



Case Manager Training Binder

New Intake

- Set up In House H&P - Link: [H&P Scheduler](#)
 - Use H&P scheduler on google sheets to schedule the next available appointment with the in-house PA, *must be done within the first 3 days of admission.
- Update Census Report
- Send a text message to family opening lines of communication and set up an Intro call

Case Manager Responsibilities

- **CM Intro calls**
 - CM intro calls give the parents pertinent information about the role we play in their son's care, along with Types of Communication they will get while their son is here under our care. Please refer to "Differentiating Types of Sessions/Call" for an explanation of various calls they may receive while their son is in our care. CMs are the family's direct contact, the bridge to the clinical and programming team. During our call, we must go over mail/package protocol, items the families can send (see below), and our role in the aftercare planning process later on in the client's stay at FFAS. This is also the perfect time to introduce the social call timeline after the first "family" session is completed.
 - At the end of the call, it's important to stress how we are the family's main contact.
- **Update Agenda**
 - CM must add new clients to the morning meeting Agenda, Social call date, and times, along with any appointments CM might have while in our care.
- **Send Census report every morning before 10AM**
 - Make sure Census is updated and accurate, including his progress in treatment in regards to his aftercare planning process and aftercare recommendations.
 - Census report email will include "James McManus, Family Ambassadors, Admissions and Clinical --- Staff"
- **Run Case Management Group weekly+ group notes. Please get with your trainer or direct supervisor to explain your Programs group schedule for Case management.**
 - Give templates & examples
- **Aftercare planning notes once a week after the discharge meeting.**
 - You will update these notes with any new recommendations that happened during the discharge meeting.
 - On your Kipu main page, click on your client. On the next page, you will click on the "CM" tab, "Add form" and then "Discharge planning". To edit this, you will click on the pencil to the right of the new "Discharge Planning xx/xx/xxx", once in edit mode, you will add the client's update in the shown box. *Example. Client was discussed during the discharge meeting held on xx/xx/xx. Client was discussed based on his needs and current progress within the program. Current considerations for aftercare plan include mental health-focused at-home options, including NY Center for Living, GenPsych, High Focus . Clinical staff will continue to assess aftercare plans for client throughout the treatment process.* After you complete the note, click "Sign & Submit".

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- Update Census with new aftercare recommendations

- **Go over scheduling social calls, and how to facilitate social calls**

- Social calls are not to be about therapeutic or touchy subjects, Social calls are a window into how their son interacts with them in a non-therapeutic session. If a client starts to catch an attitude or go off onto an inappropriate topic, it is our job to redirect the client back to an appropriate subject. We are also here for the redirection of the parents as well. Redirections may include but are not limited to, bringing up aftercare plans, discharge dates, topics discussed in a family therapy session, drugs, and sexual lewd topics.

- **Go over Aftercare planning**

- Getting aftercare options, vetting aftercare.

- During the vetting process, it is our job to make sure the recommended facility will accept our client with no issue. We reach out to the facility, through our contact or mainline to admissions. Make sure there is availability for admission for the time of clients discharge, we get the price information, find out if families insurance is accepted, and the client's needs will be met at the facility. Some facilities may not accept insurance or be within the family price range, it is still our job to recommend programs that will provide the highest quality of care despite the cost. We will still assist in providing programs within their means, that still offer quality care.

- Check with the family therapist for a referent on the case, and check with the referent about their recommendations.

- Creating Aftercare document

- Go over the formatting of the Aftercare document, aftercare documents should be uniform across the case management team.

- Sending out aftercare options and plans (Parent then CC Coordination of care, Family ambassadors, Family therapist)

- Follow up with family after the initial aftercare options document is sent, usually about 48 hours after. If there is a time restraint, reaching out the next day will be appropriate.

- During the aftercare planning process, it is imperative there is an aftercare plan set in place. As a CM, it is our responsibility to check up on the family's progress in their decision (48 hours), set up any assessments/phone calls the facility may need, and provide any medical information the treatment center may need for admission. Complete Release of information before medical information is shared.

- Discharge packet

- The discharge packet will include an Aftercare plan, medication list, Sobriety definition, and Family agreement. You may also add any other documents that may be of importance to the client's case. Such as medical lab results, x-rays, psych testing results, ETC.

- You will type out the appropriate email for the aftercare plan and discharge packet, including parents, coordination of care, family ambassadors, and family therapist on the email.

- **Mail and packages**

- **For the Cove Program, their mail and packages are handled by their Lead CA and everything is generally sent to the Cove House.**

- For Estates, Mail and packages are to be sent to the office. The office address is: **700 Village Sq Crossing, Palm Beach Gardens Fl 33410**

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- **Letters**

- CM must-read ALL letters, if the letter seems inappropriate, we get with the client's clinical team to make a plan of what to do with the letter. Some letters will be processed in an individual session, some will be kept until he is discharged from our care.

- **Packages**

- CMs are in charge of screening packages. Packages MUST be screened before being sent back to the residential property with the CA's. Clients cannot have any outside food/drink items while in our care, pens, no razors (electric shavers only with no detachable parts), sharp objects, lewd material, pictures of girlfriend/boyfriends, or electronics with access to the internet. If you are unsure of an item being allowed on property, ask another case manager or your supervisor.

- **Go over ASAM's / Transfer note**

- ASAM's is an important part of FFAS billing to insurance, Sarah Garcia will send out an email titled "ASAM LOC Change". Once you receive this email for one of your clients, the ASAM change must be completed as soon as possible.
 - On Kipu main page, click the appropriate client named in the ASAM LOC Change email. On the next page, click on the "ASAM" tab. You will click the current level of care he is "discharging" from, and complete the appropriate ASAM transfer form Example. RL (Residential Living). Once completed, you will complete the next ASAM for the level of care, Example. PHP (Partial Hospitalization Program). Sara Garcia will specify the level of care he will be admitted into. If you need assistance, another case manager or your supervisor will be able to assist.
 - Continued Stay is required to be done after 30 days. This will be the same process as completing a regular ASAM. You will complete one for 30 days, 60 days, and 90 days. You will not get a email from Sarah requesting this, you will have to keep track of each clients day's.

- **Levels of care**

- **RL** (Residential Living)
 - **PHP** (Partial Hospitalization Program)
 - **IOP** (Intensive Outpatient Program)
 - **OP** (Outpatient)

- **Client Transportation and Appointment Coordination**

- CM's are in charge is transporting clients to outside appointments, and coordinating those appointments when requested. Estates CM's have available a company car, White GMC Acadia. Coordinate with other CM's when possible as there is only one vehicle available. Currently, Cove does not have a company vehicle for use. CM may be able to coordinate the use of the Van, or may have to use their own personal vehicle.
 - Add this appointment to the agenda.
 - When taking a client to an appointment, you MUST print out Kipu face sheet for the client, the Surrogate form, acquire the company credit card, and the client's insurance card. The surrogate form is located under the "Pre-Admission" tab in Kipu in the client's file.

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The H&P Scheduler is how we set up appointments with our Physician Assistant, Noha. Anything medical-related will first be seen by the nursing staff, they will recommend the client be seen by Noha (Physician Assistant), and if further medical care needs to be provided; She will refer out.

Step 1: Go to the H&P scheduler webpage. Link: [H&P Link](#) The webpage will look what is shown below.



H&P Scheduler

Noha Saleh, PA can be reached at NSaleh@Familyfirstas.com

Scheduler Instructions:

- Noha will write in appointment dates and times.
- CMs will schedule clients for initial H&P within 72 hours of their admission time. **Please notify Taylor Dowd and Rob Smith via email if this is not possible.**
- CMs will sign up clients for appointment times by filling in all client info, including "Reason for appointment." If there is no client info next to a "Appt Time" it means that time slot is available.
- Please enter all info when scheduling a client, entering "Status" as "Unseen" when scheduling clients prior to their appointment.
- After each appointment, PA Noha will change status to "Seen," and move client information from schedule to "Previously seen clients".

Zoom meeting link: <https://us04web.zoom.us>
Meeting ID: 776 5180 1509 **Password:** Family
Appointments are in person at the main office unless noted as "telehealth" !

Overflow (clients needing to be seen when there are no open appt times)

| | Client Name | Program / House | Admission Date | Status | H & P Date | Staff Scheduling | Reason for appointment |
|---|-------------|-----------------|----------------|--------|------------|------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Thursday May 19, 2022 - Tele Visit

Step 2: Once on the webpage, you will fill out the boxes with the client that needs to be seen's information on the next available date. EVERYTHING must be filled out on the scheduler. (Program will be the respective house you are at, the status will be unseen, staff scheduling is yourself, and the reason for appointment will be initial H&P. If it is not his initial H&P, then you will put what he needs to be seen for.)



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| ➡ | Client Name | Program / House | Admission Date | Status | H & P Date | Staff Scheduling | Reason for appointment |
|---|-------------|-----------------|----------------|--------|------------|------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Thursday May 19, 2022 - Tele Visit



Step 3: Depending on whether or not Noha will be present at the office that day of your client's appointment, the scheduled appointment may be virtual over zoom, or in person at the office. The type of appointment will be specified next to the date on the scheduler.



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Zoom meeting link: <https://us04web.zoom.us>
Meeting ID: 776 5180 1509 **Password:** Family
Appointments are in person at the main office unless noted as "telehealth"!

Overflow (clients needing to be seen when there are no open appt times)

| | Client Name | Program / House | Admission Date | Status | H & P Date | Staff Scheduling | Reason for appointment |
|---|-------------|-----------------|----------------|--------|------------|------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Thursday May 19, 2022 - Tele Visit

Step 4: If the appointment is in person, you will bring the client to the nurse's station on the south side of the building. Your trainer will show you this location. If the appointment is virtual, you will use the Zoom meeting link on the H&P scheduler ([HP Zoom Link](#)), or you can manually type in the "Meeting ID" and "Password" shown below.

Meeting ID: 776 5180 1509

Password: Family



H&P Scheduler

Noha Saleh, PA can be reached at NSaleh@Familyfirstas.com

Scheduler Instructions:

- Noha will write in appointment dates and times.
- CMs will schedule clients for initial H&P within 72 hours of their admission time. **Please notify Taylor Dowd and Rob Smith via email if this is not possible.**
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- Please enter all info when scheduling a client, entering "Status" as "Unseen" when scheduling clients prior to their appointment.
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Zoom meeting link: <https://us04web.zoom.us>
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Overflow (clients needing to be seen when there are no open appt times)

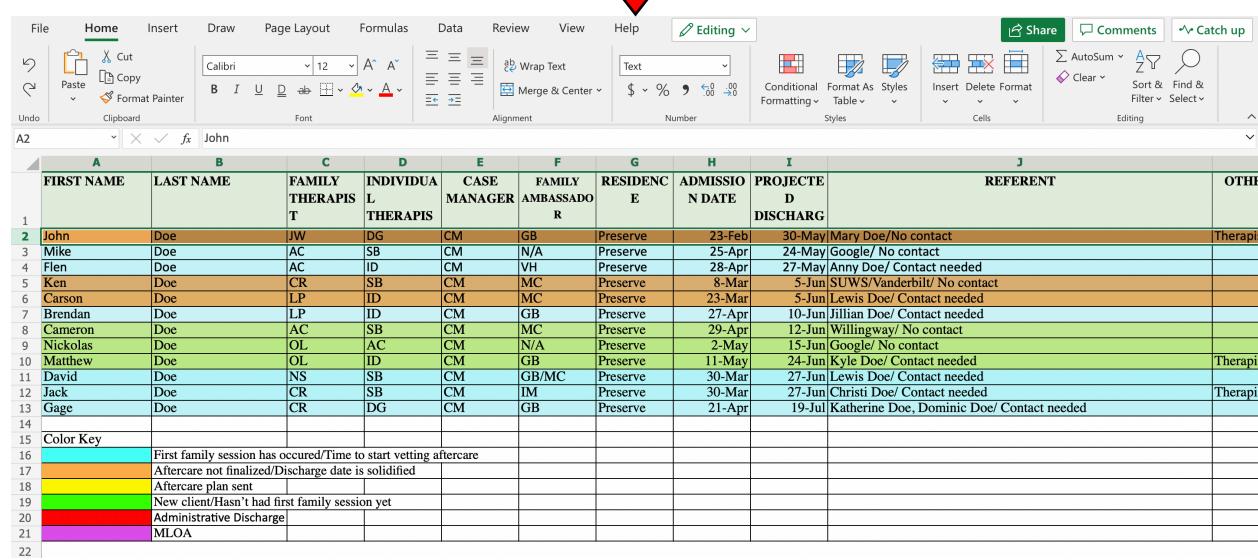
| | Client Name | Program / House | Admission Date | Status | H & P Date | Staff Scheduling | Reason for appointment |
|---|-------------|-----------------|----------------|--------|------------|------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Thursday May 19, 2022 - Tele Visit



The Census is how our leadership team, family ambassadors, therapist, and the rest of the team keep track of what client is at which house, and who their clinical team is. Keeping this updated is imperative for the clinical and leadership team to have the most accurate information of who is where, and what part of their treatment they are in. You **MUST** look, and update this daily. Your trainer will send you the “base” file. Below it will walk you through adding a client and re-sorting the discharge dates.

Step 1: Open up the document, the format must be an Excel file. Your Census should look very similar to the one shown below.



A screenshot of an Excel spreadsheet titled "John". The spreadsheet has a header row with columns labeled A through J. The columns are labeled as follows: FIRST NAME, LAST NAME, FAMILY THERAPIST, INDIVIDUAL THERAPIST, CASE MANAGER, FAMILY AMBASSADOR, RESIDENCE, ADMISSION DATE, PROJECTED DISCHARGE, REFERENT, and OTHER. The data starts with row 1, followed by rows 2 through 21. Row 2 contains the first client entry: John Doe, JW, DG, CM, GB, Preserve, 23-Feb, 30-May, Mary Doe/No contact, Therapist. Rows 3 through 13 show other clients with various names and details. Row 14 is blank. Row 15 is a "Color Key" row with colored cells corresponding to specific status codes. Rows 16 through 21 provide definitions for these color-coded terms: First family session has occurred/Time to start vetting aftercare (light blue), Aftercare not finalized/Discharge date is solidified (orange), Aftercare plan sent (yellow), New client/Hasn't had first family session yet (green), Administrative Discharge (red), and MLÖA (purple).

| | FIRST NAME | LAST NAME | FAMILY THERAPIST | INDIVIDUAL THERAPIST | CASE MANAGER | FAMILY AMBASSADOR | RESIDENCE | ADMISSION DATE | PROJECTED DISCHARGE | REFERENT | OTHER |
|----|---|-----------|------------------|----------------------|--------------|-------------------|-----------|----------------|---------------------|--|-----------|
| 1 | | | | | | | | | | | |
| 2 | John | Doe | JW | DG | CM | GB | Preserve | 23-Feb | 30-May | Mary Doe/No contact | Therapist |
| 3 | Mike | Doe | AC | SB | CM | N/A | Preserve | 25-Apr | 24-May | Google/ No contact | |
| 4 | Flen | Doe | AC | ID | CM | VH | Preserve | 28-Apr | 27-May | Anny Doe/ Contact needed | |
| 5 | Ken | Doe | CR | SB | CM | MC | Preserve | 8-Mar | 5-Jun | SUWS/Vanderbilt/ No contact | |
| 6 | Carson | Doe | LP | ID | CM | MC | Preserve | 23-Mar | 5-Jun | Lewis Doe/ Contact needed | |
| 7 | Brendan | Doe | LP | ID | CM | GB | Preserve | 27-Apr | 10-Jun | Jillian Doe/ Contact needed | |
| 8 | Cameron | Doe | AC | SB | CM | MC | Preserve | 29-Apr | 12-Jun | Willingway/ No contact | |
| 9 | Nikolas | Doe | OL | AC | CM | N/A | Preserv | 2-May | 15-Jun | Google/ No contact | |
| 10 | Matthew | Doe | OL | ID | CM | GB | Preserv | 11-May | 24-Jun | Kyle Doe/ Contact needed | Therapist |
| 11 | David | Doe | NS | SB | CM | GB/MC | Preserve | 30-Mar | 27-Jun | Lewis Doe/ Contact needed | |
| 12 | Jack | Doe | CR | SB | CM | IM | Preserve | 30-Mar | 27-Jun | Christi Doe/ Contact needed | Therapist |
| 13 | Gage | Doe | CR | DG | CM | GB | Preserve | 21-Apr | 19-Jul | Katherine Doe, Dominic Doe/ Contact needed | |
| 14 | | | | | | | | | | | |
| 15 | Color Key | | | | | | | | | | |
| 16 | First family session has occurred/Time to start vetting aftercare | | | | | | | | | | |
| 17 | Aftercare not finalized/Discharge date is solidified | | | | | | | | | | |
| 18 | Aftercare plan sent | | | | | | | | | | |
| 19 | New client/Hasn't had first family session yet | | | | | | | | | | |
| 20 | Administrative Discharge | | | | | | | | | | |
| 21 | MLÖA | | | | | | | | | | |
| 22 | | | | | | | | | | | |

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Step 2: You will remove the client that has recently been discharged. Removing A,B,C ETC. boxes, also removing the color code.



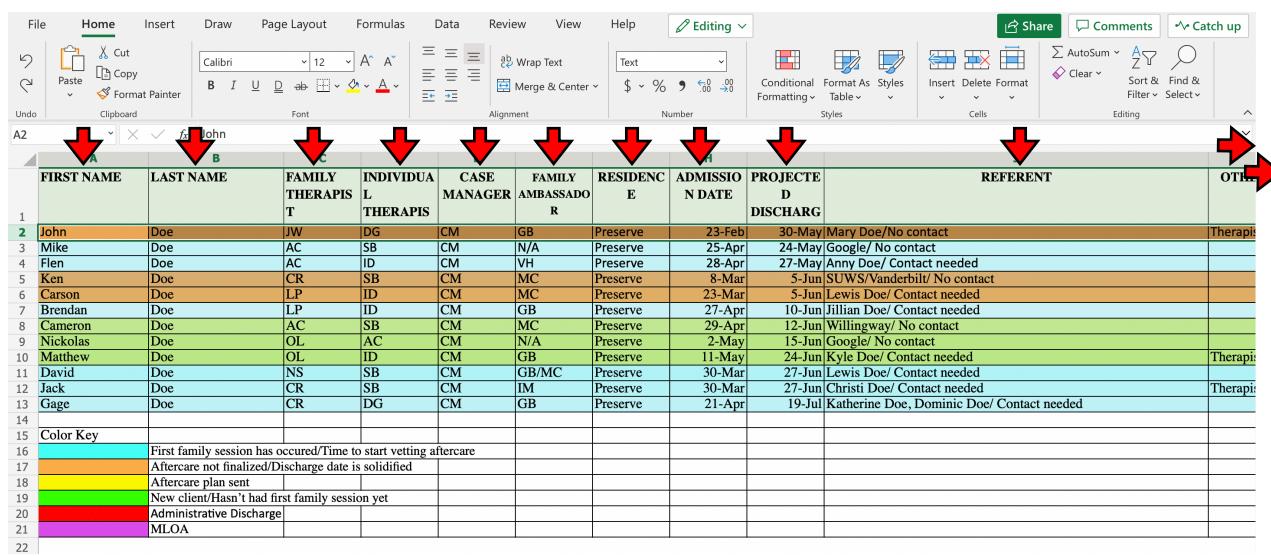
| | A | B | C | D | E |
|---|------------|-----------|-------------------|---------------------|--------------|
| 1 | FIRST NAME | LAST NAME | FAMILY THERAPIS T | INDIVIDUAL THERAPIS | CASE MANAGER |
| 2 | John | Doe | JW | DG | CM |
| 3 | Mike | Doe | AC | SB | CM |
| 4 | Flen | Doe | AC | ID | CM |
| 5 | Ken | Doe | CR | SB | CM |
| 6 | Carson | Doe | LP | ID | CM |
| 7 | Brendan | Doe | LP | ID | CM |
| 8 | Cameron | Doe | AC | SB | CM |
| 9 | Nickolas | Doe | OL | AC | CM |

How to remove color code: Make sure the client row is highlighted by clicking on the corresponding number on the left. You will then click on the “Fill Color” tab highlighted by the green arrow shown below. And then No Fill is highlighted by the orange arrow seen below. When needing to color code for his progression in care, you will do the same process just filling in with the corresponding color.

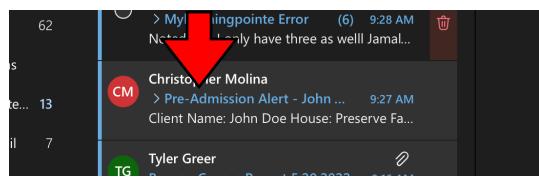
The screenshot shows the Microsoft Excel ribbon at the top with tabs like Page Layout, Formulas, Data, Review, View, and Help. Below the ribbon, the Font section of the ribbon is visible, showing font styles (B, I, U, D), font size (12), and font color (black). A green arrow points to the 'Font Color' dropdown menu. To the right, the Conditional Formatting palette is open, showing a color palette with 'Theme Colors' and 'Standard Colors'. An orange arrow points to the 'No Fill' option in the standard colors section. The main area of the screen displays a table with columns labeled A through E. The first two rows of the table are highlighted in orange, indicating they are selected for modification.

| | B | C | D | E |
|----------|------------------|----------------------|--------------|---|
| NAME | FAMILY THERAPIST | INDIVIDUAL THERAPIST | CASE MANAGER | |
| John | | | | |
| Mike | | | | |
| Flen | | | | |
| Ken | | | | |
| Carson | | | | |
| Brendan | | | | |
| Cameron | | | | |
| Nickolas | | | | |

When adding a client to the census, you will refer to the pre-admission for the most accurate information. The pre-admission will be found in your email prior to the boy admitting into our care, this email will include all of the information you need for the census. If some information is absent from the pre-admission email, please reach out to your trainer or supervisor on how to acquire this information.



| | FIRST NAME | LAST NAME | FAMILY THERAPIST | INDIVIDUAL THERAPIST | CASE MANAGER | FAMILY AMBASSADOR | RESIDENCE | ADMISSION DATE | PROJECTED DISCHARGE | REFERENT | OTHER |
|----|------------|-----------|------------------|----------------------|--------------|-------------------|-----------|----------------|---------------------|--|-----------|
| 1 | 2 John | Doe | JW | DG | CM | GB | Preserve | 23-Feb | 30-May | Mary Doe/No contact | Therapist |
| 2 | Mike | Doe | AC | SB | CM | N/A | Preserve | 25-Apr | 24-May | Google/ No contact | |
| 3 | Flen | Doe | AC | ID | CM | VH | Preserve | 28-Apr | 27-May | Anny Doe/ Contact needed | |
| 4 | Ken | Doe | CR | SB | CM | MC | Preserve | 8-Mar | 5-Jun | SUWS/Vanderbilt/ No contact | |
| 5 | Carson | Doe | LP | ID | CM | MC | Preserve | 23-Mar | 5-Jun | Lewis Doe/ Contact needed | |
| 6 | Brendan | Doe | LP | ID | CM | GB | Preserve | 27-Apr | 10-Jun | Jillian Doe/ Contact needed | |
| 7 | Cameron | Doe | AC | SB | CM | MC | Preserve | 29-Apr | 12-Jun | Willingway/ No contact | |
| 8 | Nickolas | Doe | OL | AC | CM | N/A | Preserve | 2-May | 15-Jun | Google/ No contact | |
| 9 | Matthew | Doe | OL | ID | CM | GB | Preserve | 11-May | 24-Jun | Kyle Doe/ Contact needed | Therapist |
| 10 | David | Doe | NS | SB | CM | GB/MC | Preserve | 30-Mar | 27-Jun | Lewis Doe/ Contact needed | |
| 11 | Jack | Doe | CR | SB | CM | IM | Preserve | 30-Mar | 27-Jun | Christi Doe/ Contact needed | Therapist |
| 12 | Gage | Doe | CR | DG | CM | GB | Preserve | 21-Apr | 19-Jul | Katherine Doe, Dominic Doe/ Contact needed | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | Color Key | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |



Client Name: John Doe

House: Preserve
Family Therapist: Lauren Doe
Individual Therapist: Oscar Doe
Academic Coordinator: Ray/Kristi
Program Coordinator: Deshawn Doe
Lead CA: Jared Doe
Case Manager: Christopher Doe
Family Ambassador: Graham Doe
Admissions Specialist: Brad Doe

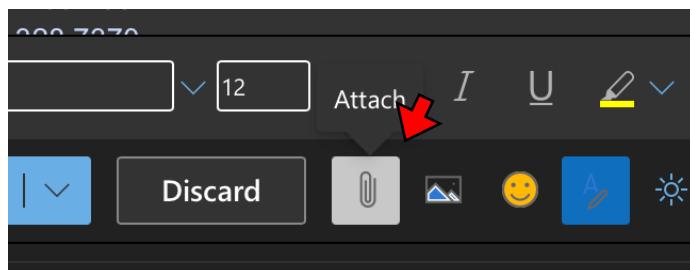
Education team: dad has connected with the school and has to set up.

Age: 17
Location: Evansville, Indiana (dad) / Henderson, KY (Mom) only 20

LOS: 45
LOC: RES
SCA: No
Extension Notes: Moderate/High potential for extension
Payment Information:



Step 3: After you have updated the census, you will add this as an attachment to an email. Once attached, you will add “Jame McManus, Family Ambassadors, Admissions, and Estates Clinical Staff”, and type out the appropriate email. And then press send.



To JM James McManus X + FA Family Ambassadors X + A Admissions X
+ ES Estates Clinical Staff X

Cc

Preserve Census 5.20.2022

Good morning Team,

Please see the updated attached Preserve Census, let me know if you have any questions. I hope you have a wonderful day.

Regards,|



Differentiating Types of Sessions/Calls

Family System Treatment Calls

The following are calls that are a standard part of our therapeutic program intended to support greater connection and healing for you and your family.

Family Therapy Session

Facilitated by: Family Therapist

- ◊ **What is it?** Family Therapy is a therapeutic session occurring over the Zoom Video Conferencing platform.
- ◊ **Frequency:** Weekly
- ◊ **Duration:** 45min – 1hr (*may run over or be stopped short based on clinical need/assessment*)
- ◊ **Purpose:** Weekly Family Therapy sessions are intended to create a space for identifying and addressing patterns and dynamics in your family system. These weekly therapy sessions will include processing assignments, reflecting on family dynamics, internal/external patterns of behavior and how each person in the family impacts each other in various ways. The intention of identifying and addressing these patterns and/or dynamics is to support movement toward more connected and healthy relationships.
 - **Role of the Facilitator:** *Family Therapists serve as a guide who will both set the framework and manage the therapeutic session. At the beginning of each session, they will onboard you with any pertinent clinical information/assessments pertaining to your son's current therapeutic progress and/or behavior, as well as the intention of the upcoming therapy session. They will support you and your son in a process of self-reflection on what it is that you most want for yourself and what emotional/relational patterns may be getting in the way of you having it.*
 - **Role of the Parent(s):** *Show up on-time and ready to engage in a private/quiet space where there are little-to-no distractions. This communicates to your son that he is important. Come prepared to share your heart as openly as you feel comfortable, and share your completed assignments, if your Family Therapist has given you homework. Ask for support and clarity from your family therapist if you are ever unclear about the intention of your session or how what you are exploring together is beneficial to the treatment of your family system.*



Treatment Progress Call: Facilitated by: Program Director

- ◊ **What is it?** Treatment Progress Calls are *non-therapeutic* phone calls facilitated by the Program Director.
- ◊ **Frequency:** Weekly
- ◊ **Duration:** Up to 30min
- ◊ **Purpose:** Weekly Treatment Progress calls are intended to create space for you as parents to ask questions, address concerns, and gain support in meeting the various goals and objectives you have outlined on your Family Treatment Plan. You will also receive a behavioral synopsis of your son's interactions with peers and staff. It is important to note that these behavioral progress reports are only one part of your son's experience in treatment, and often can *seem* conflictual with your therapist's reports of therapeutic progress.
 - **Role of the Facilitator:** *Program Directors will be giving you a behavioral synopsis of your son for the previous week, highlighting specific achievements and potential challenges that they are facing. They will be reviewing your Family Treatment Plan goals and assignments to support you in completing them. They will also be inviting you to reflect on your own progress and challenges throughout the treatment process.*
 - **Role of the Parent(s):** *Show up on-time and ready to engage in a private/quiet space where there are little-to-no distractions. Come prepared with questions about your son and your Family Treatment Plan, if you have any. Be prepared to reflect on and talk about your progress in completing the interventions/assignments given to you throughout treatment.*

Social Call: Facilitated by: Case Manager or Counselor Assistant

- ◊ **What is it?** Social Calls are weekly phone calls to connect with your son without therapeutic support while he is in treatment.
- ◊ **Frequency:** Weekly – *after the first Family Therapy Session with your son*
- ◊ **Duration:** 15 minutes
- ◊ **Purpose:** Social calls are weekly opportunities for you and your son to apply the skills and learning you have been engaged in during treatment without therapeutic intervention. The intention of these calls is to support you and your son in learning how to connect with each other amidst unresolved problems, dynamics, plans for aftercare, etc. These calls are not a time to address patterns and dynamics related to what you are navigating with the support of your Family Therapist. Often, even though we would love if these calls were always very pleasant, it is common for awkward feelings and even



conflict to arise. This is a normal and healthy part of the process of renegotiating the foundation of your relationship.

- **Role of the Facilitator:** *The Facilitator will onboard you and your son to the parameters and ground rules for the call. They will then transition to holding space for the call and staying in the background without interruption unless they see that a conversation has escalated beyond you and your son's current capacity to engage with each other.*
- **Role of the Parent(s):** *Practicing genuine curiosity, being mindful of your internal reactions to what and how your son is presenting to you and allowing yourself to set boundaries if needed. Also, it is important to be kind to yourself and acknowledge that there is no "perfect" way to navigate this really challenging situation.*

Coordination of Treatment Logistics

There are many moving parts to the treatment process and your case manager will be your go-to person for coordinating logistics throughout your journey.

