POLICY AND PROCEDURE MANUAL

**POLICY**

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STEP-BY-STEP MISSION STATEMENT

Our mission is to provide high quality, cost-effective intensive outpatient therapy services to clients of all culturally diverse backgrounds and clients with special needs, who suffer from Co-Occurring Disorders or dual diagnosis ailments.

Staff training will reflect our core values of cultural sensitivity and resiliency throughout the Step-By-Step Program. We will accomplish this by providing individualized treatments based on comprehensive assessments and intervention. With emphasis upon client and caregiver participation, patient teaching and collaboration with community resources, the client’s health will be restored to its optimal level.

****

GUIDANCE FOUNDATION

Step-By-Step IOP Program Intensive Outpatient Dual Diagnosis

ORGANIZATIONAL CHART

Clinical Director

CSS workers, psychiatrists/advanced practice nurse, counselors, case managers

Clinical supervisor

Administrative asst., secretary, admin support staff

Admin. Supervisor

Administrative Director

**Step-By-Step** Intensive Outpatient Staffing Policy/ Plan

Figure 1-*Patient Staff Ratio*-Each client will be assigned to a team comprised of the above. All staff will be crossed trained in dual diagnoses treatment (Mental Health and Substance abuse) so as to accommodate client/ staffing ratios.

Action Plan: As the client population increases or decreases over time, the staff assignments will reflect that change. Staff to patient ratio shall be determined by the Individualized Treatment Plan. Group size will be (5-12 members).

**Section A**

**TITLE: Standard Operating Policies**

**POLICY: 100.1-100.8**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**DESCRIPTION: The IOP services are provided thru an integrated multi-disciplinary team approach servicing consumers with co-occurring disorders.**

**100.1PO-** : A-1. The Step-By-Step Program will implement a Multi-disciplinary team (MDT) that consists of CCSS workers, psychiatrists/advanced practice psychiatric nurses, counselors and other clinicians. Case managers, CYFD staff, other ancillary providers, vocational, residential, housing, criminal justice, hospital liaison will work in collaboration with and meet face-to face with the clinical IOP supervisor. IOP services are provided thru an integrated multi-disciplinary approach. This includes consumers with co-occurring disorders. The MDT will meet once per month and as needed with scheduled documented meetings**.**

**100.2PO**- A-2.-The MDT services shall include substance abuse, mental health and co-occurring /co-morbid disorders including high risk situations and crisis planning and intervention. The program shall utilize the following guidance in the principles of recovery thru motivational approaches in order to establish and alliance and support. The motivational approach recognizes each client’s stage of recovery and utilizes a non-judgmental approach in treatment strategies.

**100.3PO.** A-3 the Step-By-Step Program will provide a time limited, multi faceted approach to treatment services for eligible recipients who require structure and support to achieve and sustain recovery.

* The guide lines will specify the time limit for services as recommended by the evidence base model.
* Intensity of weekly services will be directly related to the goals and objectives in the treatment service plan aligned with the evidence based model.
* Treatment plans will be updated every 30 and 90 days.
* Services will be integrated with other services within the Step-by-step program and agency.

**100.4PO** A4 the Step-By-Step Program will utilize the research-based/evidenced based/ Integrated Dual Disorder Treatment Model. The model is evidenced based upon a single team approach providing mental health services and substance abuse services, staggered interventions, assertive outreach, motivational interventions, comprehensive services and long term approach to treatment. The target population shall include:

1. Individuals with severe mental illness and co-occurring substance abuse
2. Individuals with less severe mental health problems such as anxiety, chronic depression i.e. dysthymia
3. Individuals who are struggling with more complex issues such as employment, housing, family, etc.
4. Individuals will receive treatment in the same location utilizing the bio psych social approach in order to enhance social and life skills

The IDDT Model will focus on coordination of treatment goals and identification of co-occurring disorders early. Staff training will start with the interview and periodic assessments of staff understanding and adherence to the IDDT Model. Consumers shall be interviewed to identify those who will benefit in the program during the intake screening and referral process.

Staff competencies will be weekly supervision that is structured in (group or individual format) from the clinical supervisor who shall be experienced in the IDDT program. Supervision will be consumer directed and will be specific to the IDDT model that has been selected and applied to specific consumer situations.

100.5PO. Treatment services will address co-occurring mental health disorders and substance abuse disorders when indicated. Assessment protocols shall include the interrelated effects of the co-occurring disorders of mental illness and substance abuse. The complete summary of the interrelated of substance abuse and mental illness and their effects is located as described on page 38 of the IDDT Comprehensive Assessment Tool.

**100.6PO**. all services by the Step-by-step program will support cultural sensitivity values throughout the recovery and resiliency values into all service interventions. Cultural competency in this program is defined as common beliefs and values shared by groups of people such as ethnicity, race, language, religion, gender or class, age etc. Culture competency is essential and is a guiding principle in providing counseling, assessments, prevention, and intervention for co-occurring mental and substance abuse disorders.

100.7PO. Medication services will be available to oversee use of psychotropic drugs. All prescribing clinicians shall be trained in evidenced base medicine in order to work with consumers, integrated treatment specialists, and other team members to ensure adherence to psychiatric medications.

**100.8PO. the** agency will provide documents necessary to apply for the IOP program to the state for enrollment. The documents will include:

1. organizational chart,
2. Employee Training Manuals/Materials/Materials that include protocols for dealing with disruptive and suicidal clients and referring suicidal clients to a 24 hour hot line for crisis intervention.
3. Protocols dealing with disruptive or potential suicidal clients and a protocols for referring them
4. Urinalysis collected for drug screening will follow specific protocol with the appropriate forms accompanying them.
5. A protocol for medication administration will be followed for injections that are given on site.

**TITLE: Hazard and Emergency Management**

**C. Building or Office Physical Management Plan**

**POLICY: 100.1-100.8**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor**

**Purpose -Guidance Foundation Inc. requires the physical spaces staff, clients and families and visitors occupy meet federal and state health and safety requirements.**

1. The building or offices physical management plan the Hazard and Emergency Response Plan are specific to Guidance Foundation Inc., sites of facilities.
2. The Guidance foundation building or offices meet federal and state requirements for the health and safety of all individuals occupying its physical location.
3. The Guidance Foundation has intake and therapy rooms available that offer adjustable lighting, window covering, secure door closures, and other necessary physical accommodations to provide a :safe: environment for clients and family members who have experienced trauma and express r demonstrate through actions a heighten negative; awareness and response to h physical location and surrounds.

Staff Responsible for Implementation

The Clinical Supervisor will make this determination that fits Guidance Foundation and its sites.

**TITLE: Quality Management Documentation**

**Section B**

**POLICY: 101.1-101.4**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**101.1PO-**The Step-by-Step program will develop and implement a program evaluation system that reviews, edits, changes or adaptations of all policies and procedures on an annual basis or as needed to ensure that they are current with the organizations business stance, funding changes service implementation changes.

**101.2PO-**The Step-by-Step program will provide documents for enrollment as an IOP agency requesting approval from MAD.

**TITLE: Agendas, Schedules, Logs and Related Systems Documentation**

**Section C**

**POLICY: 102.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**102.1-PO-** The step by step program will provide documents i.e. agendas, logs and rosters showing evidence of meetings, training, service provision, case reviews, supervisory scheduling, meeting minutes etc. when applying for enrollment as an IOP agency for MAD.

**TITLE: Supervision**

**Section D**

**POLICY: 103.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**103.1PO-**The Step-by-Step program will have a clinical supervisor that will serve as the IOP program supervisor. All supervision will be conducted by a licensed practitioner in accordance with his/her respective licensing board. All supervisors will specify how supervision is to be provided in high risk situations for the provision of mental and substance abuse co-occurring services.

The policy will include the following requirements:

1. Ensure that all clients know the group rules written and signed throughout the course of their treatment
2. Consistently point out group rules about disruptive behaviors and the consequences for indulging in them
3. Reassess the client’s level of readiness to change, and assign the client to another group
4. Staff with independent licensure that is verified by CAQH for each licensing board and for each of the Clinical supervisors
5. Each NILS will have their licenses and CEUs verified by lookup on each respective board.
6. A copy of any contract agreements shall be kept for licensed clinicians, and supervisions rendering services when applicable.
7. The maximum allowed supervisees per supervisor shall be adhered to according to the licensing regulations of each licensing board regulations or ethical codes of practice for supervisors.
8. At least two years of relevant experience
9. One year of documented supervisory experience
10. Possess formal and or education and staff development in mental health and substance abuse treatment and or co-occurring disorders
11. Each NIL shall participate in ongoing education and evaluation of NILs including professional development Plans
12. Has formal training and/certification for EBP IOP curriculum
13. All new staff shall receive standardized training at least in a two day workshop within two months of hiring
14. Existing staff shall receive annual refresher training at least 1-day workshop or equivalent**.**

Program leaders and administrators shall monitor client outcomes for every 6 months and share data with staff

Staff will be encouraged to refine and improve their competencies and provide areas of practice.

POLICY NUMBER

**TITLE: Personnel Files**

**Section E**

**POLICY: 104.1PO-104.3**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: IOP supervisor**

**104.1PO -**The Step-by-Step program will be culturally sensitive while incorporating recovery and resiliency values, into all interventions**.**

**104.2PO-**The Step-by Step Program’s policy is to ensure that services will be provided within the scope of every practitioner’s license in compliance and will be eligible for reimbursement as described with the state rules and regulations as described in 8.310.8B-E NMAC Behavioral Health Professional Services. ALL NILS will have their licenses verified with renewal dates. Personnel records shall be maintained in a safe and seure place i.e resumes, education, training, references and professonal liabilty insurance. ( Corporate Policy will include coverage)

**104.3PO-** IOP clinicians will be trained in EBP IOP curriculum in compliance with the State of NM MAD Rule. Training will be conducted in-house by the supervisory staffs who have attended formal EBP training.

The step-by step program will provide documents provided for enrollment for approval to MAD.

**TITLE: Client Files**

**Section F**

**POLICY: 105.1-105.3**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**105.1PO-** IOP services will be provided to adults aged 18 years of age and older diagnosed with substance abuse disorders with co-occurring disorders that meet the ASAM placement criteria for level 11 placement criteria-intensive outpatient treatments.

105.2PO-It is the policy of The Step-by-Step program to follow the ASAM level of care criteria, i.e. level 0.5 early interventions, and Upload maintenance therapy, (OMT); criteria level 11 intensive outpatient treatments.

105.3PO-The Step-by-Step program will have diagnostic evaluations and an individualized service plan that includes IOP as an intervention for eligible participants before engaging in the IOP program. Eligibility and or consumer identification to the EBP program shall be done through intake processes using standardized tools for screening processes consistent with the EBP criteria in order to accurately identify consumers who would benefit for eligibility most from the Step-By Step Program.

The Step-by-Step program will ensure that the case files will contain evidence of culturally-sensitive and recovery resiliency-based treatment.

Before engaging the STEP-BY-STEP program the eligible recipient must have a treatment plan and or file that contains a diagnostic evaluation and an individualized service plan that will include IOP as an intervention. Each client will have an individualized comprehensive assessment integrated service plan. Included in that plan the following areas of planning will be included:

1. Safety
2. Crisis
3. Suicidality
4. Relapse
5. Prevention
6. Aftercare and discharge planning

**105.4PO-** The STEP-BY-STEP program will have eligible providers who will provide services within their scope of practice and licensure and be in compliance with the statutes, rules and regulations of the applicable practice act and will be eligible for reimbursement as described in 8.310.15.10-E Behavioral Health Professional Services. (8310.15.10-E)

**105.5PO-** STEP-BY-STEP program will provide documents when applying for enrollment as an IOP agency requesting approval from MAD.

**TITLE: Consumer rights & Grievance policy**

**POLICY: 105.4-105.8**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY: Clinical IOP supervisor**

**105.4-**Each consumer has all rights given to all citizens unless relieved of these rights by court action. Specifically, all Step-By-Step staff need to assist in maintaining the consumer’s rights to:

1. Confidentiality

2. Dignity and respect

3. Individualized treatment that is appropriate to the consumer’s conditions and needs.

4. Informed consent

5. Consultation with an attorney

6. Release of information only with the consumers informed consent.

7. Respect for personal property and belongings.

8. Access to patient satisfaction surveys.

9. Complaint Log

**105.5-**NOTICE OF RIGHTS: Each consumer has the right to be informed by the Step-By-Step program of his or her rights and to be protected while exercising these rights. If the consumer is unable to exercise his or her rights for mental and or physical reasons, the consumer’s family or legal guardian may do so. Written notice of the consumers rights will be provided prior to rendering care to the consumer or during the initial visit. Documentation of these rights will be noted in the consumer’s clinical record.

