Oaks
INTEGRATED CARE

Rooted in Your Communitty

**Safe at Home Admission**

Referral information is received by fax or by electronic communication (email). Within forty-eight hours a case manager will initiate the initial contact via telephone to collect any missing information regarding the referral form and to schedule the intake.

**Admission Criteria:**
The Safe At Home program is designed to serve individuals 18 years and older who have an identified Opioid Use Disorder (OUD) and are actively seeking services to help them achieve recovery or have a history of an OUD. Individuals must be homeless, at risk of being homeless, or current housing situation is detrimental to achieving or sustaining their recovery. Individuals seeking services must be able to be treated at ASAM Levels 1 and 2. If an individual's needs dictate a residential or inpatient level of care they will be linked with appropriate services.

**Intake Process:**

1. **Consents, Client Rights & Responsibilities, and Confidentiality:**
   During the initial face-to-face intake appointment, Case manager has the responsibility to provide the individual with specific information of service, rights and responsibilities before the individual consents to services. Case manager will provide the individual with the Notice of Privacy Practices in writing that delineates rights, confidentiality, and grievance procedures. The individual has the right to reject services and ask for alternative services. Individuals provide written acknowledgment of these practices by signing (electronically or physically) each applicable form. During program orientation, the program outlines the individual's rights and responsibilities. Staff utilize a Welcome Packet, given at admission, to help convey the level of participation and other expectations for individuals, their rights while receiving services, the family's role in the program, as well as specific information such as program services, hours, fees and telephone numbers. The Welcome Packet also provides transition and discharge criteria.

2. **Assessment:**
   Assessment is the ongoing process of identifying and reviewing an individual's strengths, needs, and individual-defined goals, based upon input from the individual, significant others, family members and health professionals. The assessment process continues throughout the entire length of service. Information obtained from assessment serves as the foundation for individual service planning.
   A. *The Biopsychosocial assessment will assess:*
      1. Medical status, including medical history and interventions (no individual seeking admission with potential symptoms of communicable diseases such as persistent coughing or fever will be admitted to treatment without medical clearance);
      2. Alcohol, tobacco and other drug use, including history and interventions;
      3. Legal status, including legal proceedings involving the individual;
      4. Psychiatric status,
      5. Behavioral risk factors for HIV and hepatitis (Individual will receive education and counseling regarding the behavioral risk factors for transmission of HIV and hepatitis B and C, screening tests and available treatment.).

6. History of psychological and/or psychiatric treatment, including previous admissions to psychiatric facilities, history of suicidal/homicidal ideation and attempts, outpatient psychiatric treatment, psychotropic medications, and assessments by a psychiatrist or other licensed mental health clinician for individuals diagnosed with co-occurring mental health disorders;
7. Family and relationships, including relationships evidencing co-dependency;
8. Social assessment;
9. History of self-harm and violence toward others
10. History of trauma
11. Recreational assessment that includes the individual's interests and physical abilities and limitations;
12. Vocational and educational assessment, including:
a. Current work or vocational skills, employment status and potential for improving those skills or developing new ones;
b. Educational status and skills;
c. Aptitudes, interests and motivation;
d. Physical abilities and any handicaps or disabilities;
e. Relationships with co-workers and supervisors; and
f. Current and prior work or school related problems, including but not limited to those related to substance abuse.
13. Availability of transportation
14. Current living situation and availability of a supportive home environment.

B. *Suicide Risk Assessment:*
A Suicide Risk Screening will be completed at the time of intake:

- Each person served will be screened using the Screening version of the Columbia Suicide Screening Tool (C-SSRS) at the initial face-to-face appointment.
- As clinically indicated based on the person served risk factors or persistent suicidal ideation and/or behavior indicating the person might present as a danger to self.

Once the risk screening is completed and there is indication the person served is at risk for suicide, staff and the person served will develop a Safety Plan that leads to the person served being in a safer place. If it is deemed that further screening is necessary, the staff member will recommend screening at the local crisis screening center and will make phone contact with the screening center to provide information. If it is determined that a Safety Plan is appropriate it will be completed with the person served and the Safety Plan will be documented in the person served record. Staff will confirm plan of action with a member of their chain of command or other designated staff. Management staff are available either onsite or by telephone 24/7 for crisis consultation.

Elements of a Safety Plan will minimally include:

- Description of triggers
- Detailed intervention concerning the triggers
- Warning signs
- Coping strategies
- Support system for the person served
- Emergency contact numbers
- Community resources
- Potential Safety Risks for the Community
- People who are aware of this action/safety plan
- Signature of person served and staff, along with support system, if applicable

Suicide risk screenings will be completed in the person served ECR and if completed using a paper version it will be uploaded to the ECR. If the suicide risk screening indicated the person served is at risk for suicide, the person served record will be flagged using the 'Message Board' feature in the ECR.

C. *DLA20:*

The DLA20 is used to determine an individual's functioning in 20 areas over the past 30 days. Data gathered from DLA20 shall be used in development of the Initial Comprehensive treatment plan which is due 30 days after intake.

D. *PHQ-9*

PHQ-9 identifies the severity of depressive symptoms and is completed with every person served during the intake assessment and every 90 days, or sooner dependent on the consumer's treatment needs. Results suggesting further assessment will be referred to a prescriber or COD therapist for further assessment, diagnosis and treatment planning.

3. **Admission Review:**

If the individual is found to be ineligible for services as their level of need exceeds the program's ability to effectively serve them or they do not meet admission criteria, the program will work with the individual to identify and link to a service that better serves their needs. This process will be done collaboratively with the individual and the program will ensure that the individual is successfully linked before discontinuing contact.

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# Safe at Home Referral Form

*Screening and Access Fax:* (609) 265-0274
*Phone:* (609) 694-4418; 24/7 coverage

**Date of Referral:** _____

**Name:** _____ **Date of Birth:** _____ **Age:** _____

**Social Security#:** _____ **Gender:** ☐ Male ☐ Female **Race:** _____

**Address:** _____ **City/State/Zip:** _____

**Is the consumer homeless?** ☐ Yes ☐ No **Telephone:** _____ **OK to ID -** ☐ Yes ☐ No

**Emergency Contact:** _____ **Telephone:** _____

## REFERRAL INFORMATION

**Person Making Referral:** _____ **Contact Number:** _____ **Ext.:** _____

**Agency/Program:** _____ **Email:** _____

**Reason for Referral:** _____

**Services Requested:** _____

**Current Services in Place (specify provider):** _____

**Current Medications (including Medication-assisted therapies, if applicable):**

_____

**Has the individual been discharged from inpatient/residential addiction program within the past 30 days?:** ☐ Yes ☐ No
**If Yes, indicate program:** _____

**Has the individual been discharged from psychiatric hospitalization within the past 30 days?:** ☐ Yes ☐ No
**If Yes, indicate program:** _____

**Has the individual overdosed within the past 30 days?:** ☐ Yes ☐ No

**Is the individual being referred actively using IV drugs?:** ☐ Yes ☐ No

**Is the individual actively experiencing Homicidal Ideation?:** ☐ Yes ☐ No

**Is the individual actively experiencing Suicidal Ideation?:** ☐ Yes ☐ No

**Is the individual actively experiencing any psychosis?:** ☐ Yes ☐ No

**Any Episodes of Physical Violence?:** ☐ Yes ☐ No
**If Yes, date of last occurrence:** _____

**Current Legal Status (i.e. probation, parole, DCP&P, Drug Court, etc):** _____

**Does the individual being referred need transportation for intake appointment, if scheduled?:** ☐ Yes ☐ No

**Marital Status:** _____ **Employment Status:** _____ **Occupation:** _____

**Primary Language:** _____ **Other Language(s):** _____

**Tobacco Use:** ☐User ☐ Non User ☐Unable to Collect **Smoking Status:** ☐ Current ☐ Former ☐ Never Smoked

**Co-Occurring?** ☐Y ☐N

**Disposition** *(Office Use Only)*

**Intake Scheduled:** ☐ Date:_____ **Denial/Refusal:** ☐ Reason: _____

**Staff Initials:** _____