Case Management Call: Facilitated by: Case Manager

- ◊ **What is it?** Case Management Calls are *non-therapeutic* calls that may include the coordination of scheduling, appointment setting, documentation follow-up, aftercare planning, and all other tasks logistical-in-nature.
- ◊ **Frequency:** As needed
- ◊ **Duration:** Varies
- ◊ **Purpose:** Case Management calls typically occur whenever a family member has a question that is logistical in nature, and/or there is a need to coordinate some aspect of you and your son's treatment process such as communication bridging between departments or personnel, appointment setting, collaboration with outside providers, visitation, letter writing, care-packages, etc.
 - **Role of the Facilitator:** *Case Managers will support you in answering questions, directing you to the optimal person on the team to address specific requests outside of their scope and helping you to coordinate logistics of your son's treatment and aftercare planning process.*
 - **Role of the Parent(s):** *Reach out to your case manager whenever you have a question or concern. Collaborate with your case manager whenever possible to complete logistical tasks. If you reach out to your Case Manager, you will always receive follow-up within 24 business hours.*



Therapeutic Intervention Calls

The following are calls that may be used as clinical interventions during the treatment process as indicated by the treatment team. These interventions are utilized on a case-by-case basis and will include additional onboarding to support you in understanding the purpose of the intervention and your role in the process.

Accountability Call:

Facilitated by: Case Manager or Program Director

- ◊ **What is it?** An accountability call is a therapeutic intervention that involves setting up a call between you and your son to give him an opportunity to acknowledge/take ownership of a certain type of problematic behavior without shame or punishment.
- ◊ **Frequency:** As needed – *Identified by the clinical team.*
- ◊ **Duration:** 15 minutes
- ◊ **Purpose:** The purpose of accountability calls is to create a different relational context for your son to learn how to take ownership for their behaviors, without the fear of punishment and shame.
 - **Role of the Facilitator:** *The facilitator will onboard you (before your son joins the call) and your son (reiterating once he does join) the structure and purpose of the call. They will then hold space for your son to take ownership for their behavior and manage the conversation in a way that addresses the nature of remaining open and receptive as opposed to accusatory, blaming or shaming. If your son decides not to take ownership for their behavior, the facilitator will invite you as parents to reflect on your internal experience of what it is like when your son avoids, denies, or displaces responsibility.*
 - **Role of the Parent(s):** *Parents are invited to practice being curious, asking questions and reflecting how this behavior may be impacting them internally without assigning blame or shame on their son.*



Academic Intervention Call:

Facilitated by: Education Coordinator & Therapist/Program Coordinator

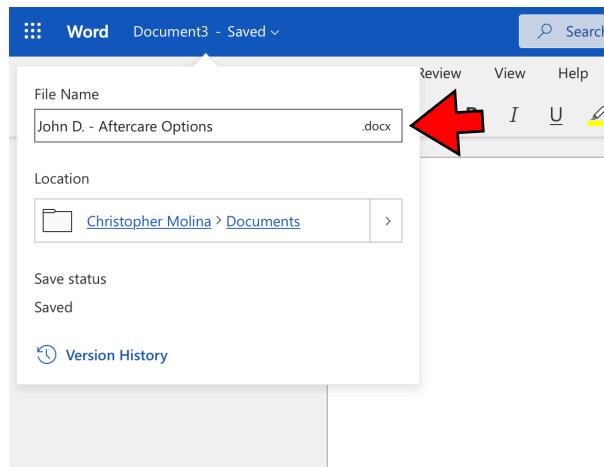
- ◊ **What is it?** A scheduled call to address academic concerns and/or plans (that may or may not include your son) with therapeutic support.
- ◊ **Frequency:** As needed – Identified by Education Coordinator and Clinical Team
- ◊ **Duration:** Varies
- ◊ **Purpose:** Academic Intervention calls are set up by our Education Coordinators in collaboration with the rest of the clinical team. The intention of these calls can vary, but the overall purpose would be to address challenges related to academics with increased support from the clinical team.
 - **Role of the Facilitators:** *Facilitators will onboard you (and your son, if applicable) about the intention of the call. Facilitators will also manage and direct the discussion based upon the challenges and/or plans that need to be addressed.*
 - **Role of the Parent(s):** *Parents will be asked to reflect on and give feedback about previous academic history and how it may support our greater understanding of how to collaboratively support your son's educational efforts moving forward. We ask that you keep an open mind to receiving support and feedback from the Education and Clinical team during these calls.*



Providing families with aftercare recommendations is a large part of Case Management. We work with the family and individual therapist to gather programs and resources that will help establish long-term sobriety when the client leaves our care. Case management must compile these recommendations in a document that can be viewable by the client's guardians. Your trainer will send you previous documents so that you can source various program information for your document. If you are unable to find a pre-written write-up, you will have to create a new one-off of information gathered through their website or the internet.

The formatting on this document helps have cohesiveness across the case management department, this will show you how to organize the correct format for your document.

Step 1: You will be given the Family First title head base document by your trainer. You will create all aftercare documents on this title head. For easy access, name the document the client's first name, last initial, dash, and aftercare options. If this is an aftercare plan, name appropriately.





Step 2: The intro shown at the top (blue bracket) can be copied from a previous write-up. The explanation of the options list will be *italicized*, **bolded**, and underlined, make sure to change the name to the correct client.

Step 3: Your document will be in Calibri font, everything but the name of the program (Green arrow) will be in 9 size font. The name of the program will be sized at 10 for emphasis on the name designated by Option A, Option B, ETC. Depending on the explanation from the website, you will have bullets and sub-bullets. The bullet (red arrow) shows a step of the program, then the sub-bullet (orange arrow) goes to show the detail of what that step is. If there is a sub-bullet to a bullet, you will bold out the initial bullet for emphasis.

Hello,

The FFAS clinical team has formulated a list of recommendations and options to support John in continuing care. Included in the list is: contact information, location, website, and a breakdown of specialties and services provided by each program.

Aftercare Options:

Option A: Resilience Recovery Homes

- The Resilience Recovery Program is a highly structured program for young adult men, grounded in the 12 steps and based on a level system where residents are required to reach specific milestones before graduating to the next phase.
- Geared towards young men ages 16 and up that have completed primary treatment and are ready to slowly assimilate back into society.
- **Orientation: 2 Week Minimum – 30 days**
 - Residents are expected to participate in chores, wake-up routines, and community activities. They are expected to attend seven 12-step meetings per week and acquire a sponsor during this time.
 - This phase of the program is intended to get residents adjusted to their new routine and become comfortable in their new recovery environment.
- **Level 1: 14 – 90 days**
 - Residents are expected to attend six 12-step meetings per week and obtain 1 commitment at a chosen meeting, in addition to having acquired a sponsor and actively commenced step work.
 - They are typically participating in 9 hours a week of IOP or OP treatment at a local facility and may have additional outside therapy support.
 - Level 1 is focused on laying the groundwork - being an active participant in their own lives and becoming accountable to their Resilience Recovery community.
- **Level 2: 60 – 120 days**
 - Residents are actively working steps with their sponsor and have completed their 5th step. They are expected to maintain attendance of six 12-step meetings per week and fulfill their 1 commitment per week.

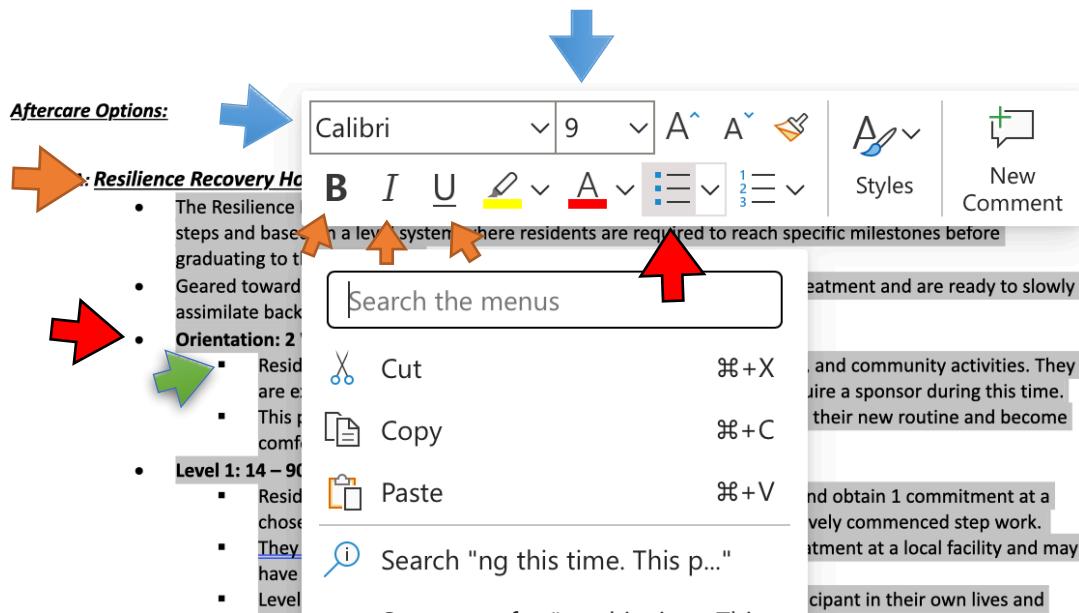


Recap formatting: The body for each program will be formatted as such. Your trainer will be able to show you in real-time the formatting. Each page will have a full program, do not have a program split in half from page to page. If it's a small enough write-up, you can fit two on one page.

Blue: Calibri font for the whole document. Sized at 9 for everything but the name of the program and intro heading.

Orange: **Bold**, *Italicize*, and underline. The name of the program and intro heading will be all **three** and font sized at 10.

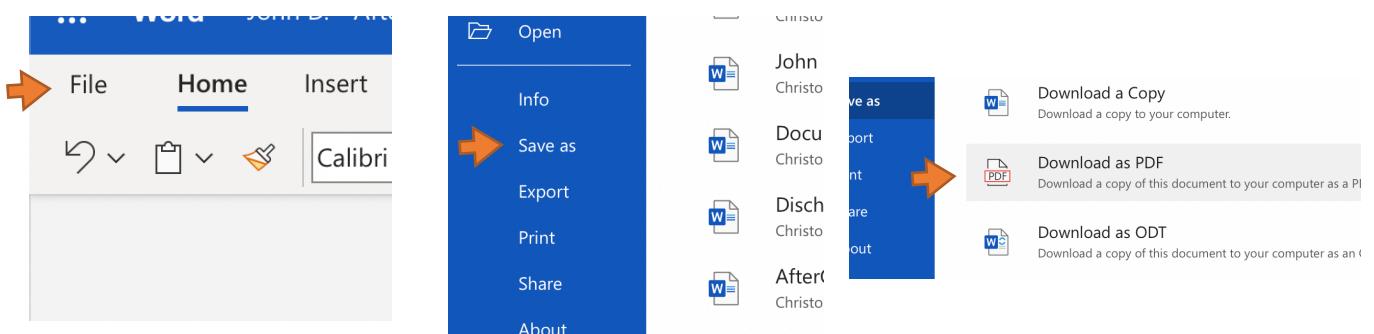
Red/Green: Each paragraph will be bulleted in the body of your program, relevant information to an initial bullet (red) will have a (green) sub-bullet. To create a sub-bullet, you will press “Enter” at the end of your initial bullets wording. It will drop down and create an indented bullet. An Initial bullet wording will be bolded.



Step 4: At the bottom of each program, you will list the contact information for them. If you have a direct contact at the program, you can list them. If not, you can list the general line. You will include the location of the program, the phone number for the program, and the website. Please see below for an example.

- property. 
- **Contact information:**
 - **Address:** 3011 Poinsettia Ave, West Palm Beach, FL 33407
 - **Phone:** (561) 806-0980
 - **Website:** www.resiliencerecoveryresources.com

Step 5: Once you have added all of the recommended options to the list and completed formatting, you will have to export the document into a viewable PDF. Microsoft word will export this for you, please see below on how.





This document is to be completed in time for the family therapist to present these recommendations to the family. Having consistent communication with the therapist is key to making sure you don't miss a deadline. You will send the document to the therapist once it is completed in the viewable PDF file. They will present this to the family in a therapy session, once they have done this. You will send an email containing this document. Please see the visual aid below.

Step 6: To send this formally to the family, start a new email in Outlook. Title the email as "(Client name and initial). - Aftercare Options" (green arrow). You will add the guardian's email address, CC coordination of care, family ambassadors, and the family and individual therapist (orange arrow). In the body of the email (blue bracket), you can copy the wording below establishing you as the main contact through the client's aftercare process. Make sure to change the name's to reflect your client.

The screenshot shows an Outlook email window. At the top, there are three input fields: 'To' (containing 'johndoedad@gmail.com'), 'Cc' (containing 'Coordination of Care' and 'Family Ambassadors'), and 'Bcc' (containing 'Nicole Seidman' and 'Danielle Guido'). Orange arrows point from the text descriptions in the paragraph above to the 'To' and 'Cc' fields. A green arrow points from the text 'John D. - Aftercare Options' to the subject line. The email body contains the following text:

John D. - Aftercare Options

Good afternoon John,

Attached please find John's recommended aftercare options. Please begin to reach out to these programs to gather the information that will help you choose a plan that you feel will be most supportive of your son.

I will be your main point of contact throughout the aftercare process, therefore please contact me directly with any and all questions. I want to make sure we work together towards getting John the most supportive aftercare possible.

Regards,

700 Village Square Crossing, Unit 101, Palm Beach Gardens, FL 33410

(561) 328-7370 • familyfirstas.com



Step 7: You will add the PDF file after setting up the email as shown above. Once the file has

A screenshot of the Microsoft Word ribbon. The 'File' tab is highlighted in blue. A red arrow points upwards from the bottom of the ribbon towards the 'File' tab.
A screenshot of the 'Open' dialog box. It shows a list of files, with 'John D. - Aftercare Options.docx' at the top. Below it are options to 'Browse this computer', 'Browse cloud locations', and 'Upload and share'. A red arrow points from the bottom of the dialog box towards the 'Open' button.
A screenshot of an email message. The subject line is 'John D. - Aftercare Options'. Below the subject, there is a file attachment icon followed by the text 'John D. - Aftercare Options1.... 224 KB'. A red arrow points from the left side of the attachment area towards the attachment itself.
A screenshot of an email message. The body of the email starts with 'Good afternoon John,'. A red arrow points from the left side of the message body towards the word 'Good'.

Step 8: Once the file has been added to the email, review the email. Then send.

A screenshot of the Microsoft Word ribbon. The 'File' tab is highlighted in blue. A red arrow points from the bottom of the ribbon towards the 'Send' button in the ribbon bar.



Hello,

The FFAS clinical team has formulated a list of recommendations and options to support John in continuing care. Included in the list is: contact information, location, website, and a breakdown of specialties and services provided by each program.

Aftercare Options:

Option A: Resilience Recovery Homes

- The Resilience Recovery Program is a highly structured program for young adult men, grounded in the 12 steps and based on a level system where residents are required to reach specific milestones before graduating to the next phase.
- Geared towards young men ages 16 and up that have completed primary treatment and are ready to slowly assimilate back into society.
- **Orientation: 2 Week Minimum – 30 days**
 - Residents are expected to participate in chores, wake-up routines, and community activities. They are expected to attend seven 12-step meetings per week and acquire a sponsor during this time.
 - This phase of the program is intended to get residents adjusted to their new routine and become comfortable in their new recovery environment.
- **Level 1: 14 – 90 days**
 - Residents are expected to attend six 12-step meetings per week and obtain 1 commitment at a chosen meeting, in addition to having acquired a sponsor and actively commenced step work.
 - They typically participate in 9 hours a week of IOP or OP treatment at a local facility and may have additional outside therapy support.
 - Level 1 is focused on laying the groundwork - being an active participant in their own lives and becoming accountable to their Resilience Recovery community.
- **Level 2: 60 – 120 days**
 - Residents are actively working steps with their sponsor and have completed their 5th step. They are expected to maintain attendance of six 12-step meetings per week and fulfill their 1 commitment per week.
 - They are also actively participating in the Resilience Recovery program, including groups, chores, wake-up routines, and community activities.
 - This phase of the program is aimed at helping our residents become active participants in their larger community and molding them to become leaders both in and out of the house.
- **Level 3: 120+ days**
 - Residents are actively working on the steps with their sponsor and have completed their 9th step.
 - They are expected to attend five 12-step meetings per week with 1 commitment.
 - Their consistent participation in the Resilience Recovery program is expected, as well as stepping up to a leadership role in the house.
 - They have full cell phone and technology privileges at this level and can have a car on the property.
- **Contact information:**
 - **Address:** 3011 Poinsettia Ave, West Palm Beach, FL 33407
 - **Phone:** (561) 806-0980
 - **Website:** www.resiliencerecoveryresources.com



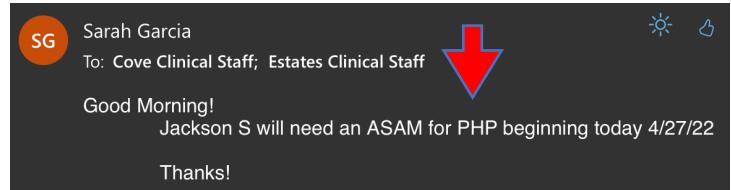
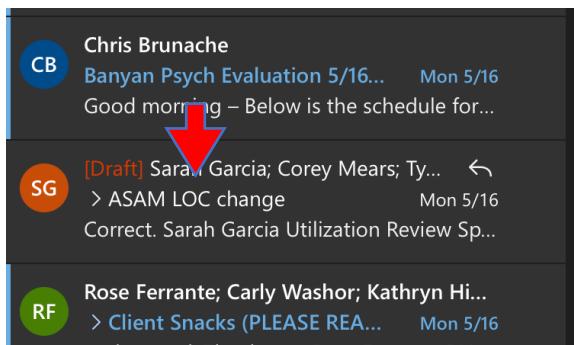
700 Village Square Crossing, Unit 101, Palm Beach Gardens, FL 33410
(561) 328-7370 • familyfirstas.com

ASAM's (American Society of Addiction Medicine) are one of the most important tasks Case Management has to keep updated. This signals to the insurance company where the client is at in his care with us, and how they should bill his insurance company.

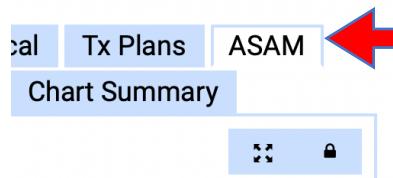
Step 1: You will receive an email from Sarah Garcia in the email thread " ASAM LOC Change" designating the level of care the boy needs to be switched to. Once open, you will see this will be coded by the letters:

- **RL** - Residential Living
- **PHP** - Partial Hospitalization Program
- **IOP** - Intensive Outpatient Program
- **OP** - Outpatient

RL is the highest level of care all the way down through OP, which is the lowest level of care.



Step 2: After seeing what level of care the client needs to go to, you will go to his Kipu profile. Once in his profile, you will click the ASAM tab.





Step 3: You will see the client has already been admitted into a level of care, as seen below pointed out by the green arrow. Being that he is needing to admit into the PHP LOC (Level of care), you will need to discharge him from his current level of care and have him transferred to another level of care. As shown by the Orange arrow.

← Clients + Add form Time stamps

| Name Date | Status | Entry | Review | |
|--|--------|-------------|--------|---|
| ASAM - RL - Adolescent 65D-30 Level III.5 - Admission 05/20/2022 | open | PT CM Nurse | CD | X |
| ASAM - RL- Adolescent 65D-30 Level III.5 - Discharge/Transfer Criteria | open | PT CD CM | CD | X |

Step 4: You will click on the pencil highlighted by the green arrow shown below to edit the new ASAM added.

← Clients + Add form Time stamps

| Name Date | Status | Entry | Review | |
|--|--------|-------------|--------|---|
| ASAM - RL - Adolescent 65D-30 Level III.5 - Admission 05/20/2022 | open | PT CM Nurse | CD | X |
| ASAM - RL- Adolescent 65D-30 Level III.5 - Discharge/Transfer Criteria | open | PT CD CM | CD | X |

You will be brought into the document as shown below.

ASAM - RL- Adolescent 65D-30 Level III.5 - Discharge/Transfer Criteria

Add signers

Notice
WARNING: SUPER-ADMIN OVERRIDE MODE - any changes are permanent even after these forms were signed.

Evaluation Date: 05/20/2022

Please check appropriate box:

Transfer to level

Client must meet criteria in at least one of the six dimensions. Check one box in the following dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential
The client's situation in this dimension is characterized by one of the following:

Client is free from intoxication or withdrawal symptoms/risks; or

The client exhibits symptoms of severe intoxication and/or withdrawal, which cannot be safely managed at this level of care.

Applies Does Not Apply

Yes No

Yes No

Yes No

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(561) 328-7370 • familyfirstas.com



Please refer to the document for the level of care transfer and admission to answer the questions correctly. There will be an answer sheet for each level of care.

Sign and submit.

You will have to do a ASAM discharge and ASAM Admin for each level of care, once Sarah Garcia sends out the email telling to do so.

ASAM - RL - Adolescent 65D-30 Level III.5 - Admission 08/25/2020

Evaluation Date: 08/25/2020

Check one box in each dimension

Client meets criteria in all six dimensions.

Yes

No

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client's intoxication or withdrawal symptoms/risks can be managed at this level of care.

Yes

No

Dimension 2: Biomedical Conditions and Complications

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Biomedical conditions, if any, are stable and do not require availability or medical/nursing monitoring, and the client is capable of self-administering any prescribed medications; or

Yes

No

Biomedical are not severe enough to warrant inpatient treatment but are sufficient to distract from recovery efforts. Such conditions require medical monitoring, which can be provided by the program or thorough a concurrent agreement with another provider;

| | |
|-------------------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input checked="" type="checkbox"/> | |

Biomedical Enhanced Services

The client, who has a biomedical problem that requires a degree of staff attention that is not available in other Level III.1 programs, is in need of Biomedical Enhanced services.

| | |
|-------------------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input checked="" type="checkbox"/> | No |

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

Applies

Does Not Apply

The client meets either having no emotional/behavioral conditions or meets one of the following in either the Dual Diagnosis Capable or Dual Diagnosis Enhances Program criteria:

[If any of the Dimension 3 conditions are present, the client must be admitted to a Dual Diagnosis Capable or Dual Diagnosis Enhanced program (depending on his or her level of function, stability and degree of impairment)].

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Dual Diagnosis Capable Programs

The client's situation in this dimension is characterized by the first, second, or third of the following items:

The client's psychiatric condition is stable, and he or she is assessed as having minimal problems in this area, as evidenced by both of the following: [1] the client's thought disorder, anxiety, guilt and/or depression may be related to substance use problems or to a stable co-occurring emotional, behavioral or cognitive condition, with dangerous consequences outside of a structured environment; and [2] the client is assessed as not posing a risk to self or others; or

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

The client's symptoms and functional deficits, when considered in the context of his or home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. Functional deficits may include but are not limited to: residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, and the sequelae of physical, sexual or emotional trauma. These deficits may be complicated by problems in Dimensions 2 through 6; or

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

The client demonstrates (through distractibility, negative emotions, or generalized anxiety) an inability to maintain stable behavior over a 24 hour period without the structure and support of a 24 hour setting; or

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

The client's co-occurring psychiatric, emotional, behavioral or cognitive conditions are being addressed concurrently through appropriate psychiatric services; or

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
|--------------------------|-----|

| | |
|--|--|
| <p>The client's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to allow the client to participate in the therapeutic interventions provided at this level of care and to benefit from treatment.</p> | <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Dual Diagnosis Enhanced Programs

A range of psychiatric symptoms that require active monitoring, such as poor anger management characterizes the client's status in Dimension 3. These are assessed as posing a risk of harm to self or others if the resident is not contained in a 24-hour structured environment. Although clients do not require specialized psychiatric nursing and close observation, they do need monitoring and interventions by mental health staff to limit and de-escalate their behaviors. A 24-hour milieu is sufficient to contain such impulses in most cases, but enhanced staff and therapeutic interventions are required to manage unpredictable losses of impulse control. The treatment regimen should avoid highly confrontational strategies that are intended to induce submissive behavior or strong affect.

The client's situation in this dimension is characterized by one of the following:

The client has a diagnosed emotional, behavioral or cognitive disorder that requires monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, because the client's history suggest that these disorders are likely to distract him or her from treatment efforts; or

The client needs monitoring of psychiatric symptoms concurrent with addictions treatment (as may occur in a client with borderline or compulsive personality disorder, anxiety or mood disorder, or persistent schizophrenic disorder in addition to a stabilizing Substance Dependence or Substance-Induced Disorder); and

The client is assessed as able to safely access the community for work, education and other community resources.

No

Dimension 4: Readiness to Change

The client's situation in this dimension is characterized by one of the following:

The client recognizes and verbalizes specific relapse triggers and dysfunctional behaviors and their role in relapse, and is sufficiently cooperative to respond to treatment at this level of care; or

The client is assessed as appropriately placed at ASAM Level I (Outpatient) or ASAM Level II.1 (Intensive Outpatient) and is receiving ASAM Level III.1 services concurrently; or

The client requires a 24 hour structured milieu to promote treatment progress and recovery,

Yes

No

The client's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu. Interventions are judged as not feasible or likely to succeed at a less intensive level of care.

Yes

No

Dual Diagnosis Enhanced Programs

The client's status in Dimension 4 is characterized by a lack of commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem. Similarly the client who is not consistently able to follow through with treatment, or who demonstrates minimal awareness of a problem, or who is unaware of the need to change, requires active interventions with family, significant others and other external systems to create leverage and align incentives so as to promote engagement in treatment is appropriately placed in Level III.1 Dual Diagnosed Enhanced program.

YEs

No

Dimension 5: Relapse/Continued Use Potential

The client's situation in this dimension is characterized by one of the following:

The client understands his or her addiction problems but is at risk of relapse in a less structured level of care because of inability to apply recovery skills; or

Yes

No

The client is at high risk of substance use without close 24-hour monitoring and structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty postponing immediate gratification or ambivalence/resistance to treatment), and these issues are being addressed concurrently in ASAM Level II and II.1 programs; or

Yes

No

The client needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community; or

Yes

No

The client is at high risk of substance use or deteriorated mental functioning with dangerous emotional, behavioral or cognitive consequences, in the absence of close 24 hour structured support (as evidenced, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or resistance to treatment,) and these issues are being addressed concurrently in a Level II or II.1 program.

Yes

No

Dual Diagnosis Enhanced Programs

The client status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate to high risk of relapse to a substance dependence or mental disorder. The client demonstrates limited ability to apply relapse prevention skills, as well as poor skills in coping with mental disorders and/or avoiding or limiting relapse, with imminent serious consequences. The presence of relapse issues requires the intensity

Yes

No

and types of services and 24-hour structure of a Level III.1 Dual Diagnosis Enhanced program.

The client who is receiving concurrent Level II and Level III.1 services requires case management to coordinate the services across levels of care may be necessary in managing anti-craving, psychotropic or opioid maintenance medications. Case management and collaboration across levels of care may be needed to manage anti-craving, psychotropic or opioid maintenance medications. Preparation for transfer of the resident to a less intensive level of care and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the resident.

Dimension 6: Recovery Environment

The client's situation in this dimension is characterized by one of the following:

The client has been living in an environment in which there is a high risk of initiation or repetition of physical, sexual or emotional abuse, or in which substance use is so endemic at the client is assessed as being unable to achieve or maintain recovery; or

Yes

No

The client's social network involves living with an individual who is a regular user/abuser of alcohol/other drugs, or the client's living environment is so highly invested in drug use that recovery goals are assessed as unachievable; or

Yes

No

The client's social/interpersonal network is characterized by significant social isolation or withdrawal, such that recovery goals are assessed as unachievable in a level of care less intensive than ASAM Level III.1; or

Yes

No

Continued exposure to the client's school, work or living environment makes recovery unlikely, and the resident has insufficient resources and skills to maintain an adequate level of functioning outside of a 24 hour supportive environment; or

Yes

No

The client is in danger of victimization by another and thus requires 24 hour supervision; or

Yes

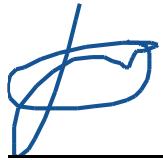
No

The client is able to cope, for limited period of time, outside the 24-hour structure of a Level III.1 program in order to pursue clinical, vocational, educational, and community activities.

Yes

No

Reviewed by

A handwritten signature in blue ink, appearing to read "James McManus".

James McManus, LMHC (Review), 08/27/2020 11:36 AM

ASAM - RL- Adolescent 65D-30 Level III.5 - Discharge/Transfer Criteria

09/16/2020

Evaluation Date: 09/16/2020

Please check appropriate box:

Discharge

Transfer to another level of care

Transfer to level

PHP

Client must meet criteria in at least one of the six dimensions. Check one box in the following dimensions:

Yes

No

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client exhibits symptoms of severe intoxication and/or withdrawal, which cannot be safely managed at this level of care.

Yes

No

Dimension 2: Biomedical Conditions and Complications
The client's situation in this dimension is characterized by one of the following:

Applies
 Does Not Apply

Biomedical conditions, if any, can be managed through outpatient care, and the client does not meet any of the continued service criteria in this or another dimension that indicates the need for continued treatment at ASAM Level III.1; or

Yes

No

The client's biomedical condition has deteriorated sufficiently to meet the criteria for admission to a more intensive level of care.

Yes

No

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

The client's situation in this dimension is characterized by one of the following:

Applies
 Does Not Apply

Emotional, behavioral or cognitive problems, if any, have diminished to a degree that daily availability of 24-hour monitoring is no longer necessary, and the client does not meet criteria in this or another dimension; or that indicates the need for continued treatment at ASAM Level III.1.; or

Yes

No

The client has experienced a worsening of Dimension 3 problems, which are interfering with treatment at ASAM Level III.1, and meets criteria for a more intensive level of care; or

Yes

No

The client has not responded to treatment in this dimension, and has achieved maximum benefit from attempts for positive behavior change.

Yes

No

Dimension 4: Readiness to Change

The client's situation in this dimension is characterized by the first and second or third of the following items:

Applies
 Does Not Apply

The client no longer requires clinically directed interventions in this dimension, as evidenced by: 1) recognition of the severity of the substance related problem, an understanding of the self-defeating relationship with substances and of the triggers and dysfunctional behaviors related to continued use; 2) application of the skills necessary to meet the treatment objectives of the treatment plans; and 3) acceptance of the concept of treatment at ASAM Level III.1; and

Yes

No

The client does not meet criteria for continued treatment at ASAM Level III.1; or

Yes

No

The client has consistently failed to meet treatment objectives and further progress is not likely to occur, despite persistent therapeutic efforts and treatment plan revisions. Thus, the client is being referred to a more appropriate level of care.

Yes

No



Dimension 5: Relapse/Continued Use Potential

The client's situation in this dimension is characterized by one of the following:

 Applies Does Not Apply

The risk of relapse is assessed as low as evidenced by 1) the client's ability to follow/complete a specific continuing care plan; 2) demonstration of sufficient recovery skills to allow successful participation in a less intensive recovery environment; and 3) the client does not meet the criteria in this or another dimension indicating the need for continued service at ASAM Level III.1; or

Yes
No

The client is not committed to continuing care and has achieved maximum benefits from all attempts to help him/her accept the need for continuing care and relapse potential.

Yes
No

Dimension 6: Recovery Environment

The client's situation in this dimension is characterized by the first and second or third of the following items:

 Applies Does Not Apply

The client is functioning adequately in life task areas of work, social and primary relationships, and does not meet criteria in this or other dimension for continued care at ASAM Level III.1; and

Yes
No

The client is prepared to live independently in the community or in a less structured environment, as evidenced by one of the following: 1) the client's social and interpersonal environment is sufficiently supportive to permit adherence to a self-directed recovery plan without substantial risk of relapse; 2) the client's usual environment is not secured an alternative environment that is supportive of recovery, but the client has acquired the necessary coping skills to maintain recovery in that environment; or 3) the client has continue secured an alternative environment that is supportive of the coping skills sills to maintain recovery in that environment; or

Yes
No

Problems related to the client's social and interpersonal environment continue or have intensified; the client has not learned the coping skills necessary to deal with the situation and the client meets the criteria for referral to a more appropriate level of care.

Yes
No

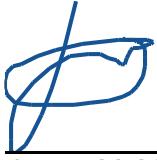
Recommendations/Notes

Client appears to have developed insight into his emotional, behavioral and cognitive conditions and regular monitoring is no longer necessary. Client has begun to recognize the severity of his drug use and behavioral problems and has begun to apply learned coping skills. Client continues to require further intervention to assist in solidifying therapeutic gains and to ensure treatment follow through. Client's home environment is not sufficient to support the client's recovery at this time. James McManus LMHC reviewed and approved.



Brian Drennen (Staff), 09/16/2020 09:21 AM

Reviewed by



James McManus, LMHC (Review), 09/22/2020 03:41 PM

ASAM - PHP - Adolescent 65D-30 Level II.5 - Admission Criteria

09/16/2020

Evaluation Date: 09/16/2020

Transfer criteria: Clients may be transferred to this level of care when they have met essential treatment objectives in a more intensive level and require this intensity of service provided at this level of care in at least one dimension. A client may transfer from ASAM Level I or Level II.1 when services at that level have been insufficient to address the client's needs or when ASAM Level II.1 has consisted of motivational interventions to prepare the client for participation in a more intensive level of care for which admission criteria are met.

Client meets criteria in dimensions 1,2 or 3 and one of dimensions 4, 5, or 6

Yes

No

The client was transferred from Outpatient when services at that level have been insufficient to address the client's needs or when Outpatient has consisted of motivational interventions to prepare the client for participation in a more intensive level of care for which admission criteria are met.

Yes

No

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client's intoxication or withdrawal symptoms/risks can be managed at this level of care.

Yes

No

| | |
|--|---|
| Dimension 2: Biomedical Conditions and Complications | <input checked="" type="checkbox"/> Applies |
| | <input type="checkbox"/> Does Not Apply |

The client's biomedical conditions and problems are not sufficient to interfere with treatment and may be managed in ASAM Level II.5, but are severe enough to detract from recovery efforts. The existence of problems may require medical monitoring or medical management.

Yes

No

| | |
|--|---|
| Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications | <input checked="" type="checkbox"/> Applies |
| | <input type="checkbox"/> Does Not Apply |

Problems in Dimension 3 are not necessary for admission to a Level II.5 program. However, if any of the Dimension 3 conditions are present, the client must be admitted to either a Dual Diagnosis Capable or Dual Diagnosis Enhanced program, depending on the client's level of function, stability and degree of impairment in this dimension.

Dual Diagnosed Capable Programs

The client's status in Dimension 3 is characterized by a history of mild to moderate psychiatric decompensation or discontinuation of the drug of abuse. Such decompensation may occur and required monitoring to permit early intervention

Yes

No

Dual Diagnosed Enhanced Programs

The client's situation in this dimension is characterized by one of the following:

The client evidences current inability to maintain behavioral stability over a 48-hour period; or

Yes

No

The client has a history of moderate psychiatric decompensation (marked by severe, non-suicidal depression) on discontinuation of the drug abuse. Such decompensation is currently observable; or

Yes

No

The client is at mild to moderate risk of behaviors endangering self, others or property, and is at imminent risk of relapse, with dangerous emotional, behavioral or cognitive consequences.

Yes

No

| | |
|---|---|
| Dimension 4: Readiness to Change Resistance high enough to require a structured program but not so high as | <input checked="" type="checkbox"/> Applies |
|---|---|

to render day or night treatment ineffective. *The client's situation in this dimension is characterized by one of the following:*

Does Not Apply

The client requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational intervention at another level of care have failed. Such interventions are not feasible or are not likely to succeed in an Outpatient program; or

Yes

No

The client's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the client has unrealistic expectations that his or her alcohol , drug , or mental health problem will resolve quickly, with little or no effort, or the client experiences frequent impulses to harm himself or herself. He or she is willing to reach out but has poor ability to ask for help). Such interventions are not feasible or are not likely to succeed in an Outpatient or Intensive Outpatient program. However, the client's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level II.1 can be effective.

Yes

No

Dual Diagnosed Enhanced Programs

The client's situation in this dimension is characterized by one of the following:

The client has little awareness of his or her co-occurring mental health problem; or

Yes

No

The client's follow-through in treatment is so poor or inconsistent that Level II.1 services are not succeeding or are not feasible; or

Yes

No

The client is assessed as requiring more intensive engagement, community or case management services than are available at Level II.1 in order to maintain an adequate level of functioning.

Yes

No

Dimension 5: Relapse/Continued Use Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Although the client has been active participate at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan; or

Yes

No

There is a high likelihood that the client will continue to use or relapse to use alcohol or other drugs without close Outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping or in postponing immediate gratification or ambivalence toward treatment. The client has unsuccessfully attempted treatment at a less intensive level of care or such treatment is adjudged insufficient to stabilize the client's condition.

Yes

No

Dual Diagnosed Enhanced Programs

The client's status in this dimension is characterized by psychiatric symptoms that pose a high risk of relapse to the alcohol, drug or psychiatric disorder. Such a client has impaired recognition or understanding of relapse issues and poor skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse. Such a client's follow-through in treatment is so poor or inconsistent, and his or her relapse problems are escalating to such a degree, that treatment at Level II.5 is not succeeding or not feasible.

Yes

No

Dimension 6: Recovery Environment

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Continued exposure to current job, school or living environment will make recovery unlikely, and the client lacks the resources or skills needed to maintain an adequate level of functioning without this level of service; or

Yes

No

Family members and/or significant others who live with the client are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The client requires the intermittent structure of Level II.5 treatment services in order to remain focused on recovery.

Yes

No

Dual Diagnosed Enhanced Programs

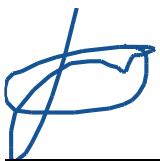
The client's status in Dimension 6 is characterized by a living, working, social and/or community environment that is not supportive of good mental functioning. The client has insufficient resources and skills to deal with this situation.

Yes

No

Recommendations/Notes

Client continues to benefit from a clinically directed, motivational interventions to assist client in improving his awareness of the need to change. Client continues to benefit from being in a programmatic milieu to promote treatment progress and follow through. Client's social circle and home environment continue to present as insufficient to support the client at this time. James McManus LMHC reviewed and approved.



James McManus, LMHC (Review), 09/22/2020 03:40 PM

ASAM - PHP - Adolescent 65D-30 Level II.5 - Discharge/Transfer Criteria

10/14/2020

Evaluation Date: 10/14/2020

Please check appropriate box:

Discharge

Transfer to another level of care

Transfer to level

IOP

Client meets diagnostic criteria in one of Dimensions 2, 3, 4, 5, or 6 unless discharged for lack of diagnostic criteria.

Yes

No

Check one box in the following dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client exhibits symptoms of severe intoxication and/or withdrawal, which cannot be safely managed at this level of care.

Yes

No



Dimension 2: Biomedical Conditions and Complications
The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Biomedical conditions, if any, can be managed through partial hospitalization care, and the client does not meet any of the continued service criteria in this or another dimension that indicates the need for continued treatment at ASAM Level II.5; or

Yes

No

The client's biomedical condition has deteriorated sufficiently to meet the criteria for admission to a more intensive level of care.

Yes

No

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

The client no longer requires ASAM Level II.5 clinically directed interventions, as evidenced by: 1) an assessment that the client no longer is likely to continue addiction-related abuse/neglect of spouse, children or significant others; and 2) evidence that the client's emotional, behavioral or cognitive condition has diminished in severity to such an extent that regular monitoring of the behavior is no longer necessary, and the client does not meet any of the continued stay criteria indicating the need for further treatment; or

Yes

No

Client has a psychiatric, emotional, behavioral or cognitive condition that is interfering with addiction treatment and that should be addressed in another setting.

Yes

No

Dimension 4: Readiness to Change
The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

The client no longer requires ASAM Level II.5 intensive clinically directed-motivational interventions, as evidenced by the following: 1) The client recognizes the severity of his/her substance abuse problem; 2) the client has an understanding of his/her self defeating relationship with substances; and 3) the client is applying skills necessary to maintain recovery by accessing appropriate community supports or by continuing treatment in a less intensive level of care, and the client does not meet any of the continued stay criteria indicating the need for further treatment; or

Yes

No

The client has consistently failed to meet treatment objectives and further progress is not likely to occur, despite persistent therapeutic efforts and treatment plan revisions. Thus, the client is being referred to a more appropriate level of care.

Yes

No

Dimension 5: Relapse/Continued Use Potential
The client's situation in this dimension is characterized by one of the

Applies

following:

Does Not Apply

The client's therapeutic gains in addressing craving and relapse issues have been significantly integrated in the client's daily behavior to support an ongoing care program at a less intensive level of care, and the client does not meet continued stay criteria indicating the need for further treatment; or

Yes

No

The client is experiencing a worsening of drug-seeking behaviors such as craving or return to regular use of psychoactive substances despite continued interventions, to such an extent that he/she requires treatment in a more intensive level of care.

Yes

No

Dimension 6: Recovery Environment

Applies

The client's situation in this dimension is characterized by one of the following:

Does Not Apply

The client no longer requires ASAM Level II.5 clinically directed interventions, as evidenced by one of the following: 1) problem aspects of the client's social and interpersonal environment are responding to treatment and the environment is sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care; or 2) the client's social or interpersonal environment has not changed or has deteriorated, but the client has learned skills adequate to cope with the current situation or has secured an alternative environment, and the client does not meet any of the continued stay criteria that indicated the need for further treatment at this or another level of care; or

Yes

No

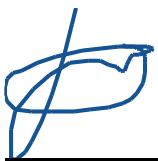
The client's social support system remains non-supportive or has deteriorated and the client is having difficulty coping with the environment and is at substantial risk of reactivating his/her addiction. An alternative environment is not feasible. The client requires placement in a more intensive level of care.

Yes

No

Recommendations/Notes

James McManus LMHC supervised, reviewed and approved this ASAM level 2.5 admission. Client appears to have developed insight into his emotional, behavioral and cognitive conditions and regular monitoring is no longer necessary. Client has begun to recognize the severity of his drug use and behavioral problems and has begun to apply learned coping skills. Client continues to require further intervention to assist in solidifying therapeutic gains and to ensure treatment follow through. Client's home environment is not sufficient to support the client's recovery at this time.



James McManus, LMHC (Review), 10/16/2020 10:03 AM

ASAM - IOP - Adolescent 65D-30 Level II.1 - Admissions Criteria

10/14/2020

Evaluation Date: 10/14/2020

N/A

Note all items in each dimension that apply to the client. Place a check in the appropriate box that indicates validation or lack of validation for placement into this level of care. Must meet Dimensions 1, 2, or 3 and one of Dimensions 4, 5, or 6.

Transfer criteria: Clients may be transferred to this level of care when they have met essential treatment objectives in a more intensive level and require this intensity of service provided at this level of care in at least one dimension. A client may transfer from ASAM Level I when services at that level have been insufficient to address the client's needs or when ASAM Level I has consisted of motivational interventions to prepare the client for participation in a more intensive level of care for which admission criteria are met.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client's intoxication or withdrawal symptoms/risks can be managed at this level of care.

Yes

No

Dimension 2: Biomedical Conditions and Complications

Applies

Does Not Apply

None or not a distraction from treatment and manageable in ASAM Level II.1. The client's biomedical conditions, if any, are stable or are being concurrently addressed and will not interfere with treatment at this level of care.

Yes



No



Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

Applies

Does Not Apply

Problems in Dimension 3 are not necessary for admission to a Level II.1 program. However, if any of the Dimension 3 conditions are present, the client must be admitted to either a Dual Diagnosis Capable or Dual Diagnosis Enhanced program, depending on the client's level of functioning, stability and degree of impairment in this dimension.

Dual Diagnosed Capable Programs

The client's situation in this dimension is characterized by one of the following:

The client engages in abuse of family members or significant others, and requires intensive outpatient treatment to reduce the risk of further deterioration; or

Yes



No



The client has a diagnosed emotional, behavioral or cognitive disorder that requires intensive outpatient monitoring to minimize distractions from their treatment or recovery.

Yes



No



Dual Diagnosed Enhanced Programs

The client's situation in this dimension is characterized by one of the following:

The client has a diagnosed emotional, behavioral or cognitive disorder that requires management because the client's history suggests a high potential for distracting him or her from treatment; such a disorder requires stabilization concurrent with addiction treatment; or

Yes



No



The client is assessed as at mild risk of behaviors endangering self, others or property; or

Yes



No



The client is at significant risk of victimization by another. However, the risk is not severe enough to require 24-hour supervision.

Yes



No



Dimension 4: Readiness to Change

Applies

Does Not Apply

Resistance high enough to require a structured program but not so high as to render outpatient treatment ineffective.

The client's situation in this dimension is characterized by one of the following:

The client requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to succeed at ASAM Level I service; or

Yes

No

The client's perspective inhibits his/her ability to make behavior changes without clinically-directed and repeated structured motivational interventions. Such interventions are not feasible or not likely to succeed at ASAM Level I service. The client's resistance, however, is not so high to render the treatment ineffective.

Yes

No

Dual Diagnosed Enhanced Programs

The client's situation in this dimension is characterized by one of the following:

The client is reluctant to agree to treatment and is ambivalent about his or her commitment to change a co-occurring mental health problem; or

Yes

No

The client's follow through in treatment is so poor or inconsistent that Level services are not succeeding or are not feasible; or

Yes

No

The client is assessed as requiring intensive services to improve his or her awareness of the need to change. The client has such limited awareness of or commitment to change that he or she cannot maintain an adequate level of functioning without Level II.1 services.

Yes

No

Dimension 5: Relapse/Continued Use Potential

Applies

Does Not Apply

Despite active participation at a less intensive level of care, the client is experiencing intensification of addiction symptoms (cravings/drug seeking related behavior) and is deteriorating in his/her level of functioning despite revisions in the treatment plan.

Yes

No

Dual Diagnosed Enhanced Programs

The client's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to the alcohol, drug or psychiatric disorder. The client has impaired recognition or understanding of and difficulty in managing relapse issues and requires Level II.1 Dual Diagnosis Enhanced Program services to maintain and adequate level of functioning.

Yes

No

Dimension 6: Recovery Environment

Applies

Does Not Apply

Environment not supportive, but with structure and support the client can cope.

The client's situation in this dimension is characterized by one of the following:

Continued exposure to current job, school or living environment will make recovery unlikely, and the client has insufficient or severely limited resources or skills needed to maintain an adequate level of functioning without this level of service; or

Yes

No

The client lacks social contacts, or has inappropriate social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol/drugs. The client also has insufficient or severely limited resources or skills to maintain an adequate level of functioning without this level of service.

Yes

No

Dual Diagnosed Enhanced Programs

A living, working, social and/or community environment that is not supportive of good mental functioning characterizes the client status in Dimension 6. The client has insufficient resources and skills to deal with this situation.

Yes

No

Recommendations/Notes

James McManus LMHC supervised, reviewed and approved this ASAM level 2.2 admission. Client continues to benefit from a clinically directed, motivational interventions to assist client in improving his awareness of the need to change. Client continues to benefit from being in a programmatic milieu to promote treatment progress and follow through. Client's social circle and home environment continue to present as insufficient to support the client at this time.

ASAM - IOP - Adolescent 65D-30 Level II.1 - Discharge/Transfer Criteria

11/22/2020

Evaluation Date: 11/22/2020

N/A

To be completed by therapist at the time of discharge.

Please check appropriate box:

Discharge

Transfer to another level of care

Transfer to level

Client must meet criteria in Dimension 1 and at least one in each of the Dimensions 2, 3, 4, 5, or 6.

Yes

No

Check one box in the following dimensions:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Client is free from intoxication or withdrawal symptoms/risks; or

Yes

No

The client exhibits symptoms of severe intoxication and/or withdrawal, which cannot be safely managed at this level of care.

Yes

No

Dimension 2: Biomedical Conditions and Complications

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

Biomedical conditions, if any, can be managed through partial hospitalization care, and the client does not meet any of the continued service criteria in this or another dimension that indicates the need for continued treatment; or

Yes

No

The client's biomedical condition has deteriorated sufficiently to meet the criteria for admission to a more intensive level of care.

Yes

No

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

The client no longer requires ASAM Level II.1 clinically directed interventions, as evidenced by: 1) an assessment that the client no longer is likely to continue addiction-related abuse/neglect of spouse, children or significant others; and 2) evidence that the client's emotional behavioral or cognitive condition has diminished in severity to such an extent that regular monitoring of the behavior is no longer necessary, and the client does not meet any of the continued stay criteria indicating the need for further treatment; or

Yes

No

Client has a psychiatric, emotional, behavioral or cognitive condition that is interfering with addiction treatment and that should be addressed in another setting.

Yes

No

Dimension 4: Readiness to Change

The client's situation in this dimension is characterized by one of the following:

Applies

Does Not Apply

The client no longer requires ASAM Level II.1 intensive clinically directed-motivational interventions, as evidenced by the following: 1) The client recognizes the severity of his/her substance abuse problem; 2) the client has an understanding of his/her self defeating relationship with substances; and 3) the client is applying skills necessary to maintain recovery by accessing appropriate community supports or by continuing treatment in a less intensive level of care, and the client does not meet any of the continued stay criteria indicating the need for further treatment; or

Yes

No

The client consistently has failed to achieve essential treatment objectives despite revisions to the treatment plan and advice concerning the consequences of continued alcohol/drug use, to such an extent that further progress is not likely to occur.

Yes

No



Dimension 5: Relapse/Continued Use Potential

The client's situation in this dimension is characterized by one of the following:

 Applies Does Not Apply

The client's therapeutic gains in addressing craving and relapse issues have been significantly integrated in the client's daily behavior to support an ongoing care program at a less intensive level of care, and the client does not meet continued stay criteria indicating the need for further treatment; or

Yes
No

TThe client is experiencing a worsening of drug-seeking behaviors such as craving or return to regular use of psychoactive substances despite continued interventions, to such an extent that he/she requires treatment in a more intensive level of care.

Yes
No

Dimension 6: Recovery Environment

The client's situation in this dimension is characterized by one of the following:

 Applies Does Not Apply

The client no longer requires ASAM Level II.1 clinically directed interventions, as evidenced by one of the following: 1) problem aspects of the client's social and interpersonal environment are responding to treatment and the environment is sufficiently supportive of recovery to allow discharge or transfer to a less intensive level of care; or 2) the client's social or interpersonal environment has not changed or has deteriorated, but the client has learned skills adequate to cope with the current situation or has secured an alternative environment, and the client does not meet any of the continued stay criteria that indicated the need for further treatment at this or another level of care; or

Yes
No

The client's social support system remains non-supportive or has deteriorated and the client is having difficulty coping with the environment and is at substantial risk of reactivating his/her addiction. An alternative environment is not feasible. The client requires this placement in a more intensive level of care.

Yes
No
Recommendations/Notes

It is recommended client discharge from treatment to continue care in OP including individual, group and family therapy to address substance abuse and mental health disorders.