

**STATE OF CONNECTICUT
ACCESS TO RECOVERY II PROGRAM (ATR II)
Department of Mental Health and Addiction Services**

CHART REVIEW FORM SAMPLE 1

Use the checklist below to perform quality assurance on charts. Ignore those items that do not apply to the service you provide.

	Yes	No	Date	Comment
SCREENING/INTAKE/SERVICE PLANNING				
Release of Information present and updated.				
Consent to Participate present and updated.				
Authorization to Disclose Last Known Address present and updated.				
Intake Summary completed.				
Referral to ATR II services present in chart.				
Client Agreement and Recipient Rights completed.				
Posted grievance policy or signed grievance policy.				
Contact sheet completed via web-based system.				
Were emergency needs addressed at intake?				
RECOVERY PLAN				
Recovery plan present and is signed and dated by both staff and recipient.				
Recovery plan has been updated.				
Goals are measurable and time specific?				
PROGRESS NOTES				
Notes are signed by staff and dated.				
Notes list time spent with recipient.				
Notes refer to progress on recovery plan.				
Notes mention recipient's recovery progress.				
Notes describe staff's action on behalf of recipient.				
Notes are legible.				
Notes are available for all units billed.				
SERVICES				
Chart reflects coordination with other services.				
If applicable, voucher receipts present in chart.				
Referral Form (to community-based services)				
DISCHARGE				
Is there a discharge summary?				
Does the discharge summary document the reason for discharge and a discharge plan?				
GPRR COMPLETED				
NOTES				

Reviewer Signature: _____

Date: _____

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CLIENT AGREEMENT FOR RECOVERY SUPPORT SERVICES

You have been assessed as being appropriate to receive recovery support services with _____
(*Program Name*) through Access to Recovery (ATR) II. Your services will be monitored by staff _____
(*Staff Name*) who will work with you to ensure that you receive the services necessary to assist you in your recovery.
Services include (check all that apply):

CASE MANAGEMENT Recovery Support Services

- Work on improving relapse preventions skills.
- Help with obtaining gainful employment and education.
- Assistance with independent living.

- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.
- Complete GPRA assessment interviews.

FAITH-BASED Recovery Support Services

- Integration of faith and recovery.
- Connection to a strong faith community.
- Encouragement to take on valued social roles.
- Mentoring and positive role modeling.
- Pastoral/spiritual counseling and guidance that support recovery and spiritual life.
- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.

Complete GPRA assessment interviews.

PEER-BASED Recovery Support Services

- Face-to-face and telephone outreach to maintain engagement in recovery services.
- Promotion of constructive family and personal relationships.
- Assistance connecting with community organizations and informal associations that support recovery.
- Recovery groups designed to assist persons in recovery to build positive community connections.
- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.

Complete GPRA assessment interviews.

Recipient Signature

Date

STATE OF CONNECTICUT
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Department of Mental Health and Addiction Services

DISCHARGE SUMMARY EXAMPLE

Recipient Name: John Doe	Recipient/Client ID: 20001
Service Type: Case Management	Date: 07/09/09

Note: The discharge summary provides a brief description of the recipient's progress on goals, recovery status, and future plans at the end of services. The discharge summary should also contain any referrals, reasons for referrals and other discharge plans the counselor has helped the recipient make. The discharge summary should also detail the names and contact information of any providers the recipient will continue to see.

07/09/09 - John Doe began ATR II services in March 2009. During his time with ATR II he has gained employment and found an apartment that he is sharing with a friend. Mr. Doe has made use of the vocational training provided by ATR II as well as the basic need vouchers, and rent payment. Mr. Doe has moved out of New Haven and into Middletown. CM has helped connect him with regular AA meetings in Middletown as well as local church group for first time fathers. CM has also informed Mr. Doe that he can access other ATR II services if he is in need of assistance in the future. Mr. Doe has been clean throughout his time with Growth Inc.

Tom Jones

Staff Signature

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GRIEVANCE LOG SAMPLE

PROGRAM NAME: _____

Name of Recipient	Reason for Grievance/Complaint	Date of Complaint	Date Complaint Resolved	Outcome	Staff Initials

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GRIEVANCE PROCEDURE EXAMPLE

RECIPIENT RIGHTS

All services at _____ (Program Name) are voluntary. Even after accepting services, recipients have a right to terminate services at any time. Applicants for services will have equal access and can be expected to be treated with respect regardless of their gender, race/color/national origin, age, sexual orientation, or physical/mental disability.