105.6-Step-By-Step staff will ensure that each consumer will be treated with dignity and respect at all times. The client has the right to exercise his or her rights. The consumer’s family or guardian may exercise these rights if the client is unable to do so. These rights will also extend to the consumers personal belongings and or property.

**105.7-**Grievance policy is to provide a mechanism for consumers to voice and resolve their complaints regarding their treatment and care while in treatment with the Step-By-Step program. It is Step-By-Step policy to inform the consumer of their right to voice grievances without discrimination or reprisal regarding improper treatment or care, lack of respect for person or property provided by the Step-By-step program. Step-By-Step staff will investigate all grievances filed by the consumer, consumer’s family, or guardian regarding its care or lack of respect for consumer’s property or person. All grievances and their resolutions will be documented.

105.8 –The client also has the right to file a grievance with each Managed Care Organization for the Centennial Program that is contracted with Guidance Foundation, Inc. DBA That the Step-By-Step program as follows:

Blue Cross Blue Shield –**Ph.**: 866-689-1523

Molina: **Ph.**: 800-5802811

Presbyterian Health Plan-**Ph.**: 866-977-3021

United Health Care-**Ph.**: 877-236-0826

**TITLE: Professional Standards and Principles**

**POLICY: 106.0-106.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Agency administrator**

**PRIMARY RESPONSIBILITY:**

**106.0-** Step-by-Step staff will comply with accepted professional standards and principles that apply to each professional providing service.

**106.1-** Guidance Foundation through its Step-By-Step Program will disclose the organizational structure showing the lines of authority from administrative control down to the responsibility of patient care. Guidance Foundation will also show delegation of responsibility of the agency’s administration and services to be furnished.

**TITLE: Employment and Non-discrimination**

**POLICY: 106.2-106.4**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY: Clinical Supervisor/Program administrator/Agency Staff**

**PRIMARY RESPONSIBILITY: Program administrator**

**106.2-** It is the policy of Guidance Foundation, Inc. and the Step-By-Step program, to hire the most qualified applicant based on experience and education. All hiring will be posted in newspapers and trade journals if appropriate that include the specific criteria for each advertised position. Guidance Foundation, Inc. and the Step-By-Step program does not discriminate based on race, color, cultural background, religion, sexual orientation or political affiliation.

**106.3- Step-By-Step Program** will make reasonable accommodations for all qualified applicants and employees with disabilities in accord with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973. Accommodation shall be consistent with the job qualifications and the operational needs of Guidance Foundation, Inc.

**106.4-** Contract staff will have to complete the Step-By-Step orientation program. All contract staff will receive Internal Revenue Service form 1099 annually.

**106.5-** All qualified applicants have to successfully complete the Step-By-Step orientation program.

POLICY AND PROCEDURE MANUAL

**PROCEDURE**

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PROCEDURE NUMBER 101A

**TITLE: Standard Operating Procedures**

**Section A**

**PROCEDURE Number: 100.1-100.8**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES: Forms-screening instruments and quizzes**

**Training Manuals/Materials/Materials with protocols**

**ACTION:**

**100.1PR-.A** A-1The Step-By-Step Program supports the MDT program thru its mission and philosophy statements that will be adhered to and documented throughout the program. The IOP services are provided thru an integrated multi-disciplinary approach that includes consumers with co-occurring disorders. The MDT will meet once per month and as needed with scheduled documented meetings**.**

**100.2PR-**A-2 The IOP services are provided thru an integrated multi-disciplinary approach. This includes the provision of consumers with co-occurring disorders. Such as substance abuse, including high-risk situations and crisis planning and intervention etc.

The services will be delivered by IOP service team leaders, e.g. social worker or mental health therapist with expertise in individual, family and group counseling with the integration of substance abuse specialists, from admission to be completed with-in 10 days.

Retention is an important part so the following strategies shall be employed in order to reduce the dropout rate by early and aggressive treatment and the clinician’s ability to directly explore and evaluate the symptoms of substance abuse and attend to red flags, treatment resistance to medications, withdrawal and lack of treatment adherence: In addition establishing:

1. Provide flexible schedules and appropriate staffing ratios to clients enrolled in treatment based on those receiving services and who are eligible and are not.
2. Provide educational seminars to clients and families about addiction and recovery
3. Provide relapse prevention plans.
4. Identifying the client’s treatment history
5. Encouraging and monitoring abstinence thru individual counseling and family support
6. Use of multifamily groups to educate families and individuals on the need to understand dual-diagnoses disorder to promote alliance with the treatment goals and support each other.

The philosophy of approach shall utilize Motivational Techniques that is grounded in the belief that the client shall receive treatment designed to address where each individual is at in the treatment phase. The motivational approach shall provide feedback in a clear and concise, non-judgmental and supportive manner. The use of empathy shall reduce consumers feeling shame and or guilt. A step-wise approach shall identify each stage of recovery and recognize the cycle of recovery. The use of:

1. Engagement
2. Persuasion,
3. Active treatment
4. Relapse prevention

The relapse prevention plan begins for each client upon admission and is on-going through-out treatment. This will be identified to determine the appropriate level of stage-wise treatment.

The IOP service teams will be in place to serve individuals and families that may have needs in multiple domains, i.e. co-occurring substance abuse and mental health disorders. The clinical supervisor will oversee and ensure that all IOP service teams will assure services are coordinated and consistent across domains. High risk situations and crisis planning will be integral in the services provided. For example high risks situations will be identified and addressed immediately with one-to-one counseling, additional community and family support or other services such as employment counseling and referral, social skills, domestic violence treatment and the like.

The IOP service team leads will ensure that crisis planning and intervention shall be made available for clients who are experiencing threats to their emotional and physical well-being thru special staffing and or referrals to other community services when appropriate. This is on-going through-out treatment.

**Section A**

**EQUIPMENT AND SUPPLIES: Assessment Form, Individualized Treatment Plan,**

**100.3PR-A. #3-**The Step-By-Step Program will have specific time limits based on client needs using a multi-faceted approach and who require a structured approach in order to sustain recovery by performing the following activities:

Assessment is performed in a face-to-face intake compiled and completed by IOP social workers/mental health therapist with-in 72 hours of admission. The intensity of the weekly services will be directly related to the goals and objectives specified in the treatment plan and are aligned with the IOP EBP curriculum. The client will meet to create an individualized Treatment Plan that will be consistent with the findings on the Assessment and updated every 3 months.

The consumers in the integrated treatment program are treated on a time-unlimited basis with intensity modified according to each consumer’s need.

IOP services will be integrated with other services at provider agency.

Tools: Assessment Form

Individualized Treatment Plan

The Multi-Faceted approach will coordinate services among behavioral health providers who will consist of two or more of the following provider types:

Psychologists

Advanced practice nurse and prescribers

Case managers

Employment specialists

Court liaisons-personnel

**100.4PR-** The IOP Clinical supervisor will receive formal training in the IDDT model that in turn, will be responsible for training agency clinicians in the IDDT model.

All new practitioners receive standardized training in the EB e.g. a 2 day workshop or its equivalent within 2 months of hiring. Existing practitioners receive annual refresher training at least 2 day workshop**.**

**100.5PR** Integrated treatment for Co-occurring disorders shall be identified by the Social worker or mental health therapist by following a comprehensive assessment process that identifies the presence of substance abuse disorders co-occurring with mental health disorders. This will be completed with-in 72 hours of admission. The interactions or the interrelated effects of the dynamics of the co-occurring diagnoses included in the assessment shall be identified by using the following forms as listed below:

* + - * Assessment tool
        + History and treatment of medical, psychiatric, substance abuse disorders
        + Current stage of existing disorders
        + Vocational history
        + Existing support networks
        + Evaluation of bio/psychosocial risk factors
      * Standardized rating scales
      * Individualized treatment plans

**100.6PR**. The agency Clinical Supervisor will utilize the following strategies to support recovery and resilience and culturally sensitive values into The Client Bill of Rights, Vision, Values and organizational intent. The Training Manuals/Materials shall include instructions on:

* The use of open-ended questioning during client interviews
* Assure that intake documentation and assessment documents are inclusive
* Employ whenever possible employees representative of the culture and fluent on the language
* Understand cultural biases of staff and provide training to address lack of cultural sensitivity to diverse populations.
* Be aware and identify the different forms of discrimination such as racism, ageism, sexism heterosexism, homophobia, classism and religious intolerance that may exist among staff, or any other existing forms of discrimination within the agency or hiring practices that will prevent diverse populations from receiving adequate care.
* Understand, recognize and eliminate cultural biases that may exist in the program design through wordings in statements, assessments treatment plans and the like.
* Identify resources, such as natural supports, within the community that will help an individual to recover
* Design and implement culturally sensitivity treatment plans
* Evaluate procedures and programs for cultural sensitivity and effectiveness
* Survey clients and workers to elicit their understanding of cultural competence and culturally competent practice.

**100.7PR** Step by Step program will utilize Nurse Practitioners (current in-house staff licensed to prescribe psychotropic medications) to any client who is need of those services upon initial visit. Each consumer when providing informed consent, shall have the information explained to them by Mental Health Therapist in easy to understand terms when necessary. Each Nurse Practitioner prescriber shall abide by and maintain the philosophy and integrity of the program thru specific training to address the medication needs of those dually diagnosed participants with co-occurring mental health and substance abuse disorders. This will be disseminated to all IDDT service team members within 72 hours.

Nurse Practitioners for consumers in the integrated treatment program will be trained in the evidenced-based IDDT Model and will use the following strategies:

Prescribe psychiatric medications despite active substance abuse closely monitoring effects and side effect

Work closely with consumers and the treatment team

Focus on increasing adherence to psychiatric medications that are not

Addictive

Prescribe medications that help reduce addictive behavior

Encourage the use of naltrexone, disulfiram, Narcan and others shown to reduce addictive behavior.

**100.8PR Mental Health Therapists** shall refer to the Employee Training Manuals/Materials/Materials that include protocols for dealing with disruptive and suicidal clients and referring suicidal clients to a 24 hour hot line for crisis intervention.

1. Protocols will instruct how to deal with disruptive or potentially suicidal clients and how to refer them to appropriate resources such as hospitalization and or increased supervision.
2. Protocols for specific Critical Incident Reporting (refer to the Employee Training Materials)
3. Urinalysis collected for drug screening will follow specific protocols with the appropriate forms.
4. A protocol for medication administration will be followed for injections that are given on site.

The agency organizational chart shall include the agency’s organization identifying the organizational structure with administrative and ancillary staff. The organizational chart shall include lines of communication throughout including the administrative structure. The following program materials shall include protocols for:

1. How to handle disruptive or violent patients
2. Suicidal patients
3. Referrals to the suicidal crisis hot line
4. Protocols drug screening and urinalysis collection

**TITLE: Quality Management**

**Section B**

**PROCEDURE Number: 101.1-101.3**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES: Fidelity Scale**

**101.1PR) –**The step-by-step Program Evaluation system will have the Clinical Supervisor and Administrator will: track adherence to the model through quality management meeting descriptions that are scheduled. Outcomes and audits will be tracked every 3 month to evaluate client outcomes via satisfaction surveys tracking retention into services rates, dropout rates, re-admittance/relapse and lapse rates and recidivism rates.

* Monitor process of implementing IDDT every 6 months and as needed and will use the data to improve the program.
* The fidelity scale will be used for monitoring fidelity to the model.
* This data will be shared with all IDDT practitioners.
* Monitoring involves standardized approach to assessing a key outcome related to EBP. Such as psychiatric admissions, substance abuse treatment scale, or employment rate.
* The Step-by-Step program QA committee will meet every 6 months or as needed with an explicit plan to review IDDT and or components of the program.

**101.2PR- The Clinical Supervisor, agency Administrator and all IOP service team members will monitor the** program success indicators that will be monitored thru the integrated treatment fidelity scale that will monitor Numbers and reasons why recipients did not complete the program

1. Demographics of recipients serve
2. Any effect on the utilization of criminal justice system enrolled recipients
3. Changes in recipient employment
4. employment rates,
5. incarceration/re-incarceration rates,
6. hospitalization and re-hospitalization rates and
7. Program completion rates. satisfaction surveys
8. tracking retention into services rates,
9. dropout rates,
10. re-admittance/relapse and lapse rates and
11. Recidivism rates.

**101.3PR-** IOP forms will be used to internally track and analyze recipient program satisfaction and their beliefs of the effectiveness of their services.

The IOP forms will summarize the program success rates and areas of improvement derived from the findings and will be implemented by the agency.

