who inject drugs;
- (c) Persons who have previously injected drugs;
- (d) Persons who received a clotting factor produced before 1987;
- (e) Persons who have been on hemodialysis;
- (f) Persons who have HIV; and
- (g) Persons who have previously received a blood transfusion or organ transplant.

Contracted providers that provide LOC assessments must determine whether the individual is at high risk for Hepatitis C. Individuals who have been identified as high risk must be referred to the county or nearby public health clinic for testing and treatment. The individual's acceptance or rejection of the referral must be documented.

Human Immunodeficiency Virus (HIV) - Contracted providers that provide LOC assessments must determine whether the individual is at high risk for HIV. Persons who inject drugs are at high risk for HIV. Risk factors for contracting HIV include engaging in unprotected sexual activities and sharing needles. Individuals who have been identified as high risk must be referred to the County's DOH or a DOH partner agency for testing and treatment. The acceptance or rejection of the referral must be documented.

IX. CASE COORDINATION

DDAP defines Coordination of Services as a function of case management through which the SCA establishes an organized approach to coordinating service delivery in order to ensure the most comprehensive process for meeting an individual's treatment and non-treatment needs throughout the recovery process. Through Coordination of Services, the SCA ensures that individuals with complex, multiple problems receive the individualized services they need in a timely and appropriate fashion. The process of Coordination of Services is intended to promote self-sufficiency and empower the individual to assume responsibility for his or her recovery.

Coordination of Services is a collaborative process that includes the following activities: engagement, evaluation of needs, establishing linkages, arranging access to services ensuring enrollment in the appropriate healthcare coverage, advocacy, monitoring, and other activities to address client needs throughout the course of treatment. Coordination of Services includes communication, information sharing, and collaboration, and occurs regularly with case management and/or provider staff serving the client within and between agencies in the community.

The Case Management Service Plan/Recovery Plan is an assessment of non-treatment needs that must be addressed at the time of assessment and updated throughout an individual's time in treatment. The Case Management Service Plan/Recovery Plan must be completed at assessment and every 60 days thereafter. All initial and updated plans must be completed in PA WITS.

Client tracking and continued stay

All treatment services are authorized by Berks SCA's Authorization Unit. Contracted LOC Assessment and Treatment providers are required to obtain funding authorization from the Berks SCA Authorization Unit. The exception is emergency detoxification services for which no prior authorization is required; review for this service will occur during the continued stay process.

- The Berks SCA uses a web-based funding authorization system for all treatment services. The current system is the CPR-Web system. This web-based electronic system collects and stores: PCPC/ASAM information, level(s) of care provided, types and amount of services paid by the Berks SCA and amount of client fees collected.
- Request for continued stay must occur prior to the expiration of the current treatment authorization. The Berks SCA is not responsible for any continued stay treatment units not pre-authorized.
- The complete process for authorizing initial and continued stay treatment services through Berks SCA funding is outlined in detail in the Client Management Process Section.

Arranging medical assistance

Berks SCA Case Management is responsible to assist individuals in the Medical Assistance (MA) application process. All individuals that report to the Berks County Central Intake Unit who are not obviously ineligible for MA benefits will be offered assistance in pursuing such benefits. This includes, but not limited to, assisting in completing the MA application through the COMPASS system, retrieving from the client and submitting all necessary forms and documents and tracking the client through this process. Treatment providers will identify and assist any Berks SCA funded client in obtaining MA benefits where appropriate.

Re-engaging individuals into treatment

- The Berks SCA's Case Management Unit will contact the treatment provider to ascertain if the client has been admitted for services within one (1) business day of a client's scheduled admission.
- If the client was not admitted as scheduled, the Berks SCA will perform one of the following
 - Contact any Recovery Support Specialist with whom the client may be involved. The RSS will attempt to reengage the client into treatment.
 - The Berks SCA's Case Management Unit will attempt to contact the client directly to reengage him/her into treatment.
 - The Berks SCA's Case Management Unit will document all such contacts and communication.
 - If the client has been admitted by the treatment provider and leaves prior to completing treatment, the treatment provider will attempt to reengage the client into treatment. The treatment provider must document such reengagement attempts.

Coordinating between levels of care

- The Berks SCA's Case Management Unit coordinates and authorizes funding and coordinates with the treatment provider for all level of care transfers, utilizing ASAM criteria.
- If a client will transfer to a different facility, The Berks SCA's Authorization Unit will contact the treatment provider to ascertain if the client has been admitted for services within one (1) business day of a client's scheduled admission.
- If the client was not admitted as scheduled, the Berks SCA will perform one of the following
 - Contact any Recovery Support Specialist with whom the client may be involved. The RSS will attempt to reengage the client into treatment.
 - The Berks SCA's Case Management Unit will attempt to contact the client directly to reengage him/her into treatment.
 - The Berks SCA's Case Management Unit will document all such contacts and communication.

Discontinuation of services

- Berks SCA contracted treatment providers are required to inform the Berks SCA's Case Management Unit when a client is no longer involved with a Berks SCA funded treatment services. This could be due to a change in the client funding source or the client is no longer involved with the treatment service.
- The Berks SCA's Case Management Unit will document when a client is no longer receiving services through Berks SCA funds and will also document the reason for the discontinuation of services through the Berks SCA.

X. WITS CASE MANAGEMENT REQUIREMENTS

Berks SCA contracted assessment providers are required to have a complete record for every client to include the following in PA WITS:

- 1) Client Profile
- 2) Intake
- 3) Screening Tool
- 4) TAP
- 5) Miscellaneous Note for TB Screening
- 6) Miscellaneous Note for Gambling Screening
- 7) ASAM
- 8) Admission
- 9) Program Enrollment
- 10) Case Management Service Plan / Recovery Plan
- 11) Discharge
- 12) Documentation of interim services using miscellaneous notes, if applicable
- 13) Case Management Notes, including admission and discharge notes, will be completed utilizing the encounter notes. Notes must adequately describe the nature and extent of each contact to include the following:
 - a. Information gathered about the individual,
 - b. Analysis of the information to identify the individual's treatment and non-treatment needs,
 - c. Action to be taken to meet the individual's treatment and non-treatment needs, and
 - d. Case manager's signature or initials and date.

In addition, to the documentation required in PA WITS, the SCA and its contracted providers must include

the following information as part of a client's file:

- a. Signed consent to release information forms
- b. Acknowledgement of receipt of grievance and appeal policy
- c. Acknowledgement of any limitations

Files that are maintained electronically must contain all required components, and a hard copy must be available upon request. Information maintained in a paper file, including signed consent to release information forms, acknowledgement of any limitations, and liability forms, must be made available for review upon request.

All data must be entered into PA WITS within 7 days of the date the service was delivered.

Recovery Support Services files must, when applicable, include:

- valid consent to release information forms
- acknowledgement of receipt of the Grievance and Appeal policy,
- Recovery Support Assessment,

- Individual Recovery Plan,
- case notes
- Discharge information.

Intensive Case Management files must, when applicable, include:

- documentation of interim services (if applicable),
- valid consent to release information forms.
- acknowledgement of receipt of the Grievance and Appeal policy,
- Inventory of Support Services - ISS,
- Individualized Service Plan - ISP,
- case notes
- Discharge information.

XI. INTENSIVE CASE MANAGEMENT (ICM)

ICM is offered to pregnant women/women with children and those that reside in one of the Berks transitional/recovery houses contracted by the SCA to provide ICM. ICM services will be provided in accordance with the guidelines found in this policy and procedure manual. Through the provision of ICM services, individuals with addiction will be afforded a greater opportunity to attain and maintain sobriety and to ultimately reach a greater level of self-sufficiency.

The Berks SCA is not mandating caseload size, however, caseloads must not exceed an intensive case manager's ability to meet the needs of the individuals and services must adhere to both the DDAP and the Berks SCA Intensive Case Management requirements. Each ICM provider shall establish a case manager to client ratio. However, it is suggested that caseloads not exceed 30 individuals per each full-time equivalent intensive case manager.

Admission to ICM

The admission process is designed to: orient the client to the ICM process, identify the client's needs and develop a plan for addressing the various needs.

Admission to ICM services is voluntary and is not restricted based on the client's level of care, type of service or the treatment reimbursement funding stream(s) through which the client is eligible. Individuals must participate in drug and alcohol treatment or must have recently completed drug and alcohol treatment and is engaged in a program of recovery in order to be involved in ICM. Admission to treatment does not need to occur prior to admission to ICM. A client is admitted to ICM once a Service Plan has been completed.

The criteria for admission into ICM services include: resident of Berks County, evidence of a substance abuse disorder and documented need for ICM services. Those individuals included with the Health Choices project are subject to the criteria that Community Care Behavioral Health (CCBH) establishes for ICM services with the local provider network.

The admission intake must be conducted through a face-to-face interview between the client and the case manager. The two primary components of the admission process are the completion of the Inventory of Support Services – ISS (**Appendix C**) and development of an individualized service plan (**Appendix D**). The case manager must explain to the client that the ISS instrument is being used to identify his/her specific support service needs and that a service plan will be developed incorporating this information. The individualized service plan constitutes the core of the ICM effort and is viewed as a road map to assist the client in addressing service needs. Case managers and individuals must work together to develop individualized service plans that include realistic and measurable goals

The individualized service plan must be completed within fourteen (14) days of each administration of the ISS. A client is considered admitted for ICM services once a service plan has been completed.

The contracted ICM provider must have a written policy that describes the protocols for admission. The following items must be completed as part of the admission process:

- An agreement to participate form;
- Description of ICM services;
- Discharge criteria;
- Grievance and appeal procedure;
- Follow-up requirements;
- Appropriate consent to release information forms;
- Administration of ISS; and
- Development of an individualized service plan.

There must be client sign-off to verify that the above items have been reviewed in the admission process. This documentation must be included in the client's ICM chart.

Inventory of Support Services Tool

The Inventory of Support Services (ISS) is the initial and ongoing tool used to identify the client's level of self-sufficiency for each of the twelve domains. A set of scores is associated with each level of self-sufficiency ranging from 0 (Self-Sufficient) to 10+ (In Crisis), thus the higher the score the greater the need. This Self-Sufficiency Matrix can be found in **Appendix E**.

The ISS will be administered during a structured face-to-face interview. It is intended that the ISS instrument will be administered in its entirety during one interview session with the client. However, if extenuating circumstances do not allow for the ISS interview to be completed during one session, the ICM case manager can perform the ISS over two (2) sessions. The need for more than one session must be documented in the client file.

The ISS will be completed in accordance with the following requirements:

- Upon entry into ICM services in order to determine the appropriateness of the referral and to establish a baseline;
- 1st Update 60 days following the initial ISS;
- Updates every 90 days thereafter during the 1st year of ICM enrollment;
- Updates every 6 months following one year of ICM enrollment; and
- Upon discharge from ICM. (if possible)

Individualized Service Plan

The overall purpose of the service plan is to establish a well-documented plan of action for meeting goals. Individuals will be encouraged to take an active role in service planning so as to be empowered and invested in working on the goals developed in conjunction with the case manager. The ICM case manager must encourage, assist, and support individuals in identifying their strengths and needs and to act as a resource to help individuals access appropriate services.

The intent of the individualized service plan is not to replace or duplicate a treatment plan. It serves as an adjunct or supplement to a treatment plan and the focus will be on accessing and utilizing services available to meet a client's needs. It is not appropriate for a service plan to dictate a specific level of care especially since a level of care could change prior to the development of a new service plan. (A typical goal of the AODT domain may be "client will address substance abuse issues," followed by action steps such as "comply with all recommended treatment" or "attend a self-help group daily".) The service plan must be written legibly and must minimally include the following:

- Client strengths;
- ISS scores and identified areas of need;
- Status codes to indicate areas of need to be addressed;
- Goals that correspond to the areas of need;
- Action steps with target dates;
- The client's name on each page of the service plan;
- Dated signatures of the client and the case manager (dated signature of case management supervisor is optional); and
- Checkmark to indicate the client received a copy of the service plan.