GRIEVANCE PROCEDURE

If you do not think you are being accorded your rights, or believe that you have been treated unfairly you should file a grievance with your primary counselor. A grievance may be filed verbally or in writing and should contain at a minimum a full description of the grievance, the date it occurred, the persons involved, and an expected outcome. If you do not feel the grievance is being handled appropriately by your counselor, you may contact the program supervisor or program director. If you are not satisfied with the handling of the grievance at the program or feel uncomfortable filing a grievance at the program, you may contact Access to Recovery II at the toll free number (866) 580-3922. You may not be threatened, penalized or have your services negatively affected solely for filing a grievance.

Recipient Signature: _____ Date: _____

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Department of Mental Health and Addiction Services
SIGN IN SHEET FOR GROUP MEETINGS**

Provider:		Date:
Facilitator:		Start Time: End Time:
Topic:		

RECIPIENT NAME	RECIPIENT SIGNATURE	DATE AND TIME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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SIGN IN SHEET FOR GROUP MEETINGS

Provider:	Glory Church Ministries	Date: 03/09/09
Facilitator:	Pastor Jane Doe	Start Time: 5:00 PM End Time: 6:00 PM
Topic: What does the scripture say about forgiveness? How can we translate the scripture into our daily lives to help give forgiveness for the things that have been done to us, and receive forgiveness for the things we have done during the time we used drugs and alcohol?		

RECIPIENT NAME	RECIPIENT SIGNATURE	DATE AND TIME
1. John Doe	<i>John Doe</i>	03/09/09 4:50 PM
2. Jack Doe	<i>Jack Doe</i>	March 9 th 5:00 PM
3. Mary Doe	<i>Mary Doe</i>	03/09 5:00 PM
4. Michelle Doe	<i>Michelle Doe</i>	03/09/2009 5:00 PM
5. Angel Doe	<i>Angel Doe</i>	03/09/09 5:00 PM
6. Roman Doe	<i>Roman Doe</i>	03/09/09 5:05 PM
7. Vincent Doe	<i>Vincent Doe</i>	03/09/09 5:05 PM
8. Antoine Doe	<i>Antoine Doe</i>	03/09/09 5:10 PM
9.		
10.		
11.		
12.		

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INTAKE ASSESSMENT FORM

Demographics

Name: _____ Phone: () _____ - _____

Previous address: _____ City _____ Zip _____

Social Security #: _____ - _____ - _____ Date of birth: ____/____/____

Relationship Status	Civil Union	Divorced	Domestic Partner	Married	Separated	Significant Other
	Single	Widowed	Other (Please specify):			

Race	American Indian/ Alaska Native	Asian	Black/African American	Multi-racial	Native Hawaiian/Pacific Islander
	White	Other (Please specify):			

Ethnicity	Hispanic – Cuban	Hispanic – Mexican	Hispanic – Puerto Rican	Hispanic – Other
	Non-Hispanic	Unspecified		

Primary Language: _____ Religious/Spiritual Practice: _____

Emergency contact: _____ Phone: () _____ - _____ Relationship: _____

Emergency contact address: _____

Legal Information/History

Pending Case(s): Yes No Previous Involvement with the Criminal Justice System: Yes No

Currently on probation? Yes No Parole? Yes No Conservator? Yes No

Criminal Justice Contact: _____ Telephone: _____

Health Status

	Currently Experiences or Uses	History Of	In Treatment For	Not Applicable
Psychiatric conditions				
Addiction disorders				
Medical Conditions				
Trauma/ Abuse				
Prescribed Medications				

Current problems: _____

Allergic reactions (Include Medication): _____

Current provider agency: _____ Admission date: _____

Current Doctor/Clinician/Worker: _____ Phone #: () _____ - _____

Medications prescribed during current treatment: _____

Do you attend AA/NA? _____ YES _____ NO When did you last use? _____

What is your longest period of sobriety or stability? _____

Entitlements and Benefits

SAGA Status: Active Not Active Pending Spend-down EMS #: _____

SAGA Type: SAGA Cash SAGA Medical

Benefit: Title 19 Medicaid Social Security Disability (SSD) Supplemental Security Income (SSI) TANF
Food Stamps Other (Specify) _____

