<table>
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<th>IMPLEMENTED: 2019</th>
<th>REVISED: NA</th>
<th>CPC BEHAVIORAL HEALTHCARE POLICY &amp; PROCEDURES</th>
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<td>SUBJECT: OPIOID USE DISORDER CASE MANAGEMENT PROGRAM REFERRAL PROCESS</td>
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**PURPOSE:**

To establish a referral process for CPC Behavioral Healthcare’s Opioid Use Disorder Case Management Program.

**POLICY:**

CPC Behavioral Healthcare’s Opioid Use Disorder Case Management Program admits eligible individuals who are referred from the Monmouth County service providers, other referral sources, as well as self-referrals.

**PROCESS:**

- The Opioid Use Disorder Case Management Program creates new permanent housing opportunities for individuals who are homeless or at risk for homelessness who are in recovery or opioid dependent by working quickly to connect them to housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.
- There are no treatment prerequisites associated with entry into the program or permanent housing.
- Program staff prioritize individuals with the greatest barriers to housing including those with no or very low income, poor rental history and past evictions, and/or criminal histories.
- Interested referral sources can submit the completed Opioid Use Disorder Case Management Program referral form to the attention of the Program Manager or designee. Following is the Program Manager Contact information:

  - Ayla Fleming, Program Manager
    Monmouth County Opioid Use Disorder Housing & Case Management Program
    CPC Behavioral Healthcare
    6 Industrial Way West
    Eatontown, New Jersey 07724
    Phone: 732-982-3019
    Fax: 732-389-2121
    afleming@cpcbhc.org
OUD HOUSING & CASE MANAGEMENT REFERRAL FORM

PLEASE SEND PSYCHIATRIC EVALUATION, ASSESSMENTS AND MEDICATIONS WITH THIS REFERRAL

Date: ____________________________

Reply to:  Monmouth County Opioid Use Disorder
Housing & Case Management Program
CPC Behavioral Healthcare
6 Industrial Way West
Eatontown, New Jersey 07724
Phone: 732-982-3019 / Fax: 732-389-2121

Referral Source (Agency & Individual) ____________________________ Referral Source Phone #: ____________________________

Client Information:

Name: ____________________________ DOB: ____________________________ SS#: ____________________________

Is client homeless or at risk of homelessness? Yes  No (Circle One)
If Yes, Explain:

________________________________________________________________________________________

________________________________________________________________________________________

Address: ____________________________ Apt. # ____________________________

Phone: ____________________________ Type of Residence: ____________________________

Insurance Type: ____________________________ ID#: ____________________________ Monthly Income: ____________________________

Name of Next of Kin/Significant Other: ____________________________ Phone: ____________________________

Diagnoses (Not Codes) | Risk Factors and Dates

| SUD & Behavioral Health: ____________________________ | ____________________________ Homicidal/Assaultive Behavior |
| ______________________________________________ | ____________________________ Suicidal Behavior |

| Medical Conditions: ____________________________ | ____________________________ Substance Abuse |
| ______________________________________________ | ____________________________ Medical Problems |

| Functional Assessment (GAF Score): ____________________________ | ____________________________ Legal Problems |
| ______________________________________________ | ____________________________ Other Stressors |

Medications

________________________________________________________________________________________

________________________________________________________________________________________

Treatment Provider (in the Community)

Agency: ____________________________ Phone: ____________________________

Case Mgr./Social Worker: ____________________________ Psychiatric: ____________________________

Please list all known SUD residential, psychiatric, crisis visits, hospitalizations and incarcerations within last 2 years:

________________________________________________________________________________________

________________________________________________________________________________________