The client and case manager will work together to develop a new service plan within 14 days of each ISS administered. The ISS results will be scored, placed on the front sheet of the service plan, and then used as the foundation for the service plan development. The domains to be initially addressed will consist of those with the highest score.

The needs to be addressed will be prioritized in order of those as identified by the client. If there are certain areas the client is unwilling to address, the client and case manager can agree to defer addressing the particular area. The case manager must document all instances in which an identified need is being deferred due to client unwillingness to address such need.

The scores from each domain of the ISS will be documented on the first page of the service plan in conjunction with three of the client's strengths. The case manager will assist the client in identifying goals, especially those required to stabilize immediate needs. The case manager will assist in the process of needs identification to ensure the

client does not develop counterproductive goals. The service plan must be developed in such a manner as to identify opportunities to empower the client in accessing community resources.

The case manager's responsibility for an activity in the action step is limited to specific functions such as linking, monitoring, advocating, or coaching.

The case manager will not be a resource to meet the client's needs directly, but function strictly as a support to increase the client's self-sufficiency.

The service plan will be reviewed at each scheduled meeting with the client to ensure that progress is being made on identified goals. Each time the plan is reviewed during a scheduled face-to-face ISP meeting the client and case manager shall initial and date the service plan. The service plan may need to be amended due to significant changes in life circumstances or a crisis situation occurring for the client. Documentation is required to demonstrate the circumstances and the resolution of the crisis situation.

Discharge From ICM

The decision to discharge a client from ICM will be based on the progress of the client as defined by the service plan. A client should be discharged from services when the objectives and goals of the service plan have been achieved and there are not any other service needs that can or should be addressed through case management services. The Discharge form can be found in **Appendix F**, must be completed in its entirety for each client at the point of discharge from ICM.

Definitions of Reasons for Discharge

A client is deemed to have completed ICM services when he/she has achieved completion of the goals on the service plan and no other needs have been identified. The following is a list of possible reasons for discharge:

- Completed ICM: Client has completed ICM e.g. support service needs have been adequately addressed and client is no longer in need of additional ICM services;
- Institutionalized/Incarcerated: Client is currently committed to a long-term psychiatric facility or has been incarcerated (either sentenced or pending disposition of his/her criminal case) for more than thirty days;
- Voluntary Discharge: Client indicated that he/she did not want the ICM services or support services that were being offered;
- Administrative Discharge: Client does not adhere to his/her commitment to the ICM process. This could include continued failure to keep schedule appointments or refusal to comply with agreed upon action steps in the ISP. The client file must include documentation of efforts made by the ICM case manager to keep a client engaged in the ICM process.
- Other: Any other reasons for discharge that do not fit the above categories.

A discharge form is to be completed for each client at the point of discharge from ICM. The primary areas included in the discharge form will be:

- Reason(s) for discharge;
- Client's name;
- Date of admission to ICM, date of discharge, and date of last contact: In some cases the date of last contact may be the discharge meeting. However, in cases where discharge does not occur as part of a face-to-face meeting, the date of last contact should be the last time the case manager has had any direct contact with the client, either face-to-face or via telephone;
- Level of self-sufficiency: This must be based on the ISS administered at the point of discharge. If the ISS is not administered at the point of discharge, a client's level of self-sufficiency will be based on the last ISS administered; and
- The ICM Discharge Form must be completed and appropriately signed. If the client has completed ICM services, then only the ICM case manager need sign the ICM Discharge Form. If the client has not completed ICM services, then both the ICM case manager and the ICM case management supervisor are required to sign off on the ICM Discharge Form.

The ICM case manager will make the client aware, through written documentation, that how the client may request to re-engage in ICM services at any time and how the client can become re-engaged in ICM services. The ICM provider will have an ICM re-engagement policy and procedure

Client Satisfaction Survey

The Berks SCA requires ICM units to develop policies and protocols to survey their individuals' satisfaction with intensive case management services. These policies, protocols and satisfactions surveys must be submitted to the Berks SCA for review and approval. Client Satisfaction Surveys must be completed by individuals anonymously and independently of the intensive case manager. The individuals must be provided an addressed and stamped envelope to mail the survey to the case management office and/or a designated drop-box for the surveys should be established at the case management unit. Each time the ICM provider surveys client satisfaction it must document the number of surveys distributed, the number surveys completed and returned as well as the overall results of the survey.

The Berks SCA shall conduct an annual client satisfaction survey to be administered by each ICM unit.

XII. SUPERVISION

Supervision of staff providing treatment, case management, intensive case management or recovery support services should be designed to ensure the adequate provision of those services. Supervision procedures are at the discretion of the provider. The provider will develop policies and procedures regarding supervision. However, the supervision of new staff performing treatment, case management, intensive case management or recovery support functions without having received required core trainings must include a combination of job shadowing and direct observation. In addition, close supervision and supervisory sign-off on written documentation, must continue until the treatment counselor, case manager, intensive case manager or recovery support specialist has received all appropriate training.

As Motivational Interviewing (MI) is required as part of service delivery, supervision documentation must include supervision methods used and steps taken to assure that MI is being utilized in the delivery of services.

Requirements of Case Management Supervision

1. In order to ensure the adequate provision of case management, intensive case management and treatment services, supervisory staff must have a working knowledge of all information and responsibilities required of the staff supervised. Therefore, supervisors must, at a minimum, complete all required core trainings related to the specific function;
2. In order to ensure timely and effective delivery of services, completion of appropriate paperwork, and proper documentation, each contracted provider shall develop policies and procedures which shall detail the following information:
 - The manner and frequency of supervision.
 - The manner in which supervision and chart reviews will be documented; and
 - The process for allowing new staff to perform treatment, case management, intensive case management and/or recovery support functions without having received required core trainings. This must include a combination of job shadowing and direct observation and close supervision and supervisory sign-off on written documentation until the case manager has received all appropriate training.

XIII. MIMINUM STAFFING QUALIFICATIONS

Any individual providing drug and alcohol treatment services must meet minimum qualification. Required staffing qualifications for treatment services are described in Chapter 704 of the Drug and Alcohol Licensing requirements. The Drug and Alcohol Licensing requirements are published on DDAP's website (www.ddap.pa.gov) under Licensing Requirements

Required Qualifications of Staff Providing Case Management Services are as follows:

Staff delivering case management services must meet the minimum education and training (MET) requirements established by the State Civil Service Commission for one of the following classifications:

- 1) D&A Case Management Specialist,
- 2) D&A Case Management Specialist Trainee,
- 3) D&A Treatment Specialist, or
- 4) D&A Treatment Specialist Trainee

Those persons responsible for supervision of staff delivering case management services must meet the MET requirements established by the State Civil Service Commission for the Case Management Supervisor or Treatment Specialist Supervisor. If case management services are being performed by a contracted licensed drug and alcohol treatment provider, individuals delivering the services must meet either the MET requirements for the classifications referenced in this paragraph or the DDAP licensing staffing regulations for either a Counselor or Counselor Assistant. Supervisors of these staff must meet either the MET requirements for the supervisory classifications referenced in this paragraph or the DDAP licensing staffing requirements for Clinical Supervisor or Lead Counselor.

An individual who meets the qualifications of a counselor or counselor assistant but is providing case management services, must deliver the services separately from treatment or therapy services.

XIV. CORE TRAINING REQUIREMENTS

The contracted treatment and/or case management providers are required to ensure that those persons providing treatment and/or case management functions must complete all required and applicable DDAP approved case management core training within 365 days of hire. Proficiency in each function will be documented by providing DDAP approved certificates of completion for the required core competency courses. All Provider staff certificates from required trainings must be maintained by the Provider.

Exceptions may be made at the discretion of the Berks SCA Executive Director, for the Addictions 101 and Screening and Assessment courses, provided that comparable training and educational requirements have been met. In order for the Berks SCA to exempt any of the contracted provider staff from the required trainings, the contracted provider must be able to provide written documentation to justify the exception.

All persons providing case management, recovery support services, intensive case management or treatment direct service or supervision must complete an approved Motivational Interviewing training.

All case management staff must meet the training requirements of the current edition of ASAM.

Case Management Providers

Course selection and completion requirements depend upon which functions the case manager has been assigned to perform. The course requirements for each function are outlined below:

Assessment Function - Adult and Adolescent providers unless otherwise specified

- Addictions 101 – 6 hours
- Confidentiality – 6 hours
- Practical Application of Confidentiality Laws and Regulations – 3 hours
- Case Management Overview – 6 hours
- Screening & Assessment – 6 hours
- Motivational Interviewing, Advancing the Practice; (Required for staff hired on or after July 1, 2020; however, it is recommended that all case managers complete training in Motivational Interviewing.)
- ASAM Training, current edition

Case Coordination Function – Adult and Adolescent providers unless otherwise specified.

- Addictions 101 – 6 hours
- Confidentiality – 6 hours
- Practical Application of Confidentiality Laws and Regulations – 3 hours

- Case Management Overview – 6 hours
 - Motivational Interviewing, Advancing the Practice; (Required for staff hired on or after July 1, 2020; however, it is recommended that all case managers complete training in Motivational Interviewing.)
 - ASAM Training, current edition*
- *If conducting continued stay reviews

Recovery Support Specialist

Training requirements for recovery support specialist is to obtain and maintain the Certified Recovery Specialist certification from the Pennsylvania Certification Board (within six months of hire). This includes meeting all requirements for attaining recertification as a Certified Recovery Specialist every two (2) years.

Intensive Case Management Providers

- Screening and Assessment – 6 hours
- Addictions 101– 6 hours
- Confidentiality – 6 hours
- Practical Application of Confidentiality Laws and Regulations – 3 hours
- Case Management Overview – 6 hours
- ISS, Service Planning and Record Keeping – 6 hours

Treatment Providers

- ASAM Training, current edition
- DDAP or Pennsylvania Certification Board (PCB) approved Confidentiality
- DDAP approved Practical Applications of Confidentiality Laws and Regulations
- Screening and Assessment
- Addictions 101
- ASAM Training, current edition

Note: Staff may not apply ASAM criteria independently until they have completed all training and competency requirements.

WITS Treatment Data System Training

In addition to the required trainings noted above, it is recommended contracted treatment and treatment-related provider staff complete the online training modules for DDAP's Data System, PA WITS. The trainings are available online at http://www.ddap.pa.gov/Pages/DataSystem_Training.aspx.

XV. GRIEVANCE AND APPEALS

The primary objective of the grievance and appeal process is to promote a step-by-step effort at reconciliation between an aggrieved client and the Council on Chemical Abuse. The Council on Chemical Abuse's contracted treatment and treatment related service providers are required to have their own separate grievance and appeal protocols arising from the client's direct involvement with those particular programs. This process is intended to resolve those issues where the Council on Chemical Abuse's administrative or financial decisions are in dispute. The Council on Chemical Abuse intends to have an expeditious, accessible, fair, and uniform process in place for resolving grievances and appeals.

A grievance is defined as a written complaint by a client of the decision made by the Council on Chemical Abuse relative to the five areas identified below:

- denial or termination of services;
- level of care determination;
- length of stay in treatment;
- length of stay in ICM; and
- violation of the client's human or civil rights.

An appeal is defined as a request for reconsideration of a Council on Chemical Abuse's decision at progressive stages until the grievance is resolved.