**TITLE: AGENDAS AND SCHEDULES, Logs and Related Systems Documentation**

**SECTION C**

**PROCEDURE Number: 102.1-102.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES: Complaint Log, Patient Satisfaction Survey, Critical Incident Logs**

**102.1PRC Specific to the agency IOP Program. System documentation shall be captured by the mental health therapist**

**Following:**

1. Minutes including from the previous meetings
2. Planned training and follow up those trainings that were attended and improvements made in performance.
3. Implementation of recommendations for improvement
4. Schedules of individuals supervision dates and time
5. Ongoing employee training plans shall provide relevant opportunities for staff to learn more about IOP fidelity model and compliance.
6. Training plan for staff on how to handle unruly or disruptive client behavior

**TITLE: SUPERVISION**

**SECTION D**

**PROCEDURE Number: 103.1-103.2**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES:-Job descriptions, employee handbook, manuals**

**103.1PRD.** The Clinical Supervisor job description will be provided and will have documented independent licensure, including those with NILS, two or more years of experience with IOP eligible recipients, one year documented supervisory experience, possess formal education and experience in mental health and substance abuse treatment and documented evidence of formal training and or certification for EBP IOP Supervision. The Clinical Supervisor shall:

* Maintain records documenting the appropriate clinical supervision are occurring on a regular basis, as outlined by the respective boards,
* That include dates and duration if each supervision incident in the past 90 days for each NIL.
* A roster shall be maintained showing the names of the Clinical Supervisor for each NIL.

The procedure will include the following requirements for all staff (Including NILS):

1. Job description and current resumes ,
2. Active NPIs per the NPPES
3. Enrolled with Medicaid
4. independent licensure and NILs verified by the various licensing boards
5. At least two years of relevant experience
6. One year of documented supervisory experience
7. Possess formal and or education and staff development in mental health and substance abuse treatment
8. Has formal training and/certification for EBP IOP curriculum

Multidisciplinary Teams shall be employed in order to provide comprehensive treatment

**103.2PRD**- Supervision Procedures for high risk or crisis situations will be as follows:

* Provide written rules for staff and clients during the early treatment phase
* Consistently point out the group rules for disruptive behavior and the consequences for indulging in them
* Re assess the clients readiness for change assign the client to another group if possible
* Hold individual counseling sessions to discuss the specific disruptive behaviors and how they affect everyone
* Identify factors that may be contributing to the behaviors
* Have client meet with mental health provider

**TITLE: PERSONNEL FILES**

**SECTION E**

**PROCEDURE Number: 104.1-104.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES:**

**104.1**- The Clinical Supervisor and Social worker will ensure that the Step-by-Step program will be culturally sensitive while incorporating recovery and resiliency values, linguistic needs of the community, provide staff representation from the community, translation for individuals with limited English proficiency and services for those with communication barriers e.g. blind and deaf, into all service interventions that will be reflected in the following forms:

1. administrative and supervisory guidelines,
2. job descriptions
3. performance evaluations
4. Training plans etc.

**104.2**- All IOP clinicians will be trained in EBP IOP curriculum in compliance with State of NM MAD Rule by in-house staffs who have attended formal EBP training. Training shall either be done formally or thru staff development specific to co-occurring disorders for IOP clinicians. A formal training manual shall be provided and offered upon hire during orientation and as needed.

**104.3-** The Step-by Step Program Clinical Supervisor and Administrator will ensure that services will be provided within the scope of every practitioners’ license including NILS, will be in compliance with the state rules and regulations as described in 8.310.8B-E NMAC Behavioral Health Professional Services. Licenses will be checked upon hire and every renewal period that will be tracked for every employee.

**TITLE: CLIENT FILES**

**SECTION F**

**PROCEDURE Number: 105.1-105.2**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**EQUIPMENT AND SUPPLIES:-Intake Form**

**Assessment Tools**

**105.1PR-** Eligible recipients will be screened by Mental Health Therapist licensed independent practitioner who performs the Diagnostic Evaluation that is current within 12 months**.**

**105.2-** The Social Worker or Mental Health Therapist will utilize the comprehensive assessment form that documents IOP as an intervention**.**

**105.3-** During admission Intake forms and screening tools shall be used to identify clients who will benefit the most from the IDDT program to ensure that clients will meet the eligibility criteria consistent with the EBP model. This will ensure that clients who are not ready or appropriate for the program will not utilize valuable resources that will not benefit them. In addition clients currently in the program will be periodically reevaluated throughout the program. Clients will be assessed by a Social Worker or Mental Health Therapist at a specified date and time as needed as and no longer within 30 days.

The level of care provided will be specified in the individualized treatment plan which is the tool to:

1. Assess co-occurring disorders and address them
2. The specific treatment ordered ( IOP services) e.g. individual counseling and or psycho educational
3. The expected outcome for each treatment
4. The form shall include a relapse prevention plan and or crisis plan
5. The plan will include frequency amount and duration of services
6. Outcomes will be measurable, functional and time-framed and directly related to the patient’s problems.
7. Signatures of the consumer and/or parent guardian that reflects agreement of personal treatment goals
8. Patient satisfaction surveys shall be conducted on an ongoing basis.
9. A copy of the Release of Information forms specific to treatment needs
10. A copy of the Client Bill of Right signed and located in client’s chart
11. A copy of the note to be utilized related to the treatment team input
12. A copy of thru treatment plan schedule and attendance document that match at the
13. The treatment plan will match the recommended EBP services intensity specific to the client needs and capability as documented in the assessment
14. The procedure shall direct the diagnostic evaluation as approved by the medical assistance division will be current (WITHIN 12 MONTHS) and be completed by a Mental Health Therapist licensed independent clinician.
15. A copy of the medication management procedure detailing the medications used in-house shall be adequately documented**.**

**SECTION F**

**PROCEDURE Number: 106.0-106.1**

**EFFECTIVE DATE:**

**REVIEW DATE:**

**REVIEWED BY:**

**WHO MAY PERFORM: IOP Supervisor and staff**

**PURPOSE:**

**106.0-** Guidance Foundation Administrator will monitor all employees under arrangement or contract to assure that services provided to clients are within acceptable professional standards for each discipline. Guidance Foundation hires all employees with current license, certification and skills before clients are served. Employee skill level and qualifications are assessed during the interviewing process.

**106.1-** Guidance Foundation Administrator will provide a current organizational chart. Administrative and supervisory responsibilities will be outlined in job descriptions that will specify duties for each position.

## APPENDICIES

(505) 892- 3639  Fax: (505) 892-6348

**Adult Intake/Mental Health and Substance Abuse Assessment Form**

**Summary\_** *Due to the high prevalence of substance abuse found among people with mental illness, the information provided below is to assess the client’s mental health and substance abuse treatment needs, through the identification of co-occurring Disorders. (COD). Substance abuse and mental health disorders are interrelated and interact so that one illness will impact the effects of the other. Treating one without the other will prevent complete recovery. This assessment will form the basis for the development of the Integrated Treatment Plan.*

Diagnosis Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Culture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: € Single € Married € Separated € Divorced - Number of times married\_\_\_\_\_\_

**CHIEF COMPLAINT**

Reason for this visit? When did the problem begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section to be completed at Assessment.**

**Treatment Goals: (Describe in behavior that is observable, and in client’s own words)**

**Other Considerations: (Cultural, Medical, Language, Special Needs, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identified Problem1:**

**Objective:**

**Present Level of Functioning/baseline:**

**Interventions:**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identified Problem 2.**

**Objective:**

**Present Level of Functioning/baseline:**

**Interventions:**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identified Problem3:**

**Objective:**

**Present Level of Functioning/baseline:**

**Interventions:**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of Progress/Response to Treatment/Treatment Outcomes:**

**(Address all issues/domains identified during assessment, including**

**Co-occurring disorders).**

**Referrals/Aftercare Recommendations:**

**Additional Notes:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature and Credentials Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Name –Printed Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Supervisor/Director Date**

|  |  |  |
| --- | --- | --- |
| **Initial Integrated Treatment Plan** | **Comments:**  **Progress towards goals** | **Initial Plan Date:\_\_\_/\_\_\_/\_\_\_**  **Discharge Plan updated On: \_\_/\_\_\_/\_\_\_** |
| Mental Illness Diagnosis:  Substance Abuse Diagnosis:  Stage of Treatment:  1.  2.  3. |  |  |
| Problem 1 | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Relapse Prevention |  |  |
| Goal –Help client to remain in treatment |  |  |
| Sub Goal -Identify warning signs  Targets-feelings of isolation, etc. lack of sleep, cravings, associating with drinking buddies, etc.  Anger, anxiety  Intervention-meet with client individually, establish peer support, call my doctor, case manager, e.g.  Responsible Practitioner  Review Date and evaluation measure |  |  |
| Problem 2 | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Sub-Problem 2 |  |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |
|  |  |  |
| Problem 3 | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |
|  |  |  |
| Problem 4 | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |
|  |  |  |
| Problem 5 | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |

**PHARMACY INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT MEDICATIONS**

(Medications that you are taking now – Please add another sheet if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Medication* | *Dosage* | *How taken* | *Start date* | *Purpose* | *Response* | *Side effects (if any)* | *Name of prescribing clinician and specialty* |
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**PAST MEDICATIONS**

(Medications that you took in the past but no longer take – Please add another sheet if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Medication* | *Dosage* | *How taken* | *Stop date* | *Purpose* | *Response* | *Side effects (if any)* | *Why did you stop taking this medication?* |
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Please list any blood relatives who were treated for mental or nervous disorders. Please include medications they were treated with and whether the medications helped them.

How related Mental or nervous disorder Medication did they help?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL HISTORY**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently under a physician’s care? \_\_\_\_\_\_ Date of last physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under a physician’s care, do you wish that a copy of your progress report be sent to your physician? Yes: \_\_\_\_\_\_\_\_\_\_ No: \_\_\_

Current health (excellent, fair, good, poor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_\_\_ Blood Pressure: \_\_\_\_\_\_\_\_\\_\_\_\_\_\_\_

Summary of current health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Summary of past health status (childhood illnesses, serious or chronic illnesses, serious accidents or injuries, hospitalizations, operations, obstetrical): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Hospitalization for Medical/Psychiatric problems – Please add another sheet if needed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Admission Date** | **Hospital** | **Reason(s)** | **Discharge Date** |
|  |  |  |  |
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**FAMILY HISTORY**

**FAMILY CONSTELLATION**

Nuclear family (the family in which you were raised): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your parents are: €Married €Separated € Divorced € Widowed €Remarried €Never married

|  |  |  |  |
| --- | --- | --- | --- |
| € Only child | € Youngest child | € Middle child | € Oldest Child |
| €Step child | € Adopted child | € Foster child |  |

Number of brothers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of sisters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of step-brothers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of step-sisters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are (check all that applies):

**FAMILY LIFE/HOUSING**

Please describe your home situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY COMPOSITION**

(Persons living in the household)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | How related | Age | Sex | Race | Education | Occupation |
|  |  |  |  |  |  |  |
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**MEDICAL HISTORY**

**Directions:** please mark on the chart above your blood relative(s) history of the following disease(s): Cancer, Diabetes, Heart disease, Hypertension, Epilepsy (or seizure disorder), Emotional stresses, Endocrine diseases, Sickle cell anemia, Kidney disease, Unusual limitations, and other chronic problems.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Name of relative*** | ***Relationship*** | ***Age*** | ***Sex*** | ***Living/deceased*** | ***Illness/cause of death*** |
|  |  |  |  |  |  |
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Please list the blood relatives (parents, siblings, aunts, uncles, cousins, grandparents, etc.) who you know have/had or you suspect may have/had mental or nervous disorder(s). Include treatments and their effectiveness (if known).

