

DOCUMENTATION

ALL ASSESSMENTS MUST BE DONE WHEN CLIENT IS ASSIGNED.

Why you ask?

Since there is an evaluation part to the grant, the evaluators need the assessments done at the same time for a baseline, cannot do that if they get the GPRA then other assessments a month later.

ASSESSMENTS THAT MUST BE COMPLETED ON INTAKE

1. GPRA (Government Performance Results Act)

Must be done immediately. When the client is assigned, contact him/her and complete the GPRA. This will be done again in 6 months for the follow-up. Don't forget to tell the client, they will receive \$20.00 gift card for doing the follow-up GPRA.

2. Recovery Capital Scale (RCS). This is to be done every 30 days. You will develop the clients Recovery Plan from the RCS.

DOCUMENTATION CONT.

3. *Telephone Monitoring Adaptive Counseling (TMAC). This is to be done on a weekly bases for about 1-2 months depending on how the client is doing. Then move to every other week. If you see the client is slipping or relapsed go back to weekly. The results of this will also help on the Recovery Plan.*
4. *Unmet Needs. Do once on intake then again in 6 months when you do the follow-up. The results will help on Recovery Plan also.*
5. *Digital Literacy. Do once on intake then again in 6 months when you do the follow-up. The results will help on Recovery Plan also.*

DOCUMENTATION CONT.

6. **Locator Form;** This is to be filled out upon intake. This is used to locate the client so you can complete the 6 month follow-up. Remember to tell the client we will give them a \$20.00 gift card when time for the 6 month follow up.

LOCATOR FORM



SACADA
San Antonio Council on Alcohol & Drug Abuse

DATE _____

CLIENT ID# _____

RECOVERY COACH _____


On this form we collect information that will help us reach you when it's time for your follow-up interview. The information you give us will be kept strictly confidential. It will be used only to locate you for your follow-up, and it will not be given to anyone else without your written consent.

1. Please tell me your full name:

First Middle Last (Maiden)
2. Date of Birth: ____/____/____
3. SS#: ____-____-____
4. Other names or nicknames: _____
5. Where were you born? _____
(City, State)
6. How long have you lived in the local area? _____
7. Driver's License or State ID#: _____ State: _____
8. Do you have a car? (If yes) License #: _____
9. Military #: _____
10. SID# _____

RECOVERY COACH SERVICE DOCUMENTATION FORM

WHY DO IT? WHY IS IT IMPORTANT?


Recovery Coach Service Documentation Form

Recovery Coach _____ Date _____

ID #	Length of Event	Portal	Phone	In Person	Stage of Change	Recovery Domains Addressed
1.	Start time: _____ Stop time: _____ Date: _____				<input type="checkbox"/> Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance <input type="checkbox"/> Relapse <input type="checkbox"/> Unknown (unfamiliar with client)	<input type="checkbox"/> Assessment _____ <input type="checkbox"/> Recovery Planning _____ <input type="checkbox"/> Housing _____ <input type="checkbox"/> Recovery/peer coaching _____ <input type="checkbox"/> Alcohol/Drug free activities _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Education _____ <input type="checkbox"/> Transportation _____ <input type="checkbox"/> Information & Referral: _____ <input type="checkbox"/> Other Peer Services: _____
2.	Start time: _____ Stop time: _____ Date: _____				<input type="checkbox"/> Precontemplation <input type="checkbox"/> Contemplation <input type="checkbox"/> Preparation <input type="checkbox"/> Action <input type="checkbox"/> Maintenance <input type="checkbox"/> Relapse <input type="checkbox"/> Unknown (unfamiliar with client)	<input type="checkbox"/> Assessment _____ <input type="checkbox"/> Recovery Planning _____ <input type="checkbox"/> Housing _____ <input type="checkbox"/> Recovery/peer coaching _____ <input type="checkbox"/> Alcohol/Drug free activities _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Education _____ <input type="checkbox"/> Transportation _____ <input type="checkbox"/> Information & Referral: _____ <input type="checkbox"/> Other Peer Services: _____
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Please provide any narrative information regarding above contacts here: _____

1) _____


This program is a federal grant. When SAMHSA comes for an audit and says what services did you provide to client #100233?

And then they say prove it...

RECOVERY COACH SERVICE DOCUMENTATION CONT.

- ❑ The service form & GPRA services match.
- ❑ The recovery domains addressed are the same as the GPRA services.

- ❑ When the auditors want to know what services we provided from the GPRA, that we said we were going to provide and how long those services were for. We have the show them.



Recovery Coach Service Documentation Form

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	Date:					

Please provide any narrative information regarding above contacts here: _____

3) _____

A. RECORD MANAGEMENT - PLANNED SERVICES (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE)

Identify the services you plan to provide to the client during the client's course of treatment/recovery. [CIRCLE "Y" FOR YES OR "N" FOR NO FOR EACH ONE.]