In the event an individual grieves a treatment funding decision related to a reduction or termination of services or length of stay in treatment, the Council on Chemical Abuse will continue funding treatment services at the current level of engagement until the appeal is resolved. This applies to all treatment services, including the provision of Medication Assisted Treatment (MAT).

The Council on Chemical Abuse's review process includes the following:

The first level of appeal of grievance decision shall be made in writing to the Council on Chemical Abuse's Executive Director or his/her designee who is not directly involved in the dispute. Access to client records shall be in accordance with state and federal confidentiality regulations. In addition, the Berks SCA will inform both the individual and DDAP of the outcome within seven days via the DDAP-approved Grievance and Appeal Reporting form (DDAP-EFM-1009) which is published on DDAP's website (www.ddap.pa.gov) under the DDAP Document Library, Forms page. Client identifying information will not be included or attached to this form.

The second level of appeal to a grievance decision shall be made to an independent review board or hearing panel that is comprised of an odd number of members, no less than three, who have no financial, occupational or contractual agreements with the Council. This may include any of the following: care and/or case management or

other administrative staff from another Single County Authority(ies), treatment facility staff, staff of other human service agencies, or former individuals who have knowledge of care and case management practices. Access to client records shall be in accordance with state and federal confidentiality regulations. Any member of the second level appeal who has financial, occupational or contractual ties to the Council on Chemical Abuse or any other agency involved in the grievance or appeal shall disqualify himself or herself.

A decision shall be rendered within seven days for each level of appeal to a grievance decision upon receipt of the written appeal and a written client consent to release confidential information to any and all individuals reviewing the appeal. In addition, the Berks SCA will inform both the individual and DDAP of the outcome within seven days via the DDAP-approved Grievance and Appeal Reporting form (DDAP-EFM-1009) which is published on DDAP's website (www.ddap.pa.gov) under the DDAP Document Library, Forms page. Client identifying information will not be included or attached to this form.

A signed consent form must be attained from the client so confidential client information relating to the appeal can be provided to the first level of appeal and to an independent review board for the purpose of rendering a decision on the appeal

The client shall have the right to access to all documentation pertaining to the resolution of the grievance within the confines of state and federal confidentiality regulations.

The client shall have the right to be involved in the process and have representation by means of a client advocate, case manager, or any other individual chosen by the client at each level of appeal.

The Department of Drug and Alcohol Programs (DDAP), the Department of Human Services nor the members of the Berks SCA's governing body (County Executive, County Commissioners or governing Board of Directors) may serve on the independent review or hearing panel at any level of the grievance and appeals process.

Individuals shall be notified of the Berks SCA's grievance or appeal policy and procedures upon accessing services of any Berks SCA funded treatment and/or treatment related service. The client must acknowledge with signature and date that they have been notified about the following areas:

- the grievance and appeal policy that outlines the five areas that a client can grieve with the Berks SCA;
- the need for a signed consent form from the client so confidential client information relating to the appeal can be provided to the first level of appeal and to an independent review board for the purpose of rendering a decision on the appeal;

- the right to have access to all documentation pertaining to the resolution of the grievance within the confines of state and federal confidentiality regulations; and
- the right to be involved in the process and have representation by means of a client advocate, case manager, or any other individual chosen by the client at each level of appeal.

XVI. REPORTING

The Berks SCA is required to submit reports as per the Department of Drug and Alcohol Programs (DDAP) Report Schedule and the Treatment, Fiscal, Prevention, Operational and Gambling Manuals. All Berks SCA contracted treatment, case management, intensive case management and recovery support services providers shall submit reports to the Berks SCA as required by both DDAP and/or the Berks SCA. The following are some, but not all, of the reports currently required:

- Reports related to specific funding or programs at those intervals as specified by the Berks SCA.
- Client Satisfaction surveys at those intervals as specified by the Berks SCA.
- A copy of any Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be submitted at the same time it is submitted to DDAP.

The Berks SCA's Executive Director, or his/her designee, shall notify DDAP's Director of Treatment in writing, within five (5) days, if the Berks SCA discontinues or limits authorization for admission to any level of care or type of service, for any reason, including lack of funding. When treatment limitations are removed, the Berks SCA will notify DDAP's Director of Treatment, in writing, within five days.

XVII. CONFIDENTIALITY OF DRUG AND ALCOHOL INFORMATION

The Berks SCA and its contracted providers agree that all persons currently or formerly screened, assessed, diagnosed, counseled, treated and rehabilitated for a substance use disorder, shall be protected from disclosure of their names, identities, patient records and the information contained therein except as disclosure is permitted by state and federal statute and regulations. To assure confidentiality of client information the Berks SCA shall make adequate provisions for system security and protection of individual privacy. The Berks SCA, treatment providers, and others are subject to the confidentiality requirements of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. Section 1690.108), the Public Health Service Act (42 U.S.C § 290dd-2), Federal Confidentiality Regulations (42 CFR Part 2), In addition, drug and alcohol information is protected in a number of ways that include the following:

71 P.S. 1690.101 et seq -established the Pennsylvania Advisory Council on Drug and Alcohol Abuse in 1972 whose authority was transferred to the Department of Health and addresses confidentiality requirements

28 Pa. Code Chapter 709 - standards for licensing freestanding treatment facilities to include adherence to confidentiality requirements

42 CFR Part 2 - federal regulation governing patient records and information

45 CFR Part 96 - federal regulation governing the privacy of health care information that went into effect on April 14, 2003.

4 Pa. Code §255.5 and §257.4 - state regulation governing patient records

42 PA C.S.A § - state law clarifying what information may be exchanged between children and youth agencies, the juvenile justice system, SCA's and treatment providers.

Client confidentiality has become the principle cornerstone guiding the treatment of substance abuse disorders. It is the ethical and legal responsibility of drug and alcohol services providers to maintain client confidentiality. The critical concepts to understand include:

1. Those working with substance using individuals must always be conscious of where and how client identifying information is discussed;
2. Valid consent forms must be formatted to capture all of the required elements to include
 - a. Name of the individual;
 - b. Name of the program disclosing the information;
 - c. Name of person, agency or organization to whom disclosure is made;
 - d. Specific information to be disclosed;
 - e. Purpose of disclosure;

- f. Statement of the individual's right to revoke consent (must allow verbal and written revocation);
- g. Expiration date of the consent;
- h. Dated signature of individual;
- i. Dated signature of witness; and
- j. Copy offered to the individual.

3. The information to be released must relate to the purpose of the consent.

If service providers identify themselves as HIPAA-covered entities, they are required to obtain appropriate training from their agency regarding whether or not they meet HIPAA requirement

Contracted providers are required to have policies associated with the adherence to all federal and state confidentiality regulations. The policies must include the following information and be signed-off by all staff:

- 1. the process for the exchange of client-identifying information;
- 2. storage and security of client records, to include computer security;
- 3. acquisition of required confidentiality training, if applicable;
- 4. staff access to records;
- 5. progressive disciplinary protocols for staff violating confidentiality regulations;
- 6. revocation of consent to include how it is documented on the consent form; and,
- 7. notification of that re-disclosure is prohibited without proper consent.

XVIII. RECOVERY SUPPORT SERVICES

Recovery Support Services is a peer-based service designed to work with individuals in early recovery from a substance use disorder. Recovery Support Services is an adjunct to treatment, with its purpose to help alleviate obstacles to engagement and completion of treatment and to establish or enhance recovery supports, thus increasing the probability of continued abstinence.

The primary function of Recovery Support Services is to assist individuals establish necessary connections with available supports and resources within the local community that will help promote treatment engagement and retention, as well as foster and build natural recovery supports. Services may be provided before, during, and/or after addiction treatment engagement. Recovery Support Services will help with treatment readiness and better prepare individuals for effective treatment engagement. Services are provided by certified Recovery Specialists.

Recovery Support Services is available to Berks County residents seeking or engaged in recovery. It may be necessary to limit this service to those who are or were involved with substance use treatment through Berks SCA and/or Community Care Behavioral Health (CCBH) funds.

Recovery Specialist

Recovery Support Services will be delivered by individuals in long term personal recovery. Recovery Specialists must adhere to the following requirements:

- Minimum of a high school diploma or GED,
- Possess a Pennsylvania Certified Recovery Specialist credential (from the Pennsylvania Certification Board) within 6 months of hire from PCB,
- Submit criminal background checks and child abuse clearances,
- Have an established personal program of long term recovery,
- A working understanding and knowledge of the various recovery support options and treatment system available within Berks County, as well as a basic knowledge of local resources

The Recovery Specialist must adhere to all ethical standards as established by the Pennsylvania Certification Board. Recovery Specialists may not act as a 12-step sponsor for individuals at any time. The Recovery Specialist role is not to conduct any type of 12-step guidance work with individuals. It is the Recovery Specialist's function to connect/link individuals to individuals within the local recovery community who will assist the client with personal recovery. It is also the Recovery Specialist's job to openly and objectively connect individuals to ANY form of recovery support the client may be interested in pursuing (i.e., traditional 12-step groups, Celebrate Recovery groups, church groups, secular groups, etc.). Individuals should not be taken to the Recovery Specialists personal support group meeting (e.g. "home group"), when connecting individuals to support groups.

Supervision will be provided regularly, with a minimum of weekly, direct face-to-face supervision to each Recovery Specialist. Supervision must be provided daily with those Recovery Specialists in the process of obtaining the PA Certified Recovery Specialist credential.

Individual Client Services

Recovery Support Services assessment shall be completed with each person seeking services. The purpose of the assessment is to identify any obstacles to treatment and recovery as well as any resources (social, physical, human and cultural) which the client possess or needs in order to begin and maintain recovery from a substance use disorder. The results of the assessment will be used to develop an Individual Recovery Plan. The Individual Recovery Plan is developed by the individual in conjunction with the Recovery Specialist

Individual Recovery Plans will address/contain the following:

- Individualized goals, objectives, and interventions pertinent to the individual's recovery in language that is outcome oriented and measurable,
- Obstacles to entering and maintaining recovery, as well as assess the recovery capital the client possesses that may help sustain and strengthen recovery efforts,
- Basic life necessities, building/rebuilding of healthy lifestyles, developing sober leisure time activities and community service, and enhancing both meaning and purpose to life,
- Connecting individuals with the recovery supports that each client identifies and believes to be most suitable for him/her,
- Working with the client's family and treatment providers, as well as other programs and community supports to assist in the achievement of these goals,
- The plan should be updated with the client a regular basis, but no less than every sixty (60) days.

Face-to-face contacts between the individual and the Recovery Specialist will occur a minimum of once per week during the first 30 days of services (more often if needed). After the first 30 days, the number of face-to-face contacts will be decided upon by the individual and Recovery Specialist. The Recovery Specialist will also conduct face to face, telephone and/or electronic contacts, on behalf of the individual, with family/significant others, client involved agencies, probation/parole officers, treatment staff, etc. as needed.

Types, location, and frequency of contacts will primarily be driven by the client's Individual Recovery Plan. All direct action with the client or action taken on behalf of the client must be documented. Such documentation should be legible and represent a connection to the Recovery Plan goals and action steps.

Completion of services is deemed an appropriate discharge when a client has met all short-term goals, has an established support network, and collaboratively, with Recovery Specialist, no longer feels the service is needed.

Recovery Support Services will be provided in accordance with all pertinent federal and state confidentiality laws and regulations.

For quality assurance purposes, Client Satisfaction Surveys will be provided at least twice per year. These surveys will seek information regarding the individuals experience with the services and should include, but not be limited to: ease of access to recovery support services, availability of recovery specialist, effectiveness of services provided and SATISFACTION with the overall recovery support service.