**FAMILY MENTAL HEALTH HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Relationship*** | ***Disease(s)*** | ***Medications if known*** | ***Medications effective?*** |
|  | Depression |  |  |
|  | Manic Depression/Bi Polar |  |  |
|  | Eating Disorder |  |  |
|  | Alzheimer’s |  |  |
|  | Personality Disorder / Antisocial |  |  |
|  | Attention Deficit Disorder (ADD or ADHD) |  |  |
|  | Schizophrenia |  |  |
|  | Substance Abuse |  |  |
|  | Alcoholism |  |  |
|  | Mental Retardation |  |  |
|  | Anxiety/Panic |  |  |
|  | Other |  |  |

Family history of suicide attempts or completed suicides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family history of homicide attempts or completed homicides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SOCIAL HISTORY**

Please describe your usual day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sleep habits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dietary habits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Exercise habits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies or special interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Usual Vacation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUPPORT SYSTEMS**

Availability of Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION AND FINANCIAL STATUS**

Financial Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adequacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recent changes in resources and/or expenditures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Career goals (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Substance** | **Yes** | **No** | **Route of Administration** | **Amount** | | **Frequency** | **Comments** |
| *Caffeine* |  |  |  |  |  | |  |
| *Tobacco, nicotine* |  |  |  |  |  | |  |
| *Alcohol* |  |  |  |  |  | |  |
| *Opioids (morphine, codeine) methadone, dilaudid, heroin, aka smack or horse)* |  |  |  |  |  | |  |
| *Cocaine (coke, snow, baby, powder)* |  |  |  |  |  | |  |
| *PCP (phencyclidine), angel dust, hog* |  |  |  |  |  | |  |
| *Inhalants (spray can, propellants, paint products, solvents, glue, gasoline, cleaning fluid)* |  |  |  |  |  | |  |
| *Marijuana, cannabis (grass, pot, hashish)* |  |  |  |  |  | |  |
| *Sleeping pills* |  |  |  |  |  | |  |
| *Tranquilizers* |  |  |  |  |  | |  |
| *Stimulants* |  |  |  |  |  | |  |
| *Hallucinogens (lysergic acid diethylamide aka LSD or acid, peyote, psicybin, mescaline)* |  |  |  |  |  | |  |
| *Sedatives, hypnotics, anxiolytics, (secobarbital sodium {Seconal}, pentobarbital sodium {Nembutal}, methaqualone {Quaalude}, diazepam {Valium}, alprazolam {Xanax}, chlordiazepoxide {Librium}* |  |  |  |  |  | |  |
| *Amphetamines {uppers, crank, speed)* |  |  |  |  |  | |  |
| *Barbiturates* |  |  |  |  |  | |  |

**ASSESSMENT/STATE AGENCIES**

Any past, current, or future legal problems INVOLVEMENT with CYFD, DOC or concerns? (Please list any arrests or convictions and dates if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUBSTANCE ABUSE HISTORY**

Have you ever experienced withdrawal symptoms? € Memory Loss € Blackouts € Seizures

**DEVELOPMENTAL/PSYCHOSOCIAL HISTORY**

What were you like as a teenager? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe yourself as to what sort or type of person you are normally: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe your strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you like best about yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you like least about yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your mood normally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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General statement of your feelings about yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Feelings of satisfaction or frustration in interpersonal relationships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Feelings of depression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had thoughts of hurting or killing yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the question above, please answer the following items:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you been having any disturbing or gloomy thoughts? |  |  |
| 1. Have any of these thoughts been desperate ones? |  |  |
| 1. Have you ever wished you were dead? |  |  |
| 1. Have you thought about harming yourself? |  |  |
| 1. Have you actually made plans to take your own life? |  |  |
| 1. Have you ever made a suicide attempt? |  |  |

State of anxiety and behavior demonstrating it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Changes in personality, behavior, and mood (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you willing and able to change? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are you willing to do to change or accept matters? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever experienced any of the following? (If you answered yes to any of the following, please explain briefly):

1. Child abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sexual abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Physical abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Emotional abuse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COPING PATTERNS**

How do you handle stress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you handle anger? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reactions to joyful situations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reactions to stressful situations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you use or have you used substances (alcohol, drugs) to alter your emotional response(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe recent changes or stresses in your life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CULTURAL AND RELIGIOUS ASSESSMENT**

Ethnic and religious preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Length of time family has lived in the United States: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Traditional dietary habits and dress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Participation in worship and related activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State your religious beliefs about the following:

Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relapse and Prevention Plan

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List five feelings that can be considered **warning signs** that a crisis could be starting (such as anger, depression, anxiety, nervousness, fear, sadness, physical pain, grief, etc.)

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Internal Coping Strategies:

List four behaviors such as; relaxation techniques or exercise that you can engage in to help you take your mind off your problems.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List five people and or places that may trigger or influence you to engaging in high-risk or dangerous behaviors or where you might find yourself in a crisis or dangerous situation.

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List five people who you can ask for help

Names Numbers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List three behaviors you can use to keep from drinking or using drugs either before or after you run into these people.

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List three behaviors and/or “natural supports” that can provide you with distraction from crisis or problems.

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| Professionals or agencies I can contact during a crisis: |
| Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local Urgent Care Services Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local Urgent Care Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Crisis Response (New Mexico Crisis and Access Line) 1 855 662-7474 |
| Crisis Response of Santa Fe (Suicide Helpline): (505) 820-6333 |
| Crisis Line 505 820-6333; 1-888-920-6333  Crisis Center of Northern New Mexico (Domestic Violence): 1-800-206-1656 or (505) 753-1656 |
| Suicide Intervention Project: (505) 820-1066 |
| Making the environment safe: |
|  |
|  |

The one thing that is most important to me and worth living for is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this form. This information will be kept confidential and will be used for the sole purpose of your evaluation and treatment.

I consent to treatment in the Step-By-Step Program with my signature below

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have provided an opportunity to review Notice of Privacy Practices.

I have received a copy ⁭, declined a copy ⁭ the Notice of Privacy Practices.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I authorize Step-By-Step IOP Program, to

{Please circle your preference below}

Leave messages on my answering machine yes no

Leave messages with my spouse/partner yes no

Leave messages with another person in

Household yes no

{Other please explain} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**TITLE**: **Emergency Evacuation and Fire Plan/Hazard and Emergency Management**

**PURPOSE:** The integration of hazard and emergency management into the core responsibilities of (Guidance Foundation-Central, and Santa Rosa, site,) management is intended to provide safe and healthy conditions for employees, contractors, clients and their families and visitors to its facility. Guidance Foundation has established a plan to safeguard individuals working at, assessing or visiting its places of business and a plan to monitor the effectiveness and responsiveness of the Hazard and Emergency Management Procedures. Guidance Foundation has developed a Hazard and Emergency Management Plan that defines responsibilities for staff in the event of a hazardous emergency, or dangerous situation, incident, injury, or illness. These plans apply to all properties and facilities or offices owned and occupied, or managed by Guidance Foundation.

**POLICY EFFECTIVE DATE**:

**REVIEW DATE:**

**REVIEWED BY:**

**APPROVAL DATE:**

**REVISION DATE:**

**CY:** TBD 100.1-100.8-

1. Guidance Foundation has developed and implements a Hazard and Emergency Plan which determines the appropriate management of incidents injuries, illnesses, and emergencies is an essential element of its health and safety responsibilities and also function to preserve its well-being and business viability.
2. Guidance Foundation develops and disseminates its Hazard and Emergency Response Plan to all staff, clients and families, and displays the plan for visitor reference. Information must include the following.
   1. Staff is informed who has the authority to determine if a situation or event requires a hazardous or emergency response.
   2. Staff is informed who is assigned the IOP agency role of “spokesperson” to authorities and to the media.
   3. Staff is informed what the guidelines and restrictions they are to follow during an emergency situation relate to the disclosure of client or staff PHI in case of emergency or crisis.
   4. Staff receives annual first aid and CPR Training in order to provide appropriate; treatment of on-site injuries and illnesses caused by a hazard.
   5. Staff is trained in the use of Manufacturer Date Sheets (MDS) in order to respond to hazards related t housekeeping and janitorial supplies.
   6. Designated staff is directed to contact the appropriated authority. Staff is to limit his or her investigation of incident, injuries, and illnesses to only what the responding authority requests. These include but are not limited to:
      1. Executive Supervisory Staff
      2. Medical authorities-such as the Department of Health, the Centers for Disease Control and Prevention (CDC).
      3. New Mexico state authorities: Human services Department(Behavioral Health Services division, Medical Assistance Division (MAD), their contracted managed care organizations and the MAD Third Party Assessor)< Children Youth and Families Department, Aging and Long-Term services Department, Department of Health.
      4. Emergency or law enforcement authorities: New Mexico Department of Public Safety(DPS), federal departments of Homeland Security, Interior-Bureau of Indian Affairs, and Federal Bureau of Investigations, etc., as appropriate to the nature of the incident.
   7. Designated staff is assigned the specific responsibilities to implement corrective action following incidents as appropriate.
   8. Designated staff is assigned responsibility to review and report Guidance Foundation implementation of the Hazard and Emergency Management Plan a Hazard Emergency Response Plan and policies and procedures.
   9. Designated staff is assigned the responsibilities to develop responses to the report to update; the processes or to retain the current processes.

**Staff Responsible Hazard and Emergency Management**

**Responsible Quality Management**

*Joe Gonzalez and Janice Penn*

**Responsible Quality Assurance Team Members**

*Janice Penn-****Clinical supervisor***

*Ralph Moya***-Clinical Supervisor (Tucumcari)**

*Joe Gonzalez*-**CEO/Director of Operations-Guidance Foundation**

*Staff assigned as to specific duties*

**Procedures: Staff Responsible Hazard and Emergency Management**

* **The Chain of Command at the Central Office Site:**
  + Joe Gonzalez
  + Janice Penn
  + Local Police Departments, Sheriff Departments and State Police
* **Santa Rosa Site:**
  + Ralph Moya
  + Local Sheriff Department
* Joe Gonzalez is the designated staff member approved to respond to hazardous materials. In his absence Janice
* Janice Penn-505-892-3639-Office, 505-(410-5048) cell is the lead available on or off site

1. The witness staff member assesses the situation to gather information on the immediate need to act when critical; or serious health and safety issues are present. Whenever possible, contact the designated staff before pursuing other actions.
2. The designated staff gathers as much information as he or she can to determine if a particular section of the facility or the entire facility requires immediately evacuation if the hazard is related to a chemical spill the janitorial supervisor accesses the Manufactural Data sheets (MDS) for response directions and warnings. He or she inform the designated staff of the spill, recovery, and MDS recommended actions. The designated staff may determine the safes action is to stay within the facility wherever persons are presently located or to gather persons to a specific location within the facility.
3. The designated staff alerts the Clinical Supervisor to communicate the current situation steps to be taken, and next steps to be taken by others within the facility.
4. The designated staff determine when and if it is safe to assist other persons in immediate danger.
5. If witnessing the incident, one staff member is to secure support and help before undertaking rescue actions. It is imperative the designated staff is made ware at the earliest moment what is occurring.
6. Any staff member who believes there is a need for immediate emergency services to a person or a situation (fire) calls or directs another person to call the appropriate emergency number 911 or other number.

1. All exists are free from obstruction and clearly light at all times in case of an emergency evacuation.
2. Evacuation maps and paths and routes are posted at all times.
3. Fire extinguishers are checked for functionality annually and are secured in clearly visible locations.
4. No hazardous materials are allowed or are kept on site.
5. Weekly to biweekly Janitorial services are provided.
6. Fire inspections are done annually and the reports are filed in a locked cabinet.
7. When safe, witnessing staff is to follow his or her emergency responder training procedures to render appropriate levels of first aid, CPR or other resuscitations CPR, or other resuscitation efforts, or to follow directions of the responding emergency personnel.
8. Designated staff takes command of the situation or incident. He or she may direct immediate action if appropriate to continue or combat the situation only when safe to do so or directed by emergency responders.
9. When the designated staff determines an evacuation is required or when a staff member determines there’s is an immediate need to evacuate the facility to protect the health and safety of others these procedures are followed:
   1. The Administrative manager, Joe Gonzalez/Ralph Moya takes the sign-in-log an employee roster whenever possible prior to evacuating the facility.
      1. *A separate sign-in-process for visitors and families will be provided so as to maintain client confidentiality*.
   2. Staff and other persons go to the post-evacuation location of : site(to be named)
   3. Designated staff immediately conducts a headcount of all persons known to be in the facility.
   4. Designated staff informs emergency responders of any persons missing, his or her last known location, and provide a list of persons who have been accounted.
   5. Designated staff must attempt to have all persons assessed by appropriated emergency responders prior to their departure from the scene if they may have been exposed to a contamination, injured from exposure to smoke or chemical fumes, received burns or other physical harm that may be a result of the incident.
   6. Designated staff appoints a staff member to act as a witness when a person refuses such assessment. If possible, the person signs a statement refusing treatment.
   7. No staff member is to lock any facility door when evacuating-this would delay emergency responders’ access to the facility to check on missing persons and to respond to the situation within he facility.
      1. *Guidance Foundation Inc. will maintain separate folders for each site that administrative staff take upon evacuating the facility. The folders shall contain client and staff log-in-sheets, emergency numbers for staff and client, refusal to seek medical treatment form, facility floor plans. MDS for each product to assist emergency responders.*

PROCEDURES:

1. Each geographic location maintains a printed copy of the Hazard and Emergency Response Plan which is site specific in the listing of escape routes and job titles.
2. Each geographic location maintains a binder of all Manufacturer Data Sheets (MDS) of chemicals utilized by the facility. Each site revise the MDS file monthly to add new products no longer stored at the site and provides the site administrative staff a copy for *Guidance Foundation* evacuation folder.
3. The janitorial supervisor posts the location of the MDS binder throughout the facility. It is kept in an unlocked location at name the specific location for each site.
4. The clinical supervisor post the escape routes and the Hazard and Emergency Response Plan in view of any person entering the facility, in each treatment room, and throughout-out the facility.
5. The site supervisor monthly conducts a check to ensure the escape routes, The Hazard and Emergency Responses Plan (including the location of the MDS binder) are visible throughout-the facility and posts updated routes and plans when revised.
6. The site supervisor sends updates of the facility evacuation information (routes, designate post evacuation site, et.) to the Clinical supervisor at three central business location-Santa Rosa. The administrative Clinical Supervisor maintain a specific folder for each site.
7. The Clinical Supervisor at each site weekly conducts a health and safety inspection utilizing a standard checklist.
   1. If there are any concerns or issues, he or she presents to the clinical Supervisor who has the authority to remedy the concerns or issues
   2. The Clinical supervisor prepares an action plan with specific dates, funding resources and the lead to monitor and track the project from the start to the completion of the project.
8. The Clinical Supervisor conducts and evacuation drill at least once a year when clients are present. He or she arranges for local first responders to participate in this drill and requests recommendations of the site’s responsiveness and areas in need of improvement.
9. The Clinical Supervisor works with the Administrator and community’s first responders to develop and implement a work plan to address these issues.
10. The Clinical Supervisor that acts as the Quality Lead evaluates the implementation of the work plan and determines if further action is required to correct the issues.
11. The clinician works with the Clinical Supervisor authorized to approve physical changes or adaptions to intake and therapy rooms that are supportive and appropriate to the needs of client’ experiencing trauma- related concerns or needs.
    1. The clinical Supervisor meets weekly with intake staff to access if the intake room remains welcoming and inviting to clients with trauma-related concerns or needs.
    2. Accommodations are made prior to the first date of service of a client’s utilization of a therapy room.
12. The Clinical Supervisor meets with the Administrator during the last quarter of Guidance Foundation’s operating year to discuss health and safety concerns, develops an action plan for the initiation of, concrete schedule of deliverables and completion date.

**Funding and Financial Management**

The Step-By-Step program will be able to sustain funding, in the event there are regulator changes that would affect funding, through business lines of credit from financial institutions and operating capital already on hand.

**** Client Progress Note-Progress towards Goal(s)

**Check all services that apply**-1. □ IOP Group Counseling □ individual Counseling □ Family Counseling

□ Psycho-education

**Client’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s progress on Housing, Employment, Child Custody, Compliance with Courts as addressed in the initial Service Plan:**

**Data (refer to goals and objectives; include description of major events or topics discussed & specific interventions provided.**

**Goal/Objective**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention (time and duration**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Assessment (include your interpretations, any updates to current dx, changes in GAF score and/or client response to interventions):** |

|  |
| --- |
| **Any risk factors present:** |

|  |
| --- |
| **Demonstrated strengths/limitations:** |

|  |
| --- |
| **Plan (include homework assigned, recommendations, additional resources, alternative TX):** |

|  |
| --- |
| **Date of next appointment:** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Stage of Treatment linked to the Intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Step(s) to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Client** **□** I agree to the treatment goals outlined above; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_

**□** I do not agree to the treatment goals outlined above and I wish to insert my reason(s) and

Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Additional Comments:

**Client Group Progress Note**

|  |
| --- |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start \_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_  Procedure Description (circle appropriate box)  Psychotherapy Psychoeducation  **Stages of Change/Treatment Readiness:** |

|  |
| --- |
| **Group Goal and Objective (activity):** |

|  |
| --- |
| **Group Behavior Ratings:**  **Behavior Low Med High**  Seemed interested in the group ( ) ( ) ( )  Initiated positive interactions ( ) ( ) ( )  Shared emotions ( ) ( ) ( )  Helpful to others ( ) ( ) ( )  Focused on group tasks ( ) ( ) ( )  Disclosed information about self ( ) ( ) ( )  Understood group topics ( ) ( ) ( )  Participated in group exercises ( ) ( ) ( )  Showed listening skills/empathy ( ) ( ) ( )  Offered opinions/suggestions/feedback ( ) ( ) ( )  **Suggestions:** |

|  |
| --- |
| **Individual Contributions:** |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CONSENT FOR TREATMENT

I hereby authorize: ­­­­­­The Step-By-Step Program

Address: 4101 Barbara Loop SE Ste. D Rio Rancho, NM 87124

To release to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information from their records pertaining to (me, my child)

 Clinical Progress Notes  Treatment Plan

 Current Medications  Progress Notes

 Discharge Summary  Assessments

 Lab results (HIV/AIDS)  Psychiatric Evaluation

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of treatment/services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose for use/disclosure:  Discharge planning  Diagnosis/treatment

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a person signing this authorization, I acknowledge that I am giving my permission to the above named person(s) to disclose and use protected health information. I further acknowledge that:

* I may refuse to sign this authorization.
* Step-By-Step IOP Program and/or my therapist(s) cannot condition the provision of treatment on my signing this authorization.
* The original or a copy of this authorization shall be included with my original medical records.
* I have the right to revoke this authorization in writing at any time, but am not retroactive to information already released in accordance to the authorization.
* There is a potential for any information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected by the provision of the HIPAA Privacy Rule.

If not previously revoked, this authorization will expire on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not to exceed 1 year from date signed)

This information may be disclosed effective:  immediately  Specify date \_\_\_\_\_\_\_\_\_\_\_

This authorization  Does  does not extend to information placed in my record after the date I signed this form.

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person (adult) or Legally Authorized Representative  Relationship Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Minor (if required by law)  Date Signed

DISCHARGE PLAN-(Treatment, Safety and Transition Planning)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SS#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of Life Planning: □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No: \_\_\_\_\_\_\_\_\_\_\_\_**

**Psychiatric Advanced Directives- : □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No: \_\_\_\_\_\_\_\_\_\_\_\_**

**Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_ Discharge Date: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_

Level of Care at Date of Discharge Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Criteria: (Successfully /unsuccessfully completed)

Summary of Client’s Progress **Summary of Client’s Progress** (Reflects the developmental level/stage of readiness and any unique circumstance for the identified client to continue a successful sobriety)**:**

**This section to be completed at Assessment.**

**Client’ Goals:**

**1.**

**2.**

**3.**

**4.**

**Strengths:**

**Needs:**

**Abilities:**

**Preferences:**

**Diagnosis: AXIS V:**

**Current GAF: \_\_\_\_\_\_\_\_ Highest GAF past Year: \_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor’s Initials and Competition Date:**

**Client’s Living Situation upon Discharge:**

**Clients Employment Status after Discharge:**

**Client’s Support System (family, friends, and community):**

**Input from Family:**

**Resource: Names/Phone Numbers:**

**Family Support Needs &Recommendations:**

**Continuing Aftercare Treatment Recommendations (Outpatient, Individual or Family Therapy, 12 Step Meetings):**

**Further Recommendations for steps Client needs to take to maintain sobriety:**

**\_\_\_\_\_\_ Client requests a copy of this Discharge Summary.**

**\_\_\_\_\_\_ Client declines a copy of this Discharge Summary.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Director Date**

**Discharge Status:** (Check all that apply)

□ Treatment Completed □ dropped out □ Incarcerated □ Seen for assessment only

□ Declined further treatment □ Death (not suicide/suicide) □ Transferred to another IOP program

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

**Mental Health Status:**

□ Alert and oriented □ Symptoms in (full, partial, complete remission) □ unstable □ Suicidal

□ Homicidal □ transferred to inpatient/substance abuse facility □ delusional □ other: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Status**: (Check all that apply)

□ not responsible judged incompetent by reason of insanity □ Court: competency evaluation

□ Sex Offender □ Hold □ warrant □ Court: Pre-sentence evaluation

□ Emergency Protective Custody □ Probation □ Voluntary □ civil protective custody

□ Parole □ Voluntary by Guardian □ Transfer to Drug Court □ Number of arrests past 30 days: \_\_\_\_\_\_

**Destination at Discharge**:

□ Home □ Jail □ Medical □ Residential □ Detoxify: Inpatient/Outpatient

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Used** | **Substance** | **Choice # 1** | **Choice # 2** | **Choice # 3** |
|  | Alcohol |  |  |  |
|  | Cocaine/Crack |  |  |  |
|  | Marijuana/hash/pot |  |  |  |
|  | Nonprescription Methadone |  |  |  |
|  | Other Opiates & Synthetics |  |  |  |
|  | Stimulants |  |  |  |
|  | Benzodiazepines |  |  |  |
|  | Tranquilizers |  |  |  |
|  | Barbiturates |  |  |  |
|  | Sedative/hypnotics |  |  |  |
|  | Inhalants |  |  |  |
|  | Over-the-Counter |  |  |  |
|  | PCP/Angel Dust |  |  |  |
|  | Other Hallucinogens |  |  |  |
|  | Methamphetamines |  |  |  |
|  | Other (Please specify) |  |  |  |

**Frequency of Use** **Primary Substance** **Secondary** **Third**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ 1-2 x past week ⃞ 1-2 x past week ⃞ 1-2 x past week

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ 1-3 x past month ⃞ 1-3 x past month ⃞ 1-3 x past month

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ 3 -6x’s past week ⃞ 3 -6x’s past week ⃞ 3 -6x’s past week

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ No use past month\_ ⃞ No use past month ⃞ No use past month

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⃞ Unknown\_ ⃞ Unknown\_ ⃞ Unknown\_

**Amount of Use Primary Substance** **Secondary** **Third**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per/Day/Week/Month Per/Day/Week/Month

**Route of Use**

⃞ Oral ⃞ Oral

⃞ Smoke ⃞ Smoke

⃞ Nasal ⃞ Nasal

⃞ IV ⃞ IV

⃞ Unknown ⃞ Unknown

**Social Support** ⃞ No attendance in past month ⃞ 1-3 x(less than once a week

⃞ 4-7 x past month (once a week) ⃞ 8-15 x past month (2 or 3 times a week)

⃞ 16-30 x past month (4 or more x per week) ⃞ 4-7 some attendance in the past month

**SUMMARY COMENTS**:

Reason for admission and referral source:

Significant findings:

Treatment or service given:

Others involved in treatment:

Complications:

Evaluation only

Percentage of goal reached (0-100%): \_\_\_\_\_\_\_\_

**Employment at Discharge:**

□ Active military □ Employed full time □ Employed part time □ unemployed

□ Laid off/looking □ Terminated □ volunteer □ Employment assistance through\_\_\_\_\_\_\_\_\_\_\_

□ Student □ Retired □ Disabled □ Homemaker

Living Situation:

□ Own residence □ lives alone □ lives with relatives □ Rents □ Homeless

□ Shelter □ Halfway House □ Jail □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discharge Referral:** (Yes)/ (No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis upon Discharge**:

Axis V\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Check all that apply)

□ Primary Support Group □ Education Problems □ Employment Problems □ Housing

□ Problems with accessing healthcare □ Social Environment □ Financial Problems

□ Legal System Problems □ other psycho social problems

□ GAF Score Admission: \_\_\_\_\_\_\_\_\_\_ □ GAF Score Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_

Goals Obtained on Last encounter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Progress: □ Significant □ Partial □ No Change

**Instructions given at discharge**:

Signature of Client Date: \_\_\_/\_\_\_/\_\_\_/

Signature and title of Staff completing the Summary Date: \_\_\_/\_\_\_/\_\_\_/

POLICY/PROTOCOL FOR THE COLLECTION OF URINE FOR DRUG SCREENING

**Who May Perform:** A Certified or Experienced Specimen Collector provided by the Specimen Collection Agency

**Equipment and supplies**: 12-Panel POC Cups, Bio Hazard Bags, Tamper Strips, Requisition Consent Forms

It is our policy to screen all patients during the initial encounter and thereafter if illicit drugs are detected or when prescription drugs fall out of the normal range.

Medication monitoring is used to monitor medication compliance, determining the drug levels of prescribed drugs and illicit drug use. This protocol is designed to ensure safety through the monitoring of drug-drug interactions as well as providing an opportunity for patient education.

Patients who test positive for illicit are tested on each encounter until test results come back normal. Even if patients are not currently on medications the intent is to lower the risk to any adverse reaction to supplements that may be taken. Some patients may be tested on each visit if court ordered.

If the results do not detect the presence of abnormal levels or the potential for adverse drug interactions then tests are performed monthly or until the next visit.

All patients are given an explanation of this requirement and by signing consent agree to the testing.

