

Topic: Substance Abuse /Addictive Behavior

Care Coordination

Problem:

Substance	Past Use?	Past 3 Months	Thinking About Change?				
			No	Yes	Preparation	Action	Maintenance
Tobacco			No	Yes	Preparation	Action	Maintenance
Alcohol			No	Yes	Preparation	Action	Maintenance
Marijuana			No	Yes	Preparation	Action	Maintenance
Cocaine			No	Yes	Preparation	Action	Maintenance
Crack			No	Yes	Preparation	Action	Maintenance
Heroin			No	Yes	Preparation	Action	Maintenance
PCP/Hallucinogens			No	Yes	Preparation	Action	Maintenance
Crystal Meth			No	Yes	Preparation	Action	Maintenance
Rx Pills			No	Yes	Preparation	Action	Maintenance
K2 (Synthetics)			No	Yes	Preparation	Action	Maintenance

Goal:	To Link to Substance Use Provider / Services and Remain Engaged in Care.
Goal:	To Adhere to Treatment / Recovery Plan.
Goal:	To Assess Readiness/Willingness to Change Substance Use/Addictive Behavior.
Goal:	To Abstain, Reduce and/or Reduce Harm of Substance Use/Addictive Behavior.

<input type="checkbox"/>	To Link to Substance Use Provider / Services in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Research and Discuss Linkage to Available Providers in Community.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Contact Potential Providers, Schedule Intake Appointment/Submit Referral.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Harm Reduction / Needle Exchange.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to AA/NA/Self-Help Group.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Recovery Readiness.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Outpatient Substance Use.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Outpatient Alcohol Program.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Methadone Maintenance.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Inpatient Substance Use.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Inpatient Alcohol Program.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Detox.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	



<input type="checkbox"/>	To Complete Case Conference with Provider in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Discuss Course of Treatment with Substance Use Provider / Counselor.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Discuss Program – Frequency, Duration, Intensity.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Discuss Management of Triggers / Negative Behaviors.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Adhere to Substance Use Service/Programs During Next _____ Days.				
	Tasks	Responsibility			Target Date
	Attend Program/Service _____