Early Recovery Support Groups

Early Recovery Support Groups (ERSG) is a post-treatment service that will provide the necessary guidance, assistance and encouragement to individuals as they transition from treatment and become established in their personal recovery program. It is believed that the longer individuals remain connected with drug and alcohol supportive services, the likelihood of long term sobriety increases. Participants are expected to be actively involved in an external recovery support program (ex: 12-Step program) while involved with ERSS. Also, as relapse can be a natural occurrence during the early stages of recovery, ERSS can provide timely intervention for individuals who relapse and need to be readmitted into appropriate drug and alcohol treatment services. Early Recovery Support Group is a professionally directed group education/discussion activity and is not a treatment service. ERSG is not to be offered in lieu of appropriate drug and alcohol treatment services nor is it intended to be a “pre-treatment” service.

XIV. CLIENT TREATMENT MANAGEMENT PROCESS

The Berks SCA is responsible to coordinate a continuum of drug and alcohol treatment services for Berks County residents who required public funds in order to receive such services.

The following are the policies and procedures to be followed for all treatment services funded through the Berks SCA.

A. Client Eligibility

The Berks SCA's treatment funding is intended for Berks County residents who do not have any other private or public behavioral health coverage to offset the cost of drug and alcohol treatment services.

¹ There are three exceptions to the private health insurance exemptions. First, the Berks SCA may pay for treatment if an individual's private health insurance does not include drug and alcohol treatment coverage. Second, the Berks SCA may authorize outpatient and/or non-hospital detoxification services for individuals who have exhausted their drug and alcohol treatment coverage. Documentation is required that the client's insurer does not or will not cover the specified drug and alcohol treatment service.

² In instances where individuals have high insurance deductibles that preclude them from obtaining substance use disorder treatment services, the Berks SCA, on a case-by-case basis, may compensate treatment costs to the provider for that individual up to the amount of the deductible delineated in their insurance policy. In consideration of initiating sponsorship for the deductible liability established by the insurance carrier for an individual and his or her family, the SCA contracted provider must comply with the following requirements.

The provider must verify client's insurance coverage and amount of deductible paid and the amount remaining that must be met prior to reimbursement from the carrier.

The provider must have a DDAP determination of liability completed using the liability table for Berks County for every client.

The provider must adhere to DDAP requirements of entering all required admission and discharge data into WITS for every client.

- No payments will be paid directly to the client.
- Providers will be reimbursed at the SCA rate.

³ The Berks SCA does receive funding to reimburse Act 152 services, which are eligible only to Medical Assistance individuals.

It is the policy of the Berks SCA that prior to issuance of authorization of Berks SCA treatment funds, individuals must have documentation that he/she has applied for Pennsylvania Medical Assistance benefits and has submitted all required documents

related to the application. An exception to this policy may be allowed if it is obvious that the client is not eligible for Medical Assistance benefits. The person making such a determination must document in the client file the reason Medical Assistance application was not pursued.

While any individual may access treatment through the Central Intake Unit at TASC, all mandated referrals must access treatment through this unit, with the exception of individuals in need of emergent withdrawal management services. Mandated individuals include those referred by the Courts, Adult County Probation/Parole and Children and Youth Services.

B. Residency Requirement

1. It is the policy of the Berks SCA that an individual must have a minimum of three (3) months of established residency in Berks County in order to be funded by the Berks SCA for drug and alcohol services.
2. Individual's accessing Berks SCA funds must be able to furnish proof of Berks County residency. Acceptable proof of residency includes:
 - a. valid PA driver's license
 - b. rent receipts or utility invoices addressed to the individual from the 3 previous months
 - c. verification from a Berks County emergency shelter as being a guest or accessing their services a minimum of 3 months prior to the treatment access date
 - d. other satisfactory documentation that indicates that the client has at least 3 months of Berks County residency prior to treatment access.
3. Residing in an institutional setting within Berks County does not constitute the establishment of Berks County residency. Institutions include but are not limited to the following:
 - a. prisons/early release centers
 - b. drug and alcohol treatment programs
 - c. general/psychiatric hospitals
 - d. transitional houses/group homes
4. An individual residing in an institution is eligible for Berks SCA funding if he or she can demonstrate 3 months of established Berks County residency prior to his or her admission/commitment into the institution.
5. Exception to the residency requirement is made for those who meet the Priority Population criteria.
6. Exception to the residency requirement may be made for those individuals with emergent care needs (i.e., detox).

C. Authorization/Re-Authorization

All treatment services funded by the Berks SCA must be authorized by the Berks SCA's Authorization Unit. The Berks SCA will not reimburse the treatment provider for assessment or intake nor will any treatment services be reimbursed if not authorized by the Berks SCA's Authorization Unit.

Initial Authorization

The LOC evaluator must enter the necessary information into the CPR-Web (the Berks SCA designated web-based client management system). Non drug & alcohol facilities making an authorization request should fax the necessary information to the Berks SCA Authorization Unit.

The Berks SCA Authorization Unit will contact the LOC assessors within one (1) working day regarding the level of care for which funding is authorized. An authorization for funding will be issued which will include the effective from and the effective to dates of funding authorization.

Continued Stay (Treatment Extension)

Request for an extension of treatment stay must occur prior to the expiration of the current treatment authorization. The Berks SCA is not responsible for any continued stay treatment units not pre-authorized. The treatment provider must enter the necessary information into the CPR-Web system.

The Berks SCA Authorization Unit will contact the treatment provider within one (1) working day regarding the continued stay request. An authorization for funding will be issued which will include the effective from and the effective to date of funding authorization. If continued stay-funding authorization is not approved, the TASC Authorization Unit will discuss level of care transfer options with the treatment provider.

Level of Care Transfer

Request for a level of care transfer must occur prior to the expiration of the current authorization. The Berks SCA is not responsible for any treatment units not pre-authorized. The treatment provider must enter the necessary information into the CPR-Web client management system.

The Berks SCA Authorization Unit will contact the treatment provider within one (1) working day regarding the level of care for which funding is approved. An authorization for funding will be issued which will include the effective from and the effective to date of funding authorization.

D. Encounters/Claims (Utilization/Billing)

1. Providers are to submit appropriately completed monthly encounters/claims by the 10th of the month following the provision of services. Those program encounters/claims not submitted by the 10th of the month may not be processed during that particular month.
2. All Berks County treatment providers must submit encounters/claims via the Berks SCA designated web-based client management system.
3. Providers will be sent an exception report of those services rejected and a revised encounters/claims report.
4. If approved by the Berks SCA Authorization Unit corrected encounters/claims entries previously rejected may be re-submit with the following month's encounters/claims. The exception to this is June's submission, which is the final encounter/claims report for the fiscal year. This must be reconciled with the Berks SCA's Authorization Unit by a specific date in July, which will be designated each year by the Berks SCA.

E. Discharge

1. The treatment provider must enter discharge information into PA WITS within seven (7) days.
2. No encounters/claims will be accepted for any services provided after the discharge date.

XX. Unusual Incidents

To ensure quality services and client safety, the Berks County SCA will be notified of and respond to, unusual incidents occurring at all in-County contracted programs. The Berks County SCA will also be notified of, and respond to, unusual incidents occurring at out-of-county, contracted residential treatment programs in which Berks County SCA funded individuals are involved in the incident and/or receiving services at the time of the incident. Unusual incidents are those incidents listed below:

- The death of a client in a residential treatment facility;
- An injury, trauma, or illness requiring hospitalization that occurs when the individual is at the facility or under the supervision of the facility;
- Suicide attempt;
- Physical assault by staff or resident;
- Sexual assault by staff or resident;
- An individual who is missing more than 24 hours; ;
- Outbreak of a contagious disease or food poisoning among residents;
- An incident requiring the services of a fire department or law enforcement agency;
- A condition (except snow or ice condition) that results in closure of the facility for more than one scheduled day of operation;
- Fire or structural damage to the facility.

A. In-County, Non-Residential Procedures:

1. The Berks County SCA is to be notified of any unusual incident (as defined above) occurring at the facility.
2. The Berks County SCA must be notified about any incident involving a Berks SCA funded client in which an injury, trauma or illness occurs requiring services at a hospital emergency room.

If a reportable incident occurs at the facility the Berks County SCA Authorization Unit is to be contacted within 24 hours (or the next business day if over a weekend or holiday) and given a verbal report. The need and the timelines for receiving additional information from the facility will be communicated by the Berks SCA to the facility. A copy of the Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be forwarded to the Berks County SCA at the time it is submitted to DDAP, if applicable.

B. In-County, Residential Procedures:

1. The Berks County SCA is to be notified of any unusual incident (as defined above) occurring at the facility.
2. The Berks County SCA is to be notified about any incident involving a Berks SCA funded client in which an injury, trauma or illness occurs requiring services at a hospital emergency room.

Incident Involving Berks County Funded Client: If a reportable incident occurs that involves a Berks County SCA funded client, the Berks County SCA Authorization Unit is to be contacted within 24 hours (or the next business day if over a weekend or holiday) and given a verbal report. The need and the timelines for receiving additional information from the facility will be communicated by the Berks SCA to the facility. A copy of the Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be forwarded to the Berks County SCA at the time it is submitted to DDAP, if applicable.

Incident Not Involving Berks County Funded Client: If a reportable incident occurs at the facility that does not involve a Berks County SCA funded client, the Berks County SCA Authorization Unit is to be contacted within 24 hours (or the next business day if over a weekend or holiday) and given a verbal report. The need and the timelines for receiving additional information from the facility will be communicated by the Berks SCA to the facility. A copy of the Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be forwarded to the Berks County SCA at the time it is submitted to DDAP, if applicable.

C. Out-of-County, Residential Procedures:

1. The Berks County SCA is to be notified of any unusual incident (as defined above) involving a Berks SCA funded client at the facility.
2. The Berks County SCA is to be notified about any incident involving a Berks SCA funded client in which an injury, trauma or illness occurs requiring services at a hospital emergency room.
3. The Berks County SCA is to be notified of unusual incidents specified below if any individuals are being funded by the Berks SCA at the facility at the time of the occurrence, regardless of their involvement in the incident. These incidents include:
 - The death of a client in a residential treatment facility;
 - Suicide attempt;
 - Physical assault by staff or resident;
 - Sexual assault by staff or resident;
 - Outbreak of a contagious disease or food poisoning among residents;

- An incident requiring the services of a fire department or law enforcement agency;
- A condition (except snow or ice condition) that results in closure of the facility for more than one scheduled day of operation;
- Fire or structural damage to the facility;

Incident Involving Berks County Funded Client: The Berks County SCA Authorization Unit is to be contacted within 24 hours (or the next business day if over a weekend or holiday) and given a verbal report. The need and the timelines for receiving additional information from the facility will be communicated by the Berks SCA to the facility. A copy of the Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be forwarded to the Berks County SCA at the time it is submitted to DDAP, if applicable.

Incident Not Involving Berks County Funded Client: The Berks County SCA Authorization Unit is to be contacted within 24 hours (or the next business day if over a weekend or holiday) and given a verbal report. The need and the timelines for receiving additional information from the facility will be communicated by the Berks SCA to the facility. A copy of the Unusual Incident Report sent to the Department of Drug and Alcohol Programs is to be forwarded to the Berks County SCA at the time it is submitted to DDAP, if applicable.

D. Safety and Wellbeing of Individuals

When an unusual incident affects the physical or emotional wellbeing of a client, facility staff should ensure that the client is safe from further injury, receives medical and programmatic attention as soon as possible, is sensitive to the emotional needs of the client, and arranges for specialized counseling, if appropriate.