Modality	Yes	No
[SELECT AT LEAST ONE MODALITY.]		
1. Case Management	<input type="radio"/>	<input type="radio"/>
2. Day Treatment	<input type="radio"/>	<input type="radio"/>
3. Inpatient Hospital (Other Than Detox)	<input type="radio"/>	<input type="radio"/>
4. Outpatient	<input type="radio"/>	<input type="radio"/>
5. Outreach	<input type="radio"/>	<input type="radio"/>
6. Intensive Outpatient	<input type="radio"/>	<input type="radio"/>
7. Medication	<input type="radio"/>	<input type="radio"/>
8. Residential/Rehabilitation	<input type="radio"/>	<input type="radio"/>
9. Detoxification (Select Only One)		
A. Hospital Inpatient	<input type="radio"/>	<input type="radio"/>
B. Free Standing Residential	<input type="radio"/>	<input type="radio"/>
C. Ambulatory Detoxification	<input type="radio"/>	<input type="radio"/>
10. After Care	<input type="radio"/>	<input type="radio"/>
Recovery Support	<input type="radio"/>	<input type="radio"/>
11. Other (Specify) _____	<input type="radio"/>	<input type="radio"/>
[SELECT AT LEAST ONE SERVICE.]		
Treatment Services	Yes	No
[NBIRT GRANTS: YOU MUST CIRCLE "Y" FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]		
1. Screening	<input type="radio"/>	<input type="radio"/>
2. Brief Intervention	<input type="radio"/>	<input type="radio"/>
3. Brief Treatment	<input type="radio"/>	<input type="radio"/>
4. Referral to Treatment	<input type="radio"/>	<input type="radio"/>
5. Assessment	<input type="radio"/>	<input type="radio"/>
6. Treatment/Recovery Planning	<input type="radio"/>	<input type="radio"/>
7. Individual Counseling	<input type="radio"/>	<input type="radio"/>
8. Group Counseling	<input type="radio"/>	<input type="radio"/>
9. Family/Management Counseling	<input type="radio"/>	<input type="radio"/>
10. Co-Occurring Treatment/Recovery Services	<input type="radio"/>	<input type="radio"/>
11. Pharmacological Interventions	<input type="radio"/>	<input type="radio"/>
12. HIV/AIDS Counseling	<input type="radio"/>	<input type="radio"/>
13. Other Clinical Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Case Management Services	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	<input type="radio"/>	<input type="radio"/>
2. Child Care	<input type="radio"/>	<input type="radio"/>
3. Employment Service	<input type="radio"/>	<input type="radio"/>
A. Pre-Employment	<input type="radio"/>	<input type="radio"/>
B. Employment Coaching	<input type="radio"/>	<input type="radio"/>
4. Individual Services Coordination	<input type="radio"/>	<input type="radio"/>
5. Transportation	<input type="radio"/>	<input type="radio"/>
6. HIV/AIDS Service	<input type="radio"/>	<input type="radio"/>
7. Supportive Transitional Drug-Free Housing Services	<input type="radio"/>	<input type="radio"/>
8. Other Case Management Services (Specify) _____	<input type="radio"/>	<input type="radio"/>


Medical Services	Yes	No
1. Medical Care	<input type="radio"/>	<input type="radio"/>
2. Alcohol/Drug Testing	<input type="radio"/>	<input type="radio"/>
3. HIV/AIDS Medical Support & Testing	<input type="radio"/>	<input type="radio"/>
4. Other Medical Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

After Care Services	Yes	No
1. Continuing Care	<input type="radio"/>	<input type="radio"/>
2. Relapse Prevention	<input type="radio"/>	<input type="radio"/>
3. Recovery Coaching	<input type="radio"/>	<input type="radio"/>
4. Self-Help and Support Groups	<input type="radio"/>	<input type="radio"/>
5. Spiritual Support	<input type="radio"/>	<input type="radio"/>
6. Other After Care Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Education Services	Yes	No
1. Substance Abuse Education	<input type="radio"/>	<input type="radio"/>
2. HIV/AIDS Education	<input type="radio"/>	<input type="radio"/>
3. Other Education Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

Peer-to-Peer Recovery Support Services	Yes	No
1. Peer Coaching or Mentoring	<input type="radio"/>	<input type="radio"/>
2. Housing Support	<input type="radio"/>	<input type="radio"/>
3. Alcohol- and Drug-Free Social Activities	<input type="radio"/>	<input type="radio"/>
4. Information and Referral	<input type="radio"/>	<input type="radio"/>
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	<input type="radio"/>	<input type="radio"/>

RECOVERY COACH SERVICE DOCUMENTATION CONT.


Recovery Coach Service Documentation Form

Recovery Coach _____ Date _____

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Please provide any narrative information regarding above contacts here: _____

1) _____

- ☐ This form must be completed after each visit with a client.
- ☐ Whether it has been on the portal, phone or in person.
- ☐ If you have clients, you should be turning these in. If you are not turning this form into me then...
 1. You are not doing them.

Or

2. You are not talking to your clients.

I need recovery coaches that are going to coach recovery.

RECOVERY COACH DOCUMENTATION CONT.

- ❑ For new clients, you should be contacting them 2-3 times a week. Remember this is not sponsorship. It is your responsibility to contact the client, not theirs to contact you.

- ❑ What if they are not motivated?

They signed on for a reason. Remember your Motivational Interviewing. Pull it out of them. How has their life been working for them up to now? Help them believe there is a better way of life.

If you need help, call me or Melanie

Its part of my job to help you get your job done!

DISCHARGE AND FOLLOW UP

- ❑ If you have clients that are no longer needing services or no longer want our services. They need to be discharged. Contact me on who needs to be discharged.
- ❑ The client must do the Satisfaction Survey when discharged.
- ❑ You still have to do a follow-up interview in 6 months with clients that have been discharged. So depart on good terms, keep a good record on the locator form. Call the client once a month, remind them about the 6 month follow up and we will give them \$20.00 gift card.

For Follow Up:

1. GPRA
2. RCS
3. TMAC
4. DIGITAL LITERACY SCALE
5. UNMET NEEDS

WE ARE SETTING THE STANDARDS FOR OTHER
PROGRAMS LIKE THIS ACROSS
TEXAS!

THE STATE OF TEXAS AS OF NOW
IS BUILDING THEIR OWN RECOVERY WEBSITE
THEY ARE WATCHING US AND HOW WE OPERATE
LET'S SET THE STANDARD HIGH

DON'T LET GOOD ENOUGH
BE GOOD ENOUGH!