Other State/Provider Agency Involvement

Have you ever been on active military duty? _____ Yes _____ No

Are you currently working with another agency/case manager? (e.g. DCF, GAICM)? _____ Yes _____ No

If yes, what is the name of your worker: _____ Phone Number: () _____ - _____

Referral Source

Who referred you to this program? _____

Family and Supports

How would you describe your current relationship with your family members? _____

Do any of your immediate family members have service needs? If yes, please explain. _____

Do you currently have a sponsor? No Yes Not sure

Employment Status

Employed FT Employed PT Unemployed (but looking for work) Not in the Labor Force

Volunteer Other (Specify) :

Housing Status

Where have you slept for the last 30 days? Check all that apply:

Non Housing (street, park, car)	Emergency Shelter	Transitional Housing	Inpatient Facility	Hospital	
Prison/Jail	Family/Friends	Rental Housing	Owned housing	Motel/Hotel	

Reason for leaving the last housing situation: _____

Within the last 4 years, approximately how much time have you lived in a shelter? _____

Is client at risk of homelessness? No Yes Not sure

In the Client's Own Words

I need help with the following:

Housing	Medical Care	Education	Hygiene	Cleaning	
Paying Rent/Utilities	Shopping & Meal Preparations	Mental Health Services	Substance Abuse Services	Health and Wellness Services	
Securing Benefits	Money/Debt Management	Opening a Bank Account	Taking Medication	Legal Assistance	

What do you think is your biggest or most challenging issue? _____

Are you interested in maintaining a sober lifestyle? No Yes Not sure

What are the relapse triggers you can recognize? _____

What are your strengths? _____

What are your short-term goals? _____

What are the barriers to your goals? _____

What specific assistance or support would best help you to reach these goals? _____

Is there anything else you can tell us about yourself that would assist us in helping you meet your goals? _____

Program Staff Signature

Date

Client Signature

Date

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INTAKE SUMMARY EXAMPLE

Recipient Name: John Doe	Recipient/Client ID: 21232
Service Type:	Date: 07/09/09

Note: The intake summary provides a brief description of the recipient's strengths, needs, recovery status and environmental conditions at the start of services. The intake summary will help shape the direction of services to the recipient's unique needs.

John Doe is a 25 year old black male who was recently released from Bergin Correctional Facility. He is seeking ATR II services because he used marijuana and alcohol regularly before his two-year incarceration. John is wants help with recovery as well as assistance with vocational services. Based on the substance use, GPRA and mental health screen, John could benefit from a GED program, employment, and a mental health referral. John Doe expressed concern that the ATR II services not interfere with the meetings with his probation officer and requested that we report to his probation officer when he is doing well. John also expressed frustration that the mother of his three year old daughter has made it difficult for him to spend time with his daughter. Finally, John indicated that because he is so friendly he never has a problem getting a job. He says he just needs help getting an interview. At the time of intake, he seemed alert and motivated. He reports that he is not currently taking any drugs or medications. He is staying in an ATR II supported recovery house.

Tom Jones

Staff Signature

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Phone 1-866-580-3922

Fax application to: 1-866-580-4322

JOB READINESS INFORMATION

APPLICANT'S NAME: _____

DATE: _____

Please include information explaining job readiness efforts. This may include job searches, vocational training, posting resumes online, treatment related employment groups, online education, etc.

List all job search contacts:

	Date	Company & Position	Contact Person & Phone #	Type of Contact <i>i.e.: Sent resume or interviewed</i>
1				
2				
3				
4				
5				

List all vocational training contacts:

	Date	Type of Training	Contact Person & Phone #	Dates of Training
1				
2				
3				
4				
5				

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PROGRESS NOTE: Sample 1

Recipient Name: _____ Recipient/Client ID: _____ Service: _____

Direct <input checked="" type="checkbox"/> Indirect _____ Provided Referral _____ Location: <u>On-site</u> _____	Service Date:
Note:	
Staff Signature:	Time (in minutes):

Direct <input checked="" type="checkbox"/> Indirect _____ Provided Referral _____ Location: <u>On-site</u> _____	Service Date:
Note:	
Staff Signature:	Time (in minutes):