XXI. Client Payments

Client Liability

All Level of Care Assessment providers and Treatment providers must abide by the policies for Liability Assessment for Drug and Alcohol Services as set forth in Part Seven of the Department of Drug and Alcohol Program Fiscal Manual. These requirements include policies as well as the necessary Berks County client liability payment amounts by service, "Client Liability Form" and the "Request for Liability Reduction or Elimination Form." In addition to the DDAP policies, the Berks SCA has established the following policies and requirements related to the client liability process.

1. Prior to the Berks SCA issuing an authorization for treatment, the Client Liability form must be completed in the Berks SCA's treatment management system, CPR-Web. The exceptions to this are individuals in need of urgent withdrawal management and jail based treatment.
2. All adult individuals regardless of their liability assessment will be financially responsible for a portion of their treatment experience. The Berks SCA requires minimum co-pay for all individuals not exempted from the liability provision. This minimum co-pay applies to those adults whose liability is assessed as zero. The minimum co-pay for outpatient, intensive outpatient and partial hospitalization services shall be one dollar (\$1.00) per hour for each group session and two dollars (\$2.00) per hour for each individual and/or family session. The minimum co-pay for residential and halfway house services shall be five-dollars (\$5.00) per day. The exception to the minimum co-pay policy is for individuals receiving outpatient methadone or buprenorphine services, who at this time have a separate liability determination process.
3. The Berks SCA and contracted providers will assist eligible individuals, including those who claim no income, in applying for Medical Assistance benefits. A copy of the client's letter indicating his or her Medical Assistance eligibility must be maintained in the client file.
4. In accordance with the DDAP Fiscal Manual, all requests for reduction or elimination of liability shall be completed and submitted by a drug and alcohol professional. All such requests shall be submitted using the "Request for Liability Reduction or Elimination" form as found in the DDAP Fiscal Manual. The "Request for Liability Reduction or Elimination" form must be sent to the Berks SCA Program Administrator. The envelope containing the request shall be clearly marked with "Client Liability Reduction or Elimination". The Berks SCA will render a decision regarding the elimination or reduction of client liability within ten (10) business days of receipt of the request. The Berks SCA's decision regarding reduction or elimination of client liability is final and non-appealable.
5. The Berks SCA will not reimburse any uncollected client liability or co-payment.

Cost Sharing Assistance For Individuals With Insurance

In instances where individuals have high insurance deductibles that preclude them from obtaining substance use disorder treatment services, the Berks SCA, on a case-by-case basis, may compensate treatment costs to the provider for that individual up to the amount of the deductible delineated in their insurance policy. In consideration of initiating sponsorship for the deductible liability established by the insurance carrier for an individual and his or her family, the SCA contracted provider must comply with the following requirements.

The provider must verify client's insurance coverage and amount of deductible paid and the amount remaining that must be met prior to reimbursement from the carrier.

The provider must have a DDAP determination of liability completed using the liability table for Berks County for every client.

The provider must adhere to DDAP requirements of entering all required admission and discharge data into WITS for every client.

- * No payments will be paid directly to the client.
- * Providers will be reimbursed at the SCA rate.

Providers must complete and submit the following to the Berks SCA:

- Berks Co. SCA Deductible Assistance Request Form
- Copy of proof of client's Berks Co. residency
- Copy of client's Explanation of Benefits (EOB) form or other equivalent documentation from insurance carrier summarizing coverage of the client's current treatment stay.
- Copy of signed DDAP Liability Form using the liability table for Berks Co. (The minimum client liability rate for residential and halfway housing for Berks County is \$5. We do not offer 0 liabilities.)

APPENDIX A

Interim Services Resource List

BERKS COUNTY INTERIM SERVICES RESOURCES:

COUNSELING AND EDUCATION ABOUT HIV AND TB (TUBERCULOSIS):

**Berks County State Health
Center**

610-378-4377

Planned Parenthood

610-4376-8061

Co-County Wellness Services

610-375-6523

PA 211

211

Reading Health System

484-628-9386

PA HIV/AIDS Hotline

1-800-662-6080

COUNSELING AND EDUCATION ABOUT THE RISKS OF NEEDLE SHARING:

Co-County Wellness Services

610-375-6523

PA 211

211

National Prevention Information Network

1-800-458-5231

COUNSELING AND EDUCATION ABOUT THE RISKS OF DISEASE TRANSMISSION TO SEXUAL PARTNERS AND INFANTS:

Nurse Family Partnership Program

610-376-6988

Mercy Crisis Pregnancy Center

610-376-0828

Lifeline of Berks County

610-374-8545

PA 211

211

National Prevention Information Network

1-800-458-5231

Planned Parenthood

610-376-8061

COUNSELING AND EDUCATION ABOUT STEPS THAT CAN BE TAKEN TO ENSURE THAT HIV AND TB TRANSMISSION DOES NOT OCCUR:

Co-County Wellness Services

610-375-6523

Berks County State Health Center

610-378-4377

PA 211

211

National Prevention Information Network

1-800-458-5231

National AIDS Hotline

1-800-342-2437

REFERRAL FOR HIV AND TB TREATMENT SERVICES, IF NECESSARY:

Co-County Wellness Services

610-375-6523

PA 211

211

PA Department of Health

610-378-4352

COUNSELING AND EDUCATION ABOUT THE EFFECTS OF ALCOHOL AND DRUGS ON THE FETUS:

**Nursing Family Partnership
Program**

610-376-6988

PA 211

211

Lifeline of Berks County

610-374-8545

Berks Parents Services Collaborative

610-478-9830

REFERRAL FOR PRENATAL CARE:

Mercy Crisis Pregnancy Center

610-376-3949

Community Outreach Clinic

484-628-9797

Berks Community Health Center

610-988-4838

Planned Parenthood

610-376-8061

Life Choices / Kutztown

610-683-8000

Reading Hospital

484-628-9797

Nurse Family Partnership Program

610-376-6988

Lifeline of Berks County

610-374-8545

PA 211

211

APPENDIX B

Pregnant Women/Women with Children Ancillary Services

BERKS COUNTY ANCILLARY RESOURCES

AGENCY:	Primary Medical Care for Women	Prenatal Care	Pediatric Care / Immunizations	Women-centered Counseling (d/a abuse; other abuse)	Parenting	Employment and Training	Education and Special Education	Drug-free Housing	Head start and Early Childhood Education	Childcare	Counseling for Children	Case Management	Transportation
BCAP 610-376-6571								X Rental Assistance					
BCIU 610-987-2248							X		X	X			
Beacon House 610-378-4782								X					
Berks Community Action Program 610-376-6571					X				X				
Berks Counseling Center 610-373-4281				X				X				X	X if involved with case mgmnt
Berks County State Health Center 610-378-4377		X Referrals Only	X										
Berks Parents Services Collaborative 610-478-9830					X					X		X	X
Career Link 610-988-1300						X							
Head Start 610-987-8454									X				
Healthy Kids Helpline 1-800-986-5437			X Referrals Only										

BERKS COUNTY ANCILLARY RESOURCES

AGENCY:	Primary Medical Care for Women	Prenatal Care	Pediatric Care / Immunizations	Women-centered Counseling (d/a abuse; other abuse)	Parenting	Employment and Training	Education and Special Education	Drug-free Housing	Head start and Early Childhood Education	Childcare	Counseling for Children	Case Management	Transportation
Life Choices-Kutztown 610-683-8000		X Referrals Only		X									
Lifeline of Berks County 610-374-8545		X Referrals Only											
Mary's Shelter 610-376-1973								X					
Office of Vocational Rehabilitation 610-621-5800						X							
Oppportunity House 610-374-4696				X				X		X		X	
Penn State Health St. Joseph 610-2084554	X	X	X										
Planned Parenthood 610-376-8061	X			X									
Reading Health System 610-988-HELP				X									
Reading YMCA 610-378-4700								X		X			
Safe Berks 610-373-1206 24 hr. – 884789-SAFE				X									
The Special Kids Network 1-800-986-4550			X Referrals Only				X Referrals Only				X Referrals Only		

APPENDIX C

Inventory of Support Services

**CASE MANAGEMENT INVENTORY OF SUPPORT SERVICES
For Adults**

NAME : _____ **SSN:** _____

ADDRESS _____ **PHONE:** _____
(Street)

_____ **CIS #:** _____
(City, State, Zip) (optional)

ISS Interval Scores

	Initial	60 Day	120 Day	180 Day	240 Day	300 Day	360 Day	Discharge
Date								
Domain								
Housing								
Child Care								
Educational/Vocational								
Employment								
Basic Needs								
Transportation								
Alcohol & Other Drug Treatment								
Legal								
Mental Health								
Physical Health								
Family / Social								
Life Skills								

Levels of Self Sufficiency: 0 - 1 Self-Sufficient
2 - 4 Stable / Safe

5 - 7 At Risk
8 - 10 Unstable

10+ In crisis/Not Self sufficient

1. Gender M F

2. Date of birth? _____
(month / Day / Year)

3. Age _____

4. Ethnicity (MARK ONE) Hispanic/Latino/Latina White or Caucasian
 Native American Asian or Pacific Islander
 Black or African American Other

5. Marital Status: Legally Married Living With Partner
 Divorced Separated
 Widowed Never Married

5a. What healthcare benefits do you have?

None Commercial
 Medical Assistance, Managed Other government coverage (such as Medicare or Veteran's Administration)
 Medical Assistance, Unmanaged
 Other, explain: _____

6. What are/were your primary drugs of choice (MARK ALL THAT APPLY):

Alcohol Other Narcotics
 Marijuana Other Stimulants
 Cocaine Inhalants
 Crack/Cocaine Other Specify, _____
 Heroin Other Specify, _____

6a. **Client Profile** (Mark Only the one which is the predominant reason the client is on the case load)

Dual Diagnosis Domestic Violence Victim Child Welfare
 Criminal Justice Homeless Pregnant Woman
 IVDU Parenting Woman Recurrent User of Tx System
 Medical Complications Adolescent Other, explain: _____

Client Name: _____

Date: _____

Case Manager: _____

Start Time: _____

	Question	Response (Value)	Score
7.	<u>In the past 30 days</u> , has your current living situation made it difficult for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 8]	
7a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
8.	Where have you lived in the last 30 days? (MARK ONE) <input type="checkbox"/> In your own apartment or house (This includes living with a parent or guardian)? <input type="checkbox"/> In someone else's apartment or house? <input type="checkbox"/> In a room in a hotel or motel, in a rooming or boarding house, or in a school dormitory? <input type="checkbox"/> In a homeless shelter or on the street? <input type="checkbox"/> In another type of facility shelter (such as a shelter for runaways or battered women)? <input type="checkbox"/> Stayed at various places briefly and temporarily? <input type="checkbox"/> In a hospital (include detox)? <input type="checkbox"/> In a jail, prison or detention center, Community correction center, or work release? <input type="checkbox"/> In a group home or residence (such as a residential treatment center, halfway house, or recovery house)?		
8a.	Were any of your living environments owned by the government or did the government help pay the rent or make the payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b.	Is your current living situation stable?	<input type="checkbox"/> Yes (0) [Go to 10] <input type="checkbox"/> No (1)	
9.	Do you feel you are at risk of losing your housing?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)	
10.	Are you interested in improving your current living situation?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
11.	<u>In the past 30 days</u> , did any of the following people try to help you find or keep housing? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 12]	1 = Received help 2 = Wanted help but no one helped me	

11a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
12.	What was the outcome or what is the current situation? (MARK ALL THAT APPLY) <input type="checkbox"/> I still need the services <input type="checkbox"/> Got the permanent housing I needed <input type="checkbox"/> Got temporary housing <input type="checkbox"/> Got emergency housing <input type="checkbox"/> Kept the housing I had <input type="checkbox"/> Referred to the services <input type="checkbox"/> On a waiting list <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> I did not receive housing <input type="checkbox"/> Housing is not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, Explain: _____		