PROTOCOL FOR REFERRING CLIENTS TO THE SUICIDE 24-HOUR CRISIS LINE

Identifying the following risk factors for suicide assists in providing immediate action prevent suicide and using the hotline to mitigate these factors:

1. History of mental illness/ substance abuse
2. Family history of suicide attempts
3. Past suicide attempts
4. Impulsive or aggressive behavior
5. Availability and accessibility of firearms
6. Men are more likely to commit violent suicide
7. Women less likely than men

A suicide hotline will prevent some of the suicide fatalities. The call can provide valuable assistance and inform the client that:

* A trained operator will be available anytime anywhere
* Provide the client at risk a 24 our hotline number 1-800-suicide
* Anonymity so callers avoid stigma
* Links to emergency service for a client at imminent risk

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharge Integrated Treatment Plan** | **Comments** | **Problem Resolution**  **Low-1**  **High-5** | **Initial Plan Date:\_\_\_/\_\_\_/\_\_\_**  **Discharge Plan updated On: \_\_/\_\_\_/\_\_\_** |
| Mental Illness Diagnosis:  Substance Abuse Diagnosis:  Stage of Treatment:  1.  2.  3. |  |  |  |
| Problem 1 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Relapse Prevention |  |  |  |
| Goal – |  |  |  |
| Sub Goal -Identify warning signs  Targets-feelings of isolation, etc. lack of sleep, cravings, associating with drinking buddies, etc.  Anger, anxiety  Intervention-meet with client individually, establish peer support, call my doctor, case manager, e.g.  Responsible Practitioner  Review Date and evaluation measure |  |  |  |
| Problem 2 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Sub-Problem 2 |  |  |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |  |
| Problem 3 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |  |
|  |  |  |  |
| Problem 4 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |  |
|  |  |  |  |
| Problem 5 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Goal  Targets  Intervention  Responsible Practitioner  Review Date and evaluation measure |  |  |  |
| Problem 6 |  | **Pre:** 1,2, 3,4,5  **Post:** 1,2,3,4,5 |  |
| Family and Community Support and collaboration |  |  |  |
| Goal  Target  Intervention  Responsible Practitioner  Review Date  Evaluation Date and Evaluations Measure |  |  |  |

I have fully participated in the development of this treatment plan with my therapist and agree to fully participate in reaching my goals to the best of my ability.

Client/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed on: \_ / /\_\_\_\_\_

Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**CRISIS AND SAFETY PLAN**

Clients, family members, and staff members must feel comfortable and safe when coming to the Step-By-Step IOT program. In order to treat high-risk clients it is important that these clients are closely monitored carefully, anticipate problems, and plan appropriate interventions. The following identifies some of the safety concerns and responses to the situations: these steps are to be documented in the client’s treatment plan.

1. ***Threats of violence towards others***-.Remain calm and remove the client from the group and engage him in a discussion about his feelings and remarks. If the client is threatening others, remove client to a calm safe environment with minimal lighting. Provide-one to –one staffing to monitor client’s behavior. Express concern about the client’s well-being and assess whether he understood the seriousness of his statements. When the client’s anger will began to subside, have him sign a “no violence” contract. Follow-up with a phone call or speak in person to the client to assess his feelings.
2. ***Threat of suicide***. Assess the immediacy of the threat by reviewing the case record to determine whether there had been any previous attempts at suicide and asking the client whether he/she had a specific plan and the means to carry out the plan. If there is still concern, he or she would have consulted immediately with the supervisor or program director to develop and document a plan to inform the police, relatives, and the client’s doctor and scheduled an immediate one-on-one session. If these criteria are not met, then, with the agreement of the client, schedule an individual therapy session. During the session have the client negotiate a “no suicide” contract that includes a commitment by the client to see a psychiatrist/or psychiatric nurse practitioner for evaluation as soon as possible. Record the incident in the case record and discuss it further with the Clinical supervisor. (Refer to Crisis Hotline Protocol)
3. **Treating Violent Clients** Occasionally, a client may display violent behaviors while in treatment, such as brandishing a weapon or threatening others. The Step-By-Step IOP staff will take the following steps:
   1. All newly admitted must clients sign a client code of conduct that states that threats of violence or acts of violence result in immediate termination of treatment and possible criminal prosecution.
   2. Notify a law enforcement agency if a threat to safety exists or an assault or other crime occurs on the program premises; report the incident and client’s name, address, and treatment status, as permitted by Federal regulations.
   3. If the client is mandated into treatment from the justice system, follow the steps prescribed in the program’s agreement with the justice agency. Certain rule violations, for instance, may require that the IOP staff notify the justice agency further acts of violence may fall under the discretion of the IOP Program.
   4. Critical Incidents must be reported to the respective **MCOs** more information can be obtained at <http://criticalincident.hsd.state.nm.us/Login.aspx?ReturnUrl=%2f>
   5. Emergency services for medical emergencies that are life threatening shall entail a call to 911 and ambulance. Clients’ will be transported to the nearest hospital. Staff are to report immediately to the Clinical Supervisor of any suspected medical emergencies e.g. loss of consciousness, seizures, elevated temperature, excessive perspirations, difficulty breathing, nausea vomiting, diarrhea, chills, anxiety, combative disorientation and the like.
   6. Referrals will be made to the appropriate medical resource as deemed necessary. Documentation with primary care providers shall be entered in the patient problem list, treatment plan and progress notes. Communication with primary care providers shall include the date and time and action to be taken, e.g. referrals and follow-up if necessary.
4. Treatment Safety and Transition Planning: includes termination and referral end of life safety and planning, care coordination continuity of care, and Psychiatric Advanced Directives (PAD) shall be part of the training program.

**Crisis/Safety Plan continued**

|  |
| --- |
| **Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:** |
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|  |
| **Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity).** |
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| **People and social settings that provide distraction:** |
|  |
|  |
|  |
| **People whom I can ask for help:** |
|  |
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| **Professionals or agencies I can contact during a crisis:** |
| Clinician Name Phone |
| Clinician Emergency Number |
| Local Urgent Care Services Address |
| Local Urgent Care Phone |
| Crisis Response (New Mexico Crisis and Access Line) 1 855 662-7474 |
| Agora 1 866 435-7166 ABQ 505 277-3013 |
| Crisis Line 505 820-6333; 1-888-920-6333 |
|  |
| Making the environment safe: |
|  |
|  |

The one thing that is most important to me and worth living for is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Relapse/Retention Plan**

**The following strategies improve retention and relapse of clients in treatment**:

1. Form a working relationship with the client. The counselor should foster a respectful and understanding relationship with the client. This therapeutic relationship reduces resistance and successfully engages the client in working toward mutually defined treatment goals.
2. Learn the client’s treatment history. If the client has dropped out of treatment previously, the counselor should find out why. If the client has engaged and been retained successfully in treatment before, the counselor should ask what made treatment appealing.
3. Use motivational interviewing. The counselor should help clients work through ambivalence by supporting their efforts to change and helping them identify discrepancies between their goals and values and their substance use. Involving clients in activities, such as support groups, also is effective
   1. Provide flexible schedules. IOP providers need to consider the client populations they serve and schedule groups accordingly. For example, morning groups can be for clients who work swing and night shifts and for women with school-age children and evening groups for those working regular business hours.
   2. It can be difficult for clients to fit many hours of treatment into their week. Use the group to engage and reengage the client. The counselor should encourage members to talk about their ambivalence, how they are overcoming it, and their experiences of dropping out of treatment, as well as the negative consequences of dropping out.
   3. The counselor can supply all group members with an updated telephone list and encourage them to talk to at least two other members daily. The counselor can ask members to call those who are absent to let them know that they were missed and are important to the group.
   4. It is important to check with clients to be sure that they are receptive to these phone calls; some may view them as intrusive and disrespectful. Increase the frequency of contact during the early treatment period. Clients often feel vulnerable or ambivalent during the first few weeks of treatment.
   5. Counselors need to contact each client frequently during this period to enhance retention. These contacts can be brief and made by telephone, e-mail, or letter. At the same time, counselors should encourage clients to contact other group members to reinforce the value of reaching out for support.
   6. Use network interventions. Counselors need to work with individuals in the community who are invested in the client’s recovery to encourage the client to stay in treatment. These individuals can be

CLIENT RIGHTS

The following are the statements of client rights that will be adhered to during the course of treatment

* Each Client is unique and has the right to be serviced in a manner that recognizes the person's individuality including ethnic, spiritual, linguistic, familial and cultural factors.
* Each Client has the right to maintain relationships that are vital, live in a safe environment and receive assistance to maintain or increase his/her degree of independence. The integral family unit should be maintained and preserved even in the face of illness.
* Each Client has the right to courteous and respectful service, recognizing the Client's dignity and privacy.
* Each Client has the right to the basic elements of the dual diagnosis health services, which are the promotion, maintenance and restoration of health.
* Each client has the right to file a grievance with each contracted MCO, Blue Cross Blue Shield of New Mexico (866-689-1523),
* Molina (800-580-2811), Presbyterian Health Plan (Phone: 866-977-3021 or mail Attn: Enterprise Wide Complaint Management, P.O. Box 26666, Albuquerque, New Mexico 87125-6666), and United Health Care (877-236-0826) Centennial Plans.
* Each Client has the right to be informed of the procedures for initializing complaints about the service provided.
  + Fair hearings Bureau
  + P.O. Box 2348
  + Santa Fe, NM 87504 or call toll free 1-800-432-6217 (option 6) Fax (505) 476-6215
* Each Client has the right to be included in the assessment, planning, implementation and evaluation of the care plan.
* Each Client has the right to receive emotional support as well as expert physical care if and when needed.
* Each Client has the right to recommend changes that affect his/her care with respect to policies without fear of interference, coercion, discrimination or reprisal.
* The Client has the right to receive safe, appropriate and timely service with freedom from mental, physical and financial exploitation.
* Each Client has the right to be informed if they are living at risk.
* Each Client has the right to mutual trust, respect for confidentiality and responsible communication.
* Each Client has the right to be informed of the services provided and may give or refuse the provision of service.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received these statements of rights on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my signature acknowledges that I have been provided this information.

**Job Title: Social Worker/Mental Health and Substance Abuse Counselor**

**Department:**

**Reports To: Clinical Supervisor**

**FLSA Status:**

**Prepared By: Prepared Date: Approved By: Approved Date:**

**SUMMARY**

Provides psychiatric social work assistance to mentally or emotionally disturbed patients within a dual diagnosis treatment program, and to their families, collaborating with psychiatric and allied team in diagnosis and treatment plan by performing the following duties.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned:

Understand the IDDT model’s principles and skills including recovery and resiliency values and be fully integrated to the IDDT team

Must be dedicated to implementing the model with high fidelity

To be skilled in IDDT interventions

To be responsible to attend all relevant meetings i.e. in-service

Responsible for active and relapse stage interventions

Investigates case situations and presents information to members of health care team, on patient's family and social background pertinent to diagnosis and treatment.

Helps patients to respond constructively to treatment and assist in early adjustment leading up to and following discharge.

Interprets psychiatric treatment to patient's family and helps to reduce fear and other attitudes obstructing acceptance of psychiatric care and continuation of treatment.

Serves as link between patient, Intensive Outpatient program, and community with knowledge of dual diagnosis treatment.

Works directly in treatment relationship with patients, individually or in groups, in consultation with all members of health care team with follow-up. Coordinates patient's referrals and or patient's family to other community resources.

Refers patient or patient's family to other community resources.

Participates in multidisciplinary conferences to enhance staff and patients in problem-solving ability. Serves on appointed committees.

Shares information, research, and resources pertinent to patient care via orientation sessions and in-serving training.

Broad knowledge of the principles of community based programs and rehabilitation and the ability to apply them.

**Job Title: Clinical Supervisor**

**Department:** Administration

**Reports To:** Governing Body

**FLSA Status:**

**Prepared By: Prepared Date: Approved By: Approved Date:**

**SUMMARY**

Interprets the Step-By-Step Dual Diagnosis Outpatient Treatment program policies and legal requirements in regards to psychiatric and substance abuse IDDT treatment model. Supervises the diagnoses and treatments of patients with co-occurring substance abuse, and behavioral disorders by performing the following duties.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned. Organizes data concerning patient's family, medical history, and onset of symptoms obtained from patient, relatives, and other sources such as staff personnel, psychiatric Social Worker, and other health care professionals.

Familiar with IOP treatment standards and promotes and provides direct supervision of staff to promote adherence to ensure fidelity and adherence to the treatment guidelines of the IDDT treatment model.

Participates in the hiring and evaluation of staff

Provides in-service and other educational activities as outlined in the program policy and procedure manual

Supervises the provision of mental and substance abuse or COD

Communicates with administration and ongoing evaluation of the outcomes and analyses of the of the program

Participates in the hiring and direct supervision of the IOP Program.

Participates in the development and updates of the Individualized Treatment Plan for each client... Treats or directs treatment of patient, utilizing variety of therapeutic methods and medications.

Train Case managers and other service providers in formal, didactic trainings as well as informal coaching interactions

Meet regularly with case managers

Insure that clients’ progress is being monitored and non-responders to treatment are being flagged for further supervision and evaluation

Set time aside to regularly accompany case managers to assess and coach them

**SUPERVISORY RESPONSIBILITIES**

**QUALIFICATIONS** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with   
disabilities to perform the essential functions.

**Professional EDUCATION and/or EXPERIENCE**

Professional degree (Master’s degree or above in mental health field) preferably with 2 years of documented experience and relevant experience with IOP eligible recipients or 2 years of related experience and/or training; or equivalent combination of education and experience.

**LANGUAGE SKILLS**

Ability to read, analyzes, and interprets the most complex documents. Ability to respond effectively to the most sensitive inquiries or complaints. Ability to write speeches and articles using original or

**Job Description**

**Job Title:** Administrator

**Department:** Administration

**Reports To:** Governing Body

**FLSA Status:** Exempt

**Prepared By: Approved By: Approved Date:**

**SUMMARY**

Directs administration of agency within authority of governing board by performing the following duties personally or through subordinate supervisors.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

Develops or expands programs or services for scientific research, preventive medicine, medical and vocational rehabilitation, and community health and welfare promotion.

Administers fiscal operations such as budget planning, accounting, and establishing rates for agency services.

Directs hiring and training of personnel.

Negotiates for improvement of and additions to agency buildings and equipment.

Directs and coordinates activities of medical, nursing, and administrative staffs and services. Develops policies and procedures for various agency activities.

Represents establishment at community meetings and promotes programs through various news media.

**SUPERVISORY RESPONSIBILITIES** Oversees contracted and subcontracted employee’s i.e.

C.P.A.’s, personnel department, accounting, clerical staff and responsible for the implementation, tracking and coordination of the patient clinical management information systems.

**QUALIFICATIONS** To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with   
disabilities to perform the essential functions.

**EDUCATION and/or EXPERIENCE**

Master’s Degree or above (MA. / M.S.) In a behavioral science or related field from an accredited institution

One to two years of experience in IDDT Outpatient program hospital administration or mental health facility, i.e. private practice or home health agency.

**LANGUAGE SKILLS**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak   
effectively before groups of customers or employees of organization.

**MATHEMATICAL SKILLS**

Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry. Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

**REASONING ABILITY**

Ability to define problems collects data, establish facts, and draw valid conclusions. Ability to

Interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

**PHYSICAL DEMANDS** The physical demands described here are representative of those that

Must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential   
functions.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential   
functions.

**COMPREHENSIVE LONGITUDINAL ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **\_\_\_/\_\_\_/\_\_\_** | **\_\_\_/\_\_\_/\_\_\_** | **\_\_\_/\_\_\_/\_\_\_** | **\_\_\_/\_\_\_/\_\_\_** |
| **Functional Status** |  |  |  |  |
|  |  |  |  |  |
| **Mental Illness symptoms and treatment** |  |  |  |  |
| **Substance abuse symptoms and treatment** |  |  |  |  |
| **Interactions** |  |  |  |  |

**ONGOING SCHEDULE OF INDIVIDUAL TRAINING / ATTENDANCE FORM**

Name of Client:

Name of Staff:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stages of Treatment | Date/ Time and Ratings | Date/ Time and Ratings | Date/ Time and Ratings | Date/ Time and Ratings |
| Low 1  High 5 | 1, 2 ,3, 4, 5 | 1 ,2 ,3 ,4 ,5 | 1 ,2, 3 ,4 ,5 | 1 ,2 ,3 ,4 ,5 |
| 1.**Pre-engagement**  The client meets the criteria for a substance use disorder but done not have contact with the integrated treatment specialist |  |  |  |  |
| 2. **Engageme**nt  The client meets the DSM criteria for substance abuse or dependence but has little or irregular contact with an integrated treatment specialist |  |  |  |  |
| **3. Persuasion**  Theclient meets the. The client meets the DSM criteria for substance abuse or dependence and has regular contact with a treatment specialist, but continues to use the same amount of substances or has reduced substance use (fewer substance, smaller amounts or both) for less than 1 month. |  |  |  |  |
| 4. **Active Treatment** The client is engaged in treatment and has reduced or abstained from substance se for months or more. |  |  |  |  |
| 5. **Relapse Prevention**  The client is engaged in treatment and abstained from substance use for 6 months or more. |  |  |  |  |
| 6**. In Remission or Recovery**  The client is in Sustained full remission (has not met criteria for substances abuse or dependence for 1 year or more). |  |  |  |  |

**Signature of Client and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Individual Supervision Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Presented | Date presented | Plan of action | Follow-up information from previous meeting | Additional comments |
|  |  |  |  |  |
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Group Supervision Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Presented | Date presented | Plan of action | Follow-up information from previous meeting | Additional comments |
|  |  |  |  |  |
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**Monthly IOP-Multidisciplinary Treatment Team Meeting Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Title** | **Month** | **Client** | **Comment** |
|  |  |  |  |  |  |
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|  |  | THE | FIDELITY | SCALE |  |  |
| Criteria | Descriptions | 1 | 2 | 3 | 4 | 5 |
| 1 | Multidisciplinary team:  Case managers, psychiatrist, nurses, residential staff, employment specialists, and rehabilitation specialists work collaboratively on mental health treatment team. | ≤20% of consumers receive care from multidisciplinary team (i.e., most care follows a brokered case management or traditional outpatient approach)  OR  Cannot rate due to no fit | 21%–40% of consumers receive care from a multidisciplinary team | 41%–60% of consumers receive care from a multidisciplinary team | 61%–79% of consumers receive care from a multidisciplinary team | >80% of consumers receive care from a multidisciplinary team with a strong emphasis on accessing a broad range of services and excellent communication among all disciplines |
| 2 | Integrated treatment specialists:  Integrated treatment specialists work collaboratively with the multidisciplinary treatment team, modeling integrated treatment skills and training other staff in evidence-based practice principles and practice. | No integrated treatment specialist connected with agency  OR  Cannot rate due to no fit | Consumers with co-occurring disorders are referred to a separate Integrated Treatment program within the agency (for example, referred to integrated treatment specialists) | Integrated treatment specialists serve as consultants to treatment teams, do not attend meetings, are not involved in treatment planning | Integrated treatment specialists are assigned to treatment teams, but are not fully integrated; attend some meetings; may be involved in treatment planning but not systematically | Integrated treatment specialists are fully integrated members of the treatment team, attend all team meetings, are involved in treatment planning, model and train other staff in Integrated Treatment for Co-Occurring Disorders |
|  |  |  |  |  |  |  |
|  |  | THE | FIDELITY | SCALE |  |  |
| Criteria | Descriptions | 1 | 2 | 3 | 4 | 5 |
| 4 | Access to comprehensive services  Consumers in the Integrated Treatment program have access to comprehensive services including the following:  Residential services  Supported employment  Family interventions  Illness management and recovery  Assertive community treatment | Fewer than 2 services are provided by the agency or consumers do not have genuine access to these services,  OR  Cannot rate due to no fit | 2 services are provided by the agency and consumers have genuine access to these services | 3 services are provided by the agency and consumers have genuine access to these services | 4 services are provided by the agency and consumers have genuine access to these services | All 5 services are provided by the agency and consumers have genuine access to these services |
| 5 |  |  | THE | FIDELITY | SCALE |  |  |
| 6 | Criteria | Descriptions | 1 | 2 | 3 | 4 | 5 |
| 7 | Motivational interventions:  All interactions with consumers in the Integrated Treatment program are based on motivational interventions that include the following:  Expressing empathy  Developing discrepancy  Avoiding argumentation  Rolling with resistance  Instilling self-efficacy and hope | Integrated treatment specialists do not understand motivational interventions, ≤20% of interactions with consumers are based on motivational approaches,  OR  Cannot rate due to no fit | Some integrated treatment specialists understand motivational interventions, and 21%–40% of interactions with consumers are based on motivational approaches | Most integrated treatment specialists understand motivational interventions, and 41%–60% of interactions with consumers are based on motivational approaches | All integrated treatment specialists understand motivational interventions and 61%–79% of interactions with consumers are based on motivational approaches | All integrated treatment specialists understand motivational interventions and ≥80% of interactions with consumers are based on motivational approaches |
| 8 |  |  | THE | FIDELITY | SCALE |  |  |
| 9 | Criteria | Descriptions | 1 | 2 | 3 | 4 | 5 |
| 10 | Family interventions for co-occurring disorders:  With consumers’ permission, integrated treatment specialists involve consumers’ family (or other supporters), provide education about co-occurring disorders, offer coping skills training and support to reduce stress in the family, and promote collaboration with the treatment team. | Consumers are not asked for permission to involve family (or other supporters) or  OR  Cannot rate due to any fit? | Consumers are asked for permission to involve family (or other supporters) and 20%–34% of families (or other supporters) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and 35%–49% of families (or other supporters) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and 50%–65% of families (or other supporters) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and >65% of families (or other supporters) receive family interventions for co-occurring disorders |
| 11 | Alcohol and drug self-help groups:  Consumers in the active treatment or relapse prevention stages attend self-help programs in the community. | OR  Cannot rate due to no fit | 20%–34% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | 35%–49% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | 50%–65% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | >65% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community |

PROGRAM GENERAL INFORAMTION

1. **Human Resource Management**
   1. *Job Descriptions* pertinent to IOP will be composed of the following provider types included in the appendices, social worker, clinical supervisor, administrator, Nurse practitioners. Each staff person will be licensed according to their specialty to perform the required functions within the Step-By-Step Program.
   2. *Licensure requirements*- all staff will be required to hold current licenses in their discipline and will be licensed to practice in New Mexico while background checks will be conducted.
   3. *Staff Training Requirements*- Staff will be trained in the IOP IDDT Model on hire for two weeks and ongoing throughout employment.
   4. *Annual Evaluation*-employees will be evaluated according to our management tools off and on site.
2. **Overview of All Services Provided (Hours of operation are from 9:00 A.M.-5:00 P, M. Monday-Friday. Weekends by appointment)**
   1. Outpatient Counseling Services- the services will be provided as outpatient.
   2. *Case Management*-will be coordinated based on the Individual needs based on the Individualized treatment plan
   3. *Trauma-informed Work*-Posttraumatic stress will be identified and treated based on the individual treatment plan
   4. *Justice System/Drug Court engagement & Services*-coordination between the court systems and the IDDT program so that clients do not fall through the cracks when fulfilling mandatory court requirements.
3. **Philosophy of Approach**
   1. *Engagement-Alliance and Rapport-* is reflected in the strategy used to address the clients’ needs based on what stage they are in treatment. The goal is to form an alliance with each client that is based upon the client needs.
   2. *Guiding Principles of recovery- recovery* will be based upon assessment and relapse prevention and intervention. Cultural and gender competency will be included in staff training that stresses the importance of and understanding the needs of each cultural group while integrating treatment strategies that support their ability to sustain treatment
   3. *Stage-Wise Interventions- reflects* the stage of treatment starting where the client is in recovery, recognizing that it is a cycle that can go in either direction.
   4. *Motivational Approaches-* refers to a non-judgmental and supportive approach allowing the client to reflect upon goals and self-discovery.
   5. *Trauma-informed System of Care- the* Step-By-Step Program shall through the IDDT Model shall recognize, understand and respond to the effects of all types of trauma throughout treatment.

**TRAINING PLAN**

**Name of Training Course**: Cultural Sensitivity Recovery and Resiliency

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* Topic 1: Understanding the importance of the difference between universal principles vs. cultural specific principles of healing
* Topic2: Identifying Risk Factors Are Not Predictive Factors Due To Protective Factors. Topic 3: Principles for health behavior change

Topic 4: The Cultivation of resiliency

Tentative schedule:

* Day 1: Definition of cultural sensitivity Activities: Group exercises
* Day 2: Definition of resilience Activities: Didactic , assigned readings
* Day 3: Incorporating cultural sensitivity and resiliency values in practice Activities: Personal experiences
* Day 4: Working with clients from diverse backgrounds Activities: Exercises on self-awareness
* Day 5: “Culturally focused-Resilient Adaptation” Activities: Literature Review

Schedule of the training shall be offered during initial hiring and provided ongoing based upon program evaluations

Dates of examination \_\_\_\_\_\_\_TBA\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd /mm/yyyy)

**TRAINING PLAN**

**Name of Training Course**: **SAFETY AND SECURITY**\_ Name of the Training: Dealing with Disruptive and Potentially Suicidal Clients

Duration: 5 days

Topics that will be incorporated in the training course:

* Topic 1: How to deal with Threats of Violence against another
* Topic2: How to deal with threats of suicide
* Topic 3: How to refer a client to the 24 hour-crisis line
* Topic 4 How to manage domestic violence, stalking threats against another
* Critical Incident Reporting

Tentative schedule:

* Day 1: Overview of Safety and Security Concerns Activities: Discussion , note taking
* Day 2: Dealing with threats of Violence against another Activities: Discussion, note taking
* Day 3: How to deal with threats of suicide Activities: Discussions note taking
* Day 4: Putting it all together Activities: Role Playing, Q & A
* Evaluation Activities: Quiz

Schedule of training will address the challenges and strategies for dealing with Safety and security when treating high risk clients. These clients must be monitored carefully by anticipating problems, and planning for appropriate interventions.

Dates of examination: \_\_TBA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)

(*Mention the dates on which the trainee will be tested on the skills acquired during training*)

Name of Training Course: Basic Elements of Practice Principles

**TRAINING PLAN**

Duration: 5 Days

Topics that will be incorporated in the training course:

* Topic 1: Introduction to the evidenced based model
* Topic2: What is Integrated Treatment for Co-occurring disorders
* Topic 3: Research evidence for effectiveness in IDDT model
* Topic 4: Practice Principles of Integrated Treatment for co-Occurring Disorders
* Topic 5: The Integrated Fidelity Scale Treatment Scale

Tentative schedule:

* Day 1: Introduction to the IDDT Model Activities: Distribute handouts

The Integrated Fidelity Scale,

General Organizational Index

Outcome Measures

Exercises for this topic

* Day 2: Mental Health and substance abuse treatment and integration Activities: Discussion, group participation
* Day 3: Treating substance abuse and mental illness simultaneously Activities: Didactic, previous roles
* Day 4: Understanding the treatment modalities Activities: Discussion motivational
* Day 5: Putting it all together Activities: Quiz

Schedule of the training will cover 5 days and will be ongoing for new and existing staff based on program evaluations.

Dates of examination: \_\_\_\_\_\_\_TBA\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:**  Rate each staff member on the competencies for evaluation and training needs for (Co-occurring Disorders and Evidenced Based Practice) |  | STAFF COMPETENCY EVALUATION |  |  |  |  |  |
|  |  | **Integrated Dual Disorders Core Competencies** |  |  |  |  |  |
| IDD T Competency Area | Specific Skills | | Self or Supervisor | | | | |
|  |  |  | Rating | | |  |  |
| A. Stage-wise Treatment |  |  | Low 1 | |  |  |  |
|  |  | High 5 | |  |  |  |
| 1. Utilize Stages of Treatment. to | • | Accurate use of Substance Abuse Treatment Scale |  |  |  |  |  |
| develop appropriate | • | Understands and can verbalize the goal of each stage. |  |  |  |  |  |
| interventions |  | Treatment. Plans demonstrate interventions consistent with the client's stage of treatment. | I | 2 | 3 | 4 | 5 |
| • |  |  |  |  |  |
|  |  | (e.g., not requiring abstinence in persuasion stages, focus is on client's goals |  |  |  |  |  |
|  |  | And how Dual Diagnosis. affects them) |  |  |  |  |  |
|  | • | Offers informed treatment recommendations during group supervision. |  |  |  |  |  |
|  | • | Document individual intervention( s) detailing how the intervention was |  |  |  |  |  |
|  |  | implemented, intended goal of intervention, outcome of intervention, and |  |  |  |  |  |
|  |  | Plan for future intervention(s) based on result. |  |  |  |  |  |
| B. Assessment |  |  |  |  |  |  |  |
| 1. Uses appropriate assessment | • | Completes Longitudinal Assessments with appropriate specificity and |  |  |  |  |  |
| skills to gain relevant |  | Linking interactions between mental health and substance abuse. |  |  |  |  |  |
| information about client's dual | • | Uses Contextual Assessment to understand global trends in mental | I | 2 | 3 | 4 | 5 |
| disorder, as well as to increase |  | Health/substance abuse behaviors, as well as exploring specific events. |  |  |  |  |  |
| client's awareness of impact of | • | Demonstrates consistent assessment of client functioning on an ongoing |  |  |  |  |  |
| The dual disorders. |  | Basis. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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|  |  | **Integrated Dual Disorders Core Competencies** |  |  |  |  |  |
| D. Persuasion stage |  |  |  |  |  |  |  |
| interventions |  |  |  |  |  |  |  |
| 1. Demonstrate the | • | Makes effort to avoid judgmental language. |  |  |  |  |  |
| spirit/values of | • | Able to adopt client's point of view. | 1 | 2 | 3 | 4 | 5 |
| Motivational Interviewing | • | Describes and demonstrates work with clients as collaborative rather |  |  |  |  |  |
|  |  | Than prescriptive. |  |  |  |  |  |
|  | • | Demonstrates respect for client's ability/right to self-determination. |  |  |  |  |  |
|  | • |  |  |  |  |  |  |
| 2. Demonstrates | • | Use of open-ended questions |  |  |  |  |  |
| competent use of | • | Use of affirmations to validate client's experience, progress and insight. | 1 | 2 | 3 | 4 | 5 |
| Motivational Interviewing | • | Demonstrates ability to form reflective statements (simple, amplified, and |  |  |  |  |  |
| Skills. |  | double-sided) |  |  |  |  |  |
|  | • | Use of summary statements to help keep conversation on track, to |  |  |  |  |  |
|  |  | transition between topics, and to link together ideas that have been |  |  |  |  |  |
|  |  | Elicited during the conversation. |  |  |  |  |  |
|  | • | Utilizes basic motivational tools (e.g., importance/confidence ruler, |  |  |  |  |  |
|  |  | payoff matrix, values card sort) |  |  |  |  |  |
| 3. Demonstrates ability to | • | Listens empathically |  |  |  |  |  |
| use Motivational | • | Does not directly oppose client's resistance; instead uses resistance as a |  |  |  |  |  |
| Interviewing skills and |  | Resource to further understand client's motivations. | 1 | 2 | 3 | 4 | 5 |
| Tools to elicit change talk. | • | Uses all skills and tools to develop discrepancy between client's own |  |  |  |  |  |
|  |  | Goals and current behavior (without aggressive confrontation). |  |  |  |  |  |
|  | • | Supports client's self-efficacy to increase confidence to make a change. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Integrated Dual Disorders Core Competencies** | |  |  |  |  |  |
| E. Active Stage |  |  |  |  |  |  |  |  |
| interventions |  |  |  |  |  |  |  |  |
| 1. Demonstrates ability to | • | Assists client in examining the interaction between | |  |  |  |  |  |
| use cognitive-behavioral |  | Thoughts/ emotions behaviors. | |  |  |  |  |  |
| techniques to develop more | • | Assist client to adapt cognitive-behavioral responses by increasing client | | I | 2 | 3 | 4 | 5 |
| adaptive perceptions and |  | awareness of thoughts, increasing client skills in reframing thoughts, and | |  |  |  |  |  |
| Behaviors. |  | Following up on client's use of reframing skills in everyday life. | |  |  |  |  |  |
| 2. Demonstrates ability to |  | • | Thoroughly explore client's triggers and consequences of substance |  |  |  |  |  |
| develop Relapse Prevention |  |  | Use/mental health relapse. |  |  |  |  |  |
| Plan |  | • | Use the above information to develop a specific and thorough plan to |  |  |  |  |  |
|  |  |  | cope with cues/triggers/cravings/symptoms using a variety of | I | 2 | 3 | 4 | 5 |
|  |  |  | strategies and supports |  |  |  |  |  |
| 3. Demonstrates ability to | Development and expansion of positive support system, including family, | | |  |  |  |  |  |
| assist client in developing a | social supports, self-help resources, community offerings, job and/or | | |  |  |  |  |  |
| healthy, recovery-oriented | Education opportunities. | | |  |  |  |  |  |
| Lifestyle. | Makes appropriate referrals to additional services (e.g., treatment groups, | | | 1 | 2 | 3 | 4 | 5 |
|  | self-help groups, individual treatment, supported employment) | | |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Integrated Dual Disorders Core Competencies** | |  |  |  |  |  |  |
| 4. Assess and ameliorate |  | • | Explores client interests and resources to develop appropriate leisure skills. |  |  |  |  |  |  |
| Maladaptive life skills. |  | • | Demonstrates and transfers skills for relaxation/stress management. |  |  |  |  |  |  |
|  |  |  |  |  |  |  | I |
|  |  | • | Educates and role-plays with client regarding social skills (e.g., effective |  |  |  |  |  | I |
|  |  |  | 1 | 2 | 3 | 4 | 5 | I |
|  |  |  | communication, assertiveness, problem-solving) | I |
|  |  |  |  |  |  |  | I | |
| F. Relapse |  |  |  |  |  |  |  |  | I |
| Prevention Recovery skills |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. Demonstrates collaboration | • | Revisit and revise Relapse Prevention Plan as needed. | |  |  |  |  |  |  |
| with client to ensure | • | Attitude toward relapse is non-judgmental and seeks to use relapse as a learning | | 1 | 2 | 3 | 4 | 5 |  |
| continued recovery from |  | Opportunity. | |  |  |  |  |  |  |
| substance abuse and mental | • | Seeks ways to help client become interdependent with community and work | |  |  |  |  |  |  |
| Illness. |  | Toward graduated disengagement from case management services. | |  |  |  |  |  |  |
| G. Family Psycho education |  |  |  |  |  |  |  |  |  |
| on Dual Disorders |  |  |  |  |  |  |  |  |  |
| 1. Demonstrates an | • | Able to describe how involving family (as determined by the client) benefits the | |  |  |  |  |  |  |
| Understanding of! ability to |  | Client’s recovery. | |  |  |  |  |  |  |
| engage family in the recovery | • | Able to provide family with education about dual disorders and integrated | |  |  |  |  |  |  |
| process |  | Treatment. | | 1 | 2 | 3 | 4 | 5 |  |
|  | • | Able to assist family in developing coping skills to optimize client's recovery. | |  |  |  |  |  |  |
| H. Dual Diagnosis Group |  |  |  |  |  |  |  |  |  |
| Treatment |  |  |  |  |  |  |  |  |  |
| 1. Demonstrates and | Able to explore and expand client's motivation for group treatment. | | |  |  |  |  |  |  |
| communicates the importance | Demonstrates ability to remove barriers to accessing group treatment. | | |  |  |  |  |  |  |
| of stage-wise group DD | Acts in a support capacity to assist client in successfully engaging in/and maintaining | | |  |  |  |  |  |  |
| Treatment. | Group treatment. | | | 1 | 2 | 3 | 4 | 5 |  |
|  | Documentation shows clients participating is stage-appropriate groups or ongoing | | |  |  |  |  |  |  |
|  | Efforts to engage in groups. | | |  |  |  |  |  |  |

Comments: (Additional training required in specific areas with dates and times)

Signature of staff member and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hiring Diverse Staff to treat client from multicultural backgrounds

**The Step-By-Step Program** is committed to attract and retain a diverse and talented workforce who will contribute to the program goals to hire staff from the communities from which we serve. The following guidelines will be used to meet those objectives:

1. Advertising & Sourcing
2. Pre-employment Assessments
3. Reference Checking
4. Training
5. Virtual interview

The Step-By-Step program shall attempt to employ staff who can interpret for clients who speak different languages by using translators, including staff with sign language abilities. Our forms and documents will be provided in multiple languages and assistance for those with literacy problems. The program will also utilize the services from the following agencies for providing resources and equipment and the like:

**New Mexico Commission for the Blind**

Location: 2200 Yale Blvd. a

Albuquerque, New Mexico 87106

Phone: (505)841-8844

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**New Mexico Commission for the Deaf and Hard of Hearing impaired**

Location: 505 Marquette Ave. N.W.

Suite 1550

Albuquerque, New Mexico 87102

Phone: (505) 383-6530

**ABS Interpreter**

Phone: (877) 512-1195

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**Sample Urinary Collection Patient Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Information** | **Patient Information** | **Requesting Provider** | **Tests Ordered** |
| **Guidance Foundation**  **4101 Barbara Loop S.E.**  **Rio Rancho, New Medications** | **Name**  **DOB**  **Address**  **Method of Payment** |  | **Urine screens** |
| Prescribed Medications | ICD9 Code | NON-Prescribed Medications | Specimen Type |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **I voluntarily consent to the collection and testing of my specimen and certify that the specimen identified on this form is my own. I hereby irrevocably assign and transfer to the Laboratory responsible for the testing all right, title and interest in all insurance benefits for services rendered and in all causes of action against any party or entity that may be responsible for payment of benefits In the event the Lab is not in network with my health plan I understand that I am obligated to pay within 30 days of receipt.**

**Signature and Date and time of Client**

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