Direct <input checked="" type="checkbox"/> Indirect _____ Provided Referral _____ Location: <u>On-site</u> _____	Service Date:
Note:	
Staff Signature:	Time (in minutes):

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PROGRESS NOTE: Sample 3

Name of Service Recipient: _____

ATR II ID: _____

Date of Session: _____

Service Type: _____

Duration of Session: _____

Location of Session: _____

Subjective (what is the recipient saying):

Objective (what are your observations of the recipient):

Assessment (what is your assessment of the recipient's strengths and needs; how is he/she coping in recovery):

Plan (what is the plan, developed with recipient, to keep recipient engaged in services and engaged in recovery):

Signature of staff person

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PROGRESS NOTE: Example 1

Recipient Name: Jane Doe Recipient/Client ID: 22111 Service: Peer

Direct <input checked="" type="checkbox"/> Indirect <input type="checkbox"/> Provided Referral <input type="checkbox"/> Location: <u>On-site</u>	Service Date: <u>07/07/09</u>
Note: Spoke with Jane via telephone this morning. She was upset because her ex-boyfriend with whom she first started using was released from prison last week. She knows that he is a trigger and feels vulnerable around him. We reviewed an action plan that would help her stay focused. The action plan includes not contacting her ex, spending time with her sister's new baby (which Jane considers an encouragement not to use). I recommend that Jane go to her self-help meetings 2x a week now instead of just one. Jane has had an interview at the new Subways in Meriden and if she gets the job, would like to request a bus pass so that she can get to work.	
Staff Signature: <i>Tom Jones</i>	Time (in minutes): 20

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PROGRESS NOTE: Example 2

Recipient Name: John Doe	Recipient/Client ID: 11232
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Note: Each note should have a date, amount of time spent and the staff signature.

03/09/09 - CM met with John Doe at Main Street McDonalds in a private area. CM reviewed the previous week's referrals with John Doe. John Doe did not have any success with his SAGA application. CM will meet him at the DSS office next week to help him with application. John Doe did attend the free health screening fair to which CM referred him and mentioned he might need eye glasses. John Doe has made progress on his goal of securing a stable place to live. CM helped John Doe set up a savings account so that he can save his pay while at the Supported Recovery House. CM informed John Doe that Supported Recovery House Case Manager has indicated that John Doe is very helpful with other residents and follows house rules. CM indicated that ATR II vouchers would arrive in a few days and CM would call John Doe as soon as the vouchers arrived. (30 minutes)

Tom Jones _____

Case Manager Signature

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PROGRESS NOTE: Example 3

Name of Service Recipient: John Doe

ATR II ID: 11232

Date of Session: March 9, 2009

Service: Case Management

Duration of Session: 30 minutes

Location of Session: Dunkin' Donuts

Subjective (what is the recipient saying):

John Doe is interested in finding a new job as soon as possible. According to him, his hours as an assistant at Lawrence Dental were cut and if he does not find a new job he will not be able to pay his rent and will lose his apartment.

Objective (what are your observations of the recipient):

Mr. Doe appears anxious and worried. He also seems very motivated and seems willing to accept any guidance possible in order to find a new job. Mr. Doe's attention is on moving forward and he believes he can succeed.

Assessment (what is your assessment of the recipient's strengths and needs; how is he/she coping in recovery):

Mr. Doe has an active work history and together we should be able to secure him a new position. Mr. Doe has not used in over two years and does not seem likely to do so.

Plan (what is the plan, developed with the recipient, to keep the recipient engaged in services and engaged in recovery):

CM will be mindful of Mr. Doe's level of anxiety due to his employment and financial situation. CM will seek one month's housing payment for Mr. Doe from ATR II so that he can focus on his job search. Mr. Doe will continue to perform well on his current job and petition for an increase in his hours. CM will help Mr. Doe schedule interviews that do not interfere with his current position.

Case Manager
Signature of staff person

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REFERRAL FORM SAMPLE

Instructions: Complete this form when referring a recipient to a community-based resource. The referral form should be completed in addition to a phone call to the program to which the recipient is being referred. A copy of the referral form should be given to the recipient to take with him/her and another should be kept in the recipient's chart. If a follow-up is required please ensure that a Release of Information form is completed between the ATR II provider and the agency to which the recipient is being referred.