NOTES:

HOUSING TOTAL

	Question	Response (Value)	Score
13.	How many dependent/minor children do you have? _____ Children		

*** If the client does not have any dependent/Minor Children, GO to the Next Domain

14.	In the past 30 days, has the lack of child care interfered with your participation in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 15]	
14a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
15.	Children's ages? _____ 1. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 2. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 3. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 4. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 5. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Currently living with you? 6. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 7. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 8. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 9. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 10. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">[If yes, go to 15b]</p>		
15a.	For the children that don't live with you, with whom do they live? (MARK ALL THAT APPLY) <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Aunt <input type="checkbox"/> Boyfriend <input type="checkbox"/> Father <input type="checkbox"/> Uncle <input type="checkbox"/> Girlfriend <input type="checkbox"/> Mother <input type="checkbox"/> Other Family Member <input type="checkbox"/> Foster Family <input type="checkbox"/> OTHER, explain:		
15b.	Do any of the children for whom you are responsible require assistance in living or special supervision?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
15c.	In the past year , have any of your children been removed by Children & Youth, Juvenile Probation, other authorities <u>or</u> for any other reason?	(CHECK ONE) <input type="checkbox"/> Yes, Temporarily <input type="checkbox"/> Yes, Permanently [Go to 16] <input type="checkbox"/> No [Go to 16]	
15d.	Do you have visitation rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15e.	Are you interested in receiving help in getting your child(ren) back?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16.	Do you currently have child care arrangements for the children you are responsible for while you are attending AOD treatment, going to school, jobs or training programs?	<input type="checkbox"/> Yes, all the time (0) <input type="checkbox"/> Yes, some of the time (1) <input type="checkbox"/> No (2) [Go to 17]	
16a.	Who usually watches the child(ren) you are normally responsible for? (MARK ONE) <input type="checkbox"/> Child(ren)'s Mother/Father <input type="checkbox"/> Family Member, Identify relationship: _____ <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Baby Sitter <input type="checkbox"/> Spouse <input type="checkbox"/> No one--kids take care of themselves <input type="checkbox"/> Child Care Center <input type="checkbox"/> Close Friend <input type="checkbox"/> OTHER, explain:		

16b.	Are you concerned that any of the people who watch your children may be using alcohol or drugs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16c.	How satisfied are you with your current childcare arrangements?	<input type="checkbox"/> Very satisfied (0) <input type="checkbox"/> Somewhat satisfied (1) <input type="checkbox"/> Not satisfied at all (2)	
17.	Are you interested in improving your childcare arrangements?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go NEXT DOMAIN]	
18.	<p><u>In the past 30 days</u>, did any of the following people try to help you find child care?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 19]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
18a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
19.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the child care I needed <input type="checkbox"/> Referred to the services <input type="checkbox"/> On a waiting list <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> It's too expensive <input type="checkbox"/> It's too hard to get there <input type="checkbox"/> Child care is unavailable <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, explain: _____		

NOTES:

CHILD CARE TOTAL

	Question	Response (Value)	Score
20.	What is the highest grade of school you have <u>attended</u> ? 00 - 08 Grade School 17 - 18 Graduate School 09 - 12 High School 19 - 20+ Post-Graduate School 13 - 16 College	Enter a two digit number _____	
21.	What diplomas, degrees, certificates, or licenses have you received? (MARK ALL THAT APPLY)	<input type="checkbox"/> None (2) <input type="checkbox"/> GED (0) <input type="checkbox"/> High School Diploma (0) <input type="checkbox"/> Junior College or associate degree program (0) <input type="checkbox"/> Certificate from a vocation or trade school, specify (0): _____ <input type="checkbox"/> License to practice a trade, specify (0): _____ <input type="checkbox"/> College Degree, specify (0): _____ <input type="checkbox"/> Other license, etc., specify (0): _____	
22.	In the past 30 days, has the lack of having a GED, college degree, technical degree (certification) or education interfered with your ability to achieve your goals?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 23]	
22a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
23.	Are you currently in school or a training program? Specify:	<input type="checkbox"/> Yes [Go NEXT DOMAIN] <input type="checkbox"/> No	
24.	Are you interested in getting a GED, college degree, technical (certification) degree or education in general? Specify:	<input type="checkbox"/> Yes (3) [Go to 25] <input type="checkbox"/> No (0)	
24a.	If no, why not? (MARK ONE) <input type="checkbox"/> Don't want to pursue it <input type="checkbox"/> I didn't do well when I was in school <input type="checkbox"/> Had difficulty in school <input type="checkbox"/> Not ready to discuss it <input type="checkbox"/> I didn't like school <input type="checkbox"/> OTHER, specify: _____	[Go to NEXT DOMAIN]	

25.	<p><u>In the past 30 days</u>, did any of the following people try to help you obtain schooling or education?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 27]</p>	<p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
26.	<p>Are you still working with that person?</p>	<p><input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)</p>	
27.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Attending school or training <input type="checkbox"/> Enrolled in an education program <input type="checkbox"/> Evaluated for a program <input type="checkbox"/> On a waiting list <input type="checkbox"/> Referred to the services <input type="checkbox"/> I don't meet the requirements <input type="checkbox"/> Dropped out of the program <input type="checkbox"/> I did not want the services <input type="checkbox"/> There isn't any educational help available where I live <input type="checkbox"/> Too hard to get transportation to the educational program <input type="checkbox"/> The services are too expensive <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

NOTES:

EDUCATIONAL / VOCATIONAL TOTAL

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	Question	Response (Value)	Score
28.	In the past 30 days, has your employment situation made it hard for you to participate in AOD treatment, training, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 29]	
28a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
29.	Are you currently employed?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1) [Go to 30]	
29a.	What is the level of your employment? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (> 30 hr/wk) <input type="checkbox"/> Seasonal		
29b.	What is your current job title? _____ Job Description: _____ _____		
29c.	Length of time you have held this job? _____ (years) _____ (months)		
29d.	Do you feel you are at risk of losing your current job? If yes, explain: _____ _____	<input type="checkbox"/> Yes (1) [for all responses, Go to 31] <input type="checkbox"/> Unsure(1) <input type="checkbox"/> No (0)	
30.	How long have you been unemployed? _____ (years) _____ (months) [if longer than 30 days, Go to 31]		
30a.	In the last 30 days, have you lost a job due to substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 31]	
30b.	Will you be able to return to that job once you complete treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.	What are your primary sources of income? (MARK ALL THAT APPLY) <input type="checkbox"/> No Income <input type="checkbox"/> Wages or salary from a legitimate job or business <input type="checkbox"/> Contributions from spouse, family member(s) or friends (including alimony and child support, loans and gifts) <input type="checkbox"/> Contributions from other household members <input type="checkbox"/> SSI--Supplemental Security Income <input type="checkbox"/> Disability pay, including SSDI or compensation for a work related injury <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Public Assistance <input type="checkbox"/> Illegal sources <input type="checkbox"/> OTHER, explain:		

32.	Are you interested in improving your employment situation?	<input type="checkbox"/> Yes, as it is unstable (2) <input type="checkbox"/> Yes, I want a better one (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
33.	<p><u>In the past 30 days</u>, did any of the following people try to help you find or keep your job?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 35]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
34.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
35.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Got the job I needed, or kept the job I have <input type="checkbox"/> Started the process of getting a job or making progress in keeping my job <input type="checkbox"/> Waiting to start <input type="checkbox"/> Referred to the services <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> Not able to find or keep my job <input type="checkbox"/> Jobs are not available <input type="checkbox"/> Unable to obtain transportation to get the job <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with referral <input type="checkbox"/> I never asked for the help <input type="checkbox"/> Other, explain: _____		

NOTES:

EMPLOYMENT SERVICES TOTAL

	Question	Response (Value)	Score
36.	In the past 30 days, has the lack of food, health insurance, clothing, utilities, or difficulty paying bills made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 37]	
36a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
37.	Are you interested in receiving help with your food, health insurance, clothing, or utilities?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
37a.	In which of the following areas would you like to receive help? (MARK ALL THAT APPLY) <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Food <input type="checkbox"/> Other, explain: _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> Water <input type="checkbox"/> Telephone <input type="checkbox"/> Clothing <input type="checkbox"/> Health Insurance	None = 0 1 - 2 Needs = 1 3 - 4 Needs = 2 5 + Needs = 3
38.	In the past 30 days, did any of the following people try to help you find food, health insurance, clothing, or utilities? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 39]	MARK ALL THAT APPLY, but only award one point	1 = Received help 2 = Wanted help but no one helped me
38a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	

39.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <ul style="list-style-type: none"><input type="checkbox"/> I still need the services<input type="checkbox"/> Got the help I needed to find food<input type="checkbox"/> Got the help I needed to find clothing<input type="checkbox"/> Got the help I needed for my utilities<input type="checkbox"/> Referred to the services<input type="checkbox"/> On a waiting list<input type="checkbox"/> Services are not available<input type="checkbox"/> I didn't meet the requirements<input type="checkbox"/> Services are too expensive<input type="checkbox"/> I did not want the services<input type="checkbox"/> I did not follow through with the referral<input type="checkbox"/> I never asked for help <input type="checkbox"/> Other, explain: _____	
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NOTES:

BASIC NEEDS TOTAL

TRANSPORTATION

	Question	Response (Value)	Score									
40.	<u>In the past 30 days</u> have your transportation needs made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 41]										
40a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)										
41.	Do you have a way to get to things like schooling, jobs, training programs, AOD treatment or seeing a doctor?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (2)										
42.	What types of transportation do you have or use? (MARK ALL THAT APPLY)	<input type="checkbox"/> Own a Car <input type="checkbox"/> Program / Van <input type="checkbox"/> Friend / Family Car <input type="checkbox"/> Cab / Taxi / Jitney <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other, specify:										
42a.	Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
42b.	If you own a car, do you have:	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>A valid car registration?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Insurance?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>	Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Yes</u>	<u>No</u>										
A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>										
Insurance?	<input type="checkbox"/>	<input type="checkbox"/>										
43.	Are you interested in receiving help with transportation needs?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]										
44.	<u>In the past 30 days</u> , did any of the following people try to help you find transportation needs? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2)	<p style="text-align: center;">MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p> <p style="text-align: center;">[GO TO QUESTION 45]</p>										
44a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)										

45.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <ul style="list-style-type: none"><input type="checkbox"/> I still need the services<input type="checkbox"/> Received the transportation services<input type="checkbox"/> Referred to the services<input type="checkbox"/> On a waiting list for services<input type="checkbox"/> Services are not available<input type="checkbox"/> Services are too expensive<input type="checkbox"/> I didn't meet the requirements<input type="checkbox"/> I did not want the services<input type="checkbox"/> I did not follow through with the referral<input type="checkbox"/> I never asked for help <input type="checkbox"/> OTHER, explain: _____	
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NOTES:

TRANSPORTATION TOTAL

ALCOHOL AND OTHER DRUG TREATMENT

	Question	Response (Value)	Score
46.	In the past 30 days, has the use of alcohol and other drugs made it hard for you to participate in AOD treatment, school, job, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 47]	
46a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
47.	<u>In the past 30 days</u> , has anyone expressed concern about your use of alcohol and other drugs?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to 48]	
47a.	If yes, who? <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Employer <input type="checkbox"/> Family Member <input type="checkbox"/> Courts <input type="checkbox"/> Other, specify: _____		
48.	Are you currently involved in alcohol and other drug treatment?	<input type="checkbox"/> Yes (0) [Go to 48a] <input type="checkbox"/> No (2) [Go to 49] <input type="checkbox"/> Completed alcohol and other drug treatment (0) [Go to 49]	
48a.	If yes, what type of treatment program? <input type="checkbox"/> Outpatient (Level 1A) <input type="checkbox"/> Medically Managed Detox (4A) <input type="checkbox"/> Intensive Outpatient (Level 1B) <input type="checkbox"/> Medically Managed Residential (4B) <input type="checkbox"/> Partial Hospitalization (Level 2A) <input type="checkbox"/> Methadone Maintenance <input type="checkbox"/> Halfway House (Level 2B) <input type="checkbox"/> Medically Monitored Inpatient Detox (Level 3A) <input type="checkbox"/> Medically Monitored Short Term (3B) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medically Monitored Long Term (3C)		
48b.	Are you attending treatment on a regular basis?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (2)	
48c.	Is your current treatment program meeting your needs? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
49.	Are you involved with any support groups like AA/NA or church group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50.	Are you interested in receiving a referral for an assessment to see if you need treatment or if you are in the right type of treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
50a.	Would you be willing to go to treatment or try a different kind of treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	

ALCOHOL AND OTHER DRUG TREATMENT

51.	<p><u>In the past 30 days</u>, did any of the following people try to refer you to alcohol and other drug treatment?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1)</p> <p><input type="checkbox"/> CYS/OCY/CAO case manager (1)</p> <p><input type="checkbox"/> Probation/Parole officer (1)</p> <p><input type="checkbox"/> Mental Health case manager (1)</p> <p><input type="checkbox"/> SCA case manager (1)</p> <p><input type="checkbox"/> Managed Care Service Provider (1)</p> <p><input type="checkbox"/> Area Agency on Aging (1)</p> <p><input type="checkbox"/> OTHER, specify (1): _____</p> <p><input type="checkbox"/> No one helped me (2) [GO TO QUESTION 52]</p>	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
51a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
52.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> Referred to the services</p> <p><input type="checkbox"/> Currently enrolled in treatment</p> <p><input type="checkbox"/> Completed treatment</p> <p><input type="checkbox"/> Dropped out of treatment</p> <p><input type="checkbox"/> On a waiting list</p> <p><input type="checkbox"/> I did not meet the requirements</p> <p><input type="checkbox"/> Don't have insurance</p> <p><input type="checkbox"/> Treatment not authorized by insurance company</p> <p><input type="checkbox"/> Inadequate insurance coverage</p> <p><input type="checkbox"/> Alcohol and drug treatment services are not available</p> <p><input type="checkbox"/> I did not want the services</p> <p><input type="checkbox"/> I did not follow through with the referral</p> <p><input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> Other, explain: _____</p>		

Notes:

ALCOHOL & DRUG TREATMENT TOTAL

	Question	Response (Value)	Score
53.	In the past 30 days, have legal problems made it hard for you to participate in school, jobs, training programs, AOD treatment, relationships, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 54]	
53a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
54.	Are you currently involved in the criminal justice system in any way?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 55]	
54a.	What is the status of your criminal justice system involvement? (MARK ALL THAT APPLY) <input type="checkbox"/> Case Resolved, <i>and on</i> <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Work Release <input type="checkbox"/> In Jail, <i>and</i> <input type="checkbox"/> Awaiting Trial <input type="checkbox"/> Awaiting Sentence <input type="checkbox"/> Serving a Sentence <input type="checkbox"/> Pending, <input type="checkbox"/> On bail, Awaiting Trial <input type="checkbox"/> On bail, Awaiting Sentence <input type="checkbox"/> Released, on Own Recognizance <input type="checkbox"/> House Arrest <input type="checkbox"/> Owe/Paying Fines <input type="checkbox"/> Other Status, explain: _____		
55.	Are you interested in receiving help with any legal problems?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
55a.	What kind of legal help do you need? (MARK ALL THAT APPLY) <input type="checkbox"/> Divorce <input type="checkbox"/> Eviction <input type="checkbox"/> Bill Collector <input type="checkbox"/> Pending Criminal charges <input type="checkbox"/> Pending Civil Charges <input type="checkbox"/> Want to file charges myself <input type="checkbox"/> Want to file for bankruptcy <input type="checkbox"/> Need to obtain a protection from abuse order or restraining order <input type="checkbox"/> Child Support <input type="checkbox"/> Explain need for AOD treatment to parole officer or judge <input type="checkbox"/> Spousal support <input type="checkbox"/> Custody issues <input type="checkbox"/> Other, specify: _____		

56.	<p><u>In the past 30 days</u>, did any of the following people try to help you find legal services?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 57]</p>	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
56a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
57.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Accessed legal services <input type="checkbox"/> Referred to legal services <input type="checkbox"/> I am on a waiting list for services <input type="checkbox"/> I did not meet the requirements <input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

Notes:

LEGAL SERVICES TOTAL

	Question	Response (Value)	Score																								
58.	In the past 30 days, have your feelings, thoughts or emotions interfered with your personal life, school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 59]																									
58a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																									
59.	In the past 30 days, has anyone expressed concern about your behavior, your feelings, thoughts, or emotions?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)																									
60.	Have you ever been prescribed medications for an emotional or psychological problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 61]																									
60a.	What medications are you currently taking? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 30%;">Medication</th> <th style="width: 20%;">When Prescribed</th> <th style="width: 45%;">Reason / Condition / Diagnosis</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.					
#	Medication	When Prescribed	Reason / Condition / Diagnosis																								
1.																											
2.																											
3.																											
4.																											
5.																											
60b.	Are there any medications that you are <u>supposed</u> to be taking?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																									
60c.	If yes, list Medication(s) and ask "Why aren't you taking them?" <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication</th> <th style="width: 10%;">Code</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td rowspan="6"> Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____ </td> </tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table>	Medication	Code		1.		Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____	2.		3.		4.		5.		6.											
Medication	Code																										
1.		Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____																									
2.																											
3.																											
4.																											
5.																											
6.																											
61.	Are you currently involved in mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 62]																									
61a.	What service are you receiving? _____																										
61b.	How Often? _____																										
61c.	Are the services meeting your needs? (if no explain)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)																									
62.	Are you interested in receiving a referral for mental health services?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]																									

63.	<p><u>In the past 30 days</u>, did any of the following people try to help you find mental health services?</p> <p><input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1)</p> <p><input type="checkbox"/> OTHER, specify (1): _____</p> <p><input type="checkbox"/> No one helped me (2) [GO TO QUESTION 64]</p>	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
63a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
64.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> I still need the services <input type="checkbox"/> Referred to mental health services <input type="checkbox"/> Enrolled in mental health services <input type="checkbox"/> Completed Treatment <input type="checkbox"/> Dropped out <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Don't have insurance <input type="checkbox"/> Services not authorized by insurance company <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> OTHER, explain: _____</p>		

Notes:

MENTAL HEALTH TOTAL

	Question	Response (Value)	Score																							
65.	In the past 30 days, have your health problems or pregnancy made it hard for you to participate in school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 66]																								
65a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																								
66.	In the past 30 days, have others expressed concern about your health?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																								
67.	Have you recently been prescribed medication for a physical health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Males, Go to 69, Females Go to 68]																								
67a.	What medications are you currently taking?																									
	<table border="1"> <thead> <tr> <th>#</th> <th>Medication</th> <th>When Prescribed</th> <th>Reason / Condition / Diagnosis</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.				
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1.																										
2.																										
3.																										
4.																										
5.																										
67b.	Are there any medications you are supposed to be taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Males, Go to 69, Females Go to 68]																								
67c.	<p>If Yes, list Medication(s) and ask "Why aren't you taking them?"</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Code</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table> <p>Code Key a. I don't like the way it makes me feel b. I don't know why I have to take it c. I don't have the money to buy it d. Insurance won't cover it e. Insurance isn't adequate f. I forget to take it g. Don't want to take it h. Other, Specify: _____</p>	Medication	Code	1.		2.		3.		4.		5.		6.												
Medication	Code																									
1.																										
2.																										
3.																										
4.																										
5.																										
6.																										

Females Only, for Males go to 69

68.	Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 69] <input type="checkbox"/> Don't know [Go to 69]	
68a.	Has a doctor or other medical professional verified your pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
68b.	How long have you been pregnant? _____ months _____ weeks		
68c.	Are you currently receiving prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68d.	If not, are you interested in receiving help with accessing prenatal services?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (1)	

69.	Are you experiencing difficulties related to any of the following?	<input type="checkbox"/> Medical Services (1) <input type="checkbox"/> Dental Services (1) <input type="checkbox"/> Vision Services (1) <input type="checkbox"/> No (0) [Go to 71] (Mark all that apply but only award one point)	
70.	If yes, are you currently receiving any of the following?	<input type="checkbox"/> Medical care <input type="checkbox"/> Dental care <input type="checkbox"/> Vision care	
71.	Are you interested in receiving help in any of the following?	<input type="checkbox"/> Medical Services (1) <input type="checkbox"/> Dental Services (1) <input type="checkbox"/> Vision Services (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN] (Mark all that apply but only award one point)	
72.	In the past 30 days, did any of the following people try to help you find medical/prenatal services? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2)	MARK ALL THAT APPLY, but only award one point 1 = Received help 2 = Wanted help but no one helped me	[GO TO QUESTION 73]

72a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
73.	What was the outcome or what is the current situation? (MARK ALL THAT APPLY) <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the medical/prenatal services I needed <input type="checkbox"/> Referred to medical/prenatal services <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Medical/prenatal services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help <input type="checkbox"/> Other, explain: _____		

Notes:

PHYSICAL HEALTH TOTAL

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	Question	Response (Value)	Score
74.	<u>In the past 30 days</u> , have problems with your relationships made it hard for you to participate in school, jobs, AOD treatment, or training programs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 76]	
75.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
76.	<u>In the past 30 days</u> , has anyone expressed concern about your relationships with family members, friends or significant others?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
77.	Are you interested in receiving help with your relationships?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
78.	<p><u>In the past 30 days</u>, did any of the following people try to help you find family services?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> OTHER, specify (1): _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 79]	<p>MARK ALL THAT APPLY, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
78a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
79.	<p>What was the outcome or what is the current situation? (MARK ALL THAT APPLY)</p> <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the family services <input type="checkbox"/> Referred to the family services <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Other, explain: _____	<input type="checkbox"/> Services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help	

NOTES:

FAMILY / SOCIAL TOTAL

	Question	Response (Value)	Score														
80.	<p><u>In the past 30 days</u>, has difficulty in any of the following areas made it hard for you to participate in school, jobs, AOD treatment, training programs, or seeing a doctor? (MARK ALL THAT APPLY, only award one point)</p> <table border="0"> <tr> <td><input type="checkbox"/> Constructive use of leisure time</td> <td><input type="checkbox"/> Household management</td> </tr> <tr> <td><input type="checkbox"/> Nutrition</td> <td><input type="checkbox"/> Self care</td> </tr> <tr> <td><input type="checkbox"/> Job interviewing</td> <td><input type="checkbox"/> Parenting</td> </tr> <tr> <td><input type="checkbox"/> Resume building</td> <td><input type="checkbox"/> Basic reading, writing, and math skills</td> </tr> <tr> <td><input type="checkbox"/> Budgeting</td> <td><input type="checkbox"/> Learning Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Language barriers</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other, specify: _____</td> <td></td> </tr> </table> <p><input type="checkbox"/> Other, Specify: _____</p>	<input type="checkbox"/> Constructive use of leisure time	<input type="checkbox"/> Household management	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Self care	<input type="checkbox"/> Job interviewing	<input type="checkbox"/> Parenting	<input type="checkbox"/> Resume building	<input type="checkbox"/> Basic reading, writing, and math skills	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Language barriers		<input type="checkbox"/> Other, specify: _____		<p>Yes (1) No (0) [Go to 81]</p>	
<input type="checkbox"/> Constructive use of leisure time	<input type="checkbox"/> Household management																
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Self care																
<input type="checkbox"/> Job interviewing	<input type="checkbox"/> Parenting																
<input type="checkbox"/> Resume building	<input type="checkbox"/> Basic reading, writing, and math skills																
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Learning Disabilities																
<input type="checkbox"/> Language barriers																	
<input type="checkbox"/> Other, specify: _____																	
80a.	Of those, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)															
81.	<p>Would you like to receive help in any of the following areas? (MARK ALL THAT APPLY)</p> <table border="0"> <tr> <td><input type="checkbox"/> Constructive use of leisure time (1)</td> <td><input type="checkbox"/> Household management (1)</td> </tr> <tr> <td><input type="checkbox"/> Nutrition (1)</td> <td><input type="checkbox"/> Self care (1)</td> </tr> <tr> <td><input type="checkbox"/> Job interviewing (1)</td> <td><input type="checkbox"/> Parenting (1)</td> </tr> <tr> <td><input type="checkbox"/> Resume building (1)</td> <td><input type="checkbox"/> Basic reading, writing, and math skills (1)</td> </tr> <tr> <td><input type="checkbox"/> Budgeting (1)</td> <td><input type="checkbox"/> Learning Disabilities (1)</td> </tr> <tr> <td><input type="checkbox"/> Language barriers (1)</td> <td></td> </tr> </table> <p><input type="checkbox"/> NONE (0) [STOP, ISS COMPLETE]</p>	<input type="checkbox"/> Constructive use of leisure time (1)	<input type="checkbox"/> Household management (1)	<input type="checkbox"/> Nutrition (1)	<input type="checkbox"/> Self care (1)	<input type="checkbox"/> Job interviewing (1)	<input type="checkbox"/> Parenting (1)	<input type="checkbox"/> Resume building (1)	<input type="checkbox"/> Basic reading, writing, and math skills (1)	<input type="checkbox"/> Budgeting (1)	<input type="checkbox"/> Learning Disabilities (1)	<input type="checkbox"/> Language barriers (1)		<p>0 = 0 1- 3 areas = 1 4+ areas = 2</p>			
<input type="checkbox"/> Constructive use of leisure time (1)	<input type="checkbox"/> Household management (1)																
<input type="checkbox"/> Nutrition (1)	<input type="checkbox"/> Self care (1)																
<input type="checkbox"/> Job interviewing (1)	<input type="checkbox"/> Parenting (1)																
<input type="checkbox"/> Resume building (1)	<input type="checkbox"/> Basic reading, writing, and math skills (1)																
<input type="checkbox"/> Budgeting (1)	<input type="checkbox"/> Learning Disabilities (1)																
<input type="checkbox"/> Language barriers (1)																	
82.	<p><u>In the past 30 days</u>, did any of the following people help you find services for nutrition, budgeting, household management, job interviewing, resume building, self care, use of leisure time or parenting?</p> <table border="0"> <tr> <td><input type="checkbox"/> Drug and Alcohol counselor (1)</td> <td rowspan="8" style="vertical-align: middle; text-align: center;"> MARK ALL THAT APPLY, but only award one point </td> </tr> <tr> <td><input type="checkbox"/> CYS/OCY/CAO case manager (1)</td> </tr> <tr> <td><input type="checkbox"/> Probation/Parole officer (1)</td> </tr> <tr> <td><input type="checkbox"/> Mental Health case manager (1)</td> </tr> <tr> <td><input type="checkbox"/> SCA case manager (1)</td> </tr> <tr> <td><input type="checkbox"/> Managed Care Service Provider (1)</td> </tr> <tr> <td><input type="checkbox"/> Area Agency on Aging (1)</td> </tr> <tr> <td><input type="checkbox"/> OTHER, specify (1): _____</td> </tr> </table> <p><input type="checkbox"/> No one helped me (2) [GO TO QUESTION 83]</p>	<input type="checkbox"/> Drug and Alcohol counselor (1)	MARK ALL THAT APPLY, but only award one point	<input type="checkbox"/> CYS/OCY/CAO case manager (1)	<input type="checkbox"/> Probation/Parole officer (1)	<input type="checkbox"/> Mental Health case manager (1)	<input type="checkbox"/> SCA case manager (1)	<input type="checkbox"/> Managed Care Service Provider (1)	<input type="checkbox"/> Area Agency on Aging (1)	<input type="checkbox"/> OTHER, specify (1): _____	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>						
<input type="checkbox"/> Drug and Alcohol counselor (1)	MARK ALL THAT APPLY, but only award one point																
<input type="checkbox"/> CYS/OCY/CAO case manager (1)																	
<input type="checkbox"/> Probation/Parole officer (1)																	
<input type="checkbox"/> Mental Health case manager (1)																	
<input type="checkbox"/> SCA case manager (1)																	
<input type="checkbox"/> Managed Care Service Provider (1)																	
<input type="checkbox"/> Area Agency on Aging (1)																	
<input type="checkbox"/> OTHER, specify (1): _____																	
82a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)															

83.	<p>What was the outcome or what is the current situation? (Mark all that apply)</p> <p><input type="checkbox"/> I still need the services</p> <p><input type="checkbox"/> Accepted the services</p> <p><input type="checkbox"/> Received the services</p> <p><input type="checkbox"/> Referred to the services</p> <p><input type="checkbox"/> Dropped out of the services</p> <p><input type="checkbox"/> Ineligible for the services</p> <p><input type="checkbox"/> Services are not available</p> <p><input type="checkbox"/> I did not want the services</p> <p><input type="checkbox"/> I did not follow through with the referral</p> <p><input type="checkbox"/> I never asked for help</p> <p><input type="checkbox"/> Other, explain: _____</p>	
-----	---	--

NOTES:

Time Completed: _____

LIFE SKILLS TOTAL

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Case Manager' s Signature

Client Signature

APPENDIX D

Intensive Case Management Service Plan

ICM SERVICE PLAN

Client Name: _____

Date: _____

Client Strengths: 1) _____
 2) _____
 3) _____

Inventory of Support Services Results

Domain	ISS Score	Service Plan Status	List Inventory of Support Services codes by number for each domain in service plan status
Housing			1) Not a Need 2) Client willing to work on identified need 3) Not interested in working on identified need at this time 4) Services not available 5) Client is already working on identified need with another case manager 6) Client willing to work on identified need that is not a priority, but will work on it at a later time
Child Care			
Education/Vocational			
Employment			
Basic Needs			
Transportation			
AODT			
Legal			
Mental Health			
Physical Health			
Family/Social			
Life Skills			

Client Name: _____

Goal#: _____

Support Services Domain	Action Steps / Methods (Include who, what, where, when, etc)	Target Date	Date Achieved	Comments

Goal#: _____

Support Services Domain	Action Steps / Methods (Include who, what, where, when, etc.)	Target Date	Date Achieved	Comments

Client Name: _____

Goal#: _____

Support Services Domain	Action Steps / Methods (Include who, what, where, when, etc)	Target Date	Date Achieved	Comments

Goal#: _____

Support Services Domain	Action Steps / Methods (Include who, what, where, when, etc.)	Target Date	Date Achieved	Comments

By signing this Service Plan, I agree that the development of the Action Steps listed was a collaborative effort between my Case Manager and myself to achieve the goals relating to my Support Services Needs.

_____ I have been offered a copy of this plan and I have () Accepted () Refused

Initial Client Signature

Date

Initial ICM Signature

Date

Each time the plan is reviewed, the client and ICM are to initial next to the date.

Date: ____/____/____ (C)____ (ICM) ____

Date: ____/____/____ (C)____ (ICM) ____

Date: ____/____/____ (C)____ (ICM) ____

Date: ____/____/____ (C)____ (ICM) ____

Date: ____/____/____ (C)____ (ICM) ____

Date: ____/____/____ (C)____ (ICM) ____

Case Management Supervisor Signature

Date

APPENDIX E

ISS Self-Sufficiency Matrix

ISS Self-Sufficiency Matrix

Domains	<u>Self-Sufficient</u> Score: 0-1	<u>Stable/Safe</u> Score: 2-4	<u>At Risk</u> Score: 5-7	<u>Unstable</u> Score: 8-10	<u>InCrisis/Not Self-Sufficient</u> Score: 10+
Housing	Housing is sufficient and meets client needs	Housing is sufficient but may not be meeting client needs	Insufficient or housing is at risk but help is available	At risk of losing housing and has no one to help	Housing help is needed
Basic Needs	Basic needs are being met	Client has resources to meet his needs but may not be adequate	Client lacks resources to meet basic needs but help is available	Basic needs are not being met and has no one to help	Basic needs are not being met
Transportation	Client has adequate transportation which meets their needs	Client has adequate transportation that is sometimes reliable	Client lacks adequate transportation but help is available	No transportation and has no one to help	No reliable transportation
Physical Health	No problems or health needs are being met	Immediate health problems are being addressed	Client has health problems but help is available	Client has severe health problems and has no one to help	Client has health problems which are not being addressed
Family/Social	Family system is stable; no help is needed	System is somewhat stable; but has someone to help	System is unstable but help is available	System is very unstable; and has no one to help	System is in crisis
AODT	In recovery and no other help is needed	In treatment or involved in self help group with regular attendance and help is available	In treatment or involved in self help group with no regular attendance but help is available	Client not in treatment or recovery; and has no one to help	Not in treatment or self help group and not seeking help
Mental Health	No problems or mental health needs are being met	Immediate mental health problems are being addressed	Client has mental health problems but help is available	Client has severe mental health problems and has no one to help	Severe mental health problems not being addressed and not seeking help
Legal	No legal problems; no help needed	Few legal problems and receiving help	Some legal problems and receiving help or help is available	Legal problems not being addressed; and has no one to help	Legal problems are not being addressed
Education	Sufficient education level; no help needed	Insufficient education level but currently in school or attending training	Insufficient education level but help is available	Insufficient education level and wants help but has no one to help	Insufficient education level and is not seeking help
Employment	Working full time; no help needed	Working but is in need of help	Working but job is in jeopardy but help is available	Working but job is in jeopardy; wants help but has no one to help	Unemployed and not seeking help
Life Skills	No basic life skills needed	Life skills are sufficient but may not be meeting needs	Life skills are inadequate and help is available	Life skills are inadequate and has no one to help	Life skills are inadequate and not seeking help
Child Care	Child care needs are being met	Child care is sufficient but may not be meeting needs	Child care is unstable or insufficient but help is available	No child care or at risk of losing child care	Needs child care

APPENDIX F

ICM Discharge Form

INTENSIVE CASE MANAGEMENT (ICM) DISCHARGE FORM

Admission Date: ___/___/___

Discharge Date: ___/___/___

Client Name: _____

Client Address: _____

SCA of transfer: _____

Phone: _____

Case Manager: _____

Date of Last Contact: ___/___/___

Reason for Discharge: (Please Check One)

- Completed ICM Institutionalized/Incarcerated
 Voluntary Discharge Transfer (*identify new address and SCA above*)
 Administrative Discharge Other (please specify) _____

Attainment of Service Plan Goals by Domain

Domain	Level of Self Sufficiency Based on last administered ISS
Housing	
Child Care	
Educational/ Vocational Services	
Employment Services	
Basic Needs	
Transportation	
AODT Treatment	
Legal Services	
Mental Health	
Physical Health	
Family/Social	
Life Skills	

Case Manager's Signature

Date

Supervisor's Signature

Date