Referring Agency: _____ Date: _____

Address: _____

Referring Staff: _____ Telephone Number: _____

Agency/Service/Program for Referral: _____

Reason for Referral:

Recipient's Name: _____ Birth Date: _____

Address: _____

Telephone Number: _____ Gender _____ M _____ F _____ Other

Other Relevant Information:

Advanced Behavioral Health
Access to Recovery II Case Management Program
Recipient Recovery Plan: Sample 1

*Outcomes Key:

Goal Met, Goal Not Met, Goal Partially Met, Goal in Progress, Goal Revised

Instructions: Circle those goals appropriate for recipient.

Recipient Name: _____

CATEGORY	<u>GOALS</u>	ACTIONS	OUTCOMES*	UPDATES	Date Completed
I. Engagement	A. Engage in Case Management services. B. Other	1. Maintain contact with CM/RS at least once weekly or according to individual needs. 2. Maintain phone contact with CM/RS for updates when face to face not scheduled. 3. Other			
II. Treatment linkages	A. Connect or re-connect to acute or non-acute behavioral health treatment services. B. Complete behavioral health treatment C. Other	1. Review with Recovery Specialist and current tx provider appropriate treatment placement. 2. Complete all necessary intake and/or screening procedures. 3. Other			
III. Housing	A. Connect to supported recovery housing B. Maintain current housing C. Find housing -either temporary or permanent. D. Other	1. Explore desired housing locations. 2. Contact potential housing providers. 3. Complete supported recovery housing intake procedures. 4. Make follow-up phone calls. 5. Other.			
IV. Recovery Supports	A. Obtain Recovery Supports	1. Apply for RSP or ATRII. 2. Apply for community resources 3. Other			
	B. Entitlements/Benefits	1. Apply or re-determine for SAGA. 2. Apply for other benefits/entitlements. 3. Other			
	C. Become involved in community or family/natural supports.	1. Connect to Self Help groups. 2. Connect to religious or spiritual organizations. 3. Connect to cultural organization. 4. Connect to community services. 5. Increase involvement with positive family/natural supports. 6. Obtain a sponsor through AA/NA. 7. Other			
	D. Relapse Prevention	1. Cope with Cravings/Urges.			

		<ol style="list-style-type: none"> 2. Use of meditation/relaxation techniques. 3. Examine warning signs. 4. Understand relapse. 5. Identify high risk situations. 6. Other 			
	E. Obtain Personal Identification.	<ol style="list-style-type: none"> 1. Obtain a birth certificate. 2. Obtain a picture I.D. 3. Obtain a social security card. 4. Other 			
V. Vocational	A. Gain employment.	<ol style="list-style-type: none"> 1. Complete application for employment. 2. Obtain transportation to employment interview. 3. Improve interview skills. 4. Develop resume/references. 5. Other 			
	B. Obtain job training.	<ol style="list-style-type: none"> 1. Connect to vocational training service or program. 2. Other 			
VI. Educational	A. Begin/Continue education.	<ol style="list-style-type: none"> 1. Explore potential vocational/educational program. 2. Connect to GED program. 3. Complete GED program. 4. Connect to Educational program. 5. Begin voc/college classes. 6. Apply for Financial Aid. 7. Other 			
VII. Medical	A. Begin/continue medical treatment.	<ol style="list-style-type: none"> 1. Connect to medical/dental provider. 2. Comply with medical/dental treatment and/or recommendations. 3. Other 			
VIII. Transportation	A. Obtain Transportation.	<ol style="list-style-type: none"> 1. Obtain transportation. 2. Other 			
IX. Advocacy	A. Obtain assistance for advocacy.	<ol style="list-style-type: none"> 1. Contact Advocacy organizations such as Advocacy Unlimited, CCAR, AA/NA, Connecticut Legal Rights Project (CLRP), Connecticut Office of Protection and Advocacy. 2. Other 			
X. Legal	A. Obtain/connect with legal support program or official.	<ol style="list-style-type: none"> 1. Connect or reconnect with probation/parole officer. 2. Obtain/connect with legal counsel. 3. Connect with jail diversion program. 4. Other 			
XI. Other	A. Other	<ol style="list-style-type: none"> 1. Other 			

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Recipient Signature

Date

Case Manager/ Staff Signature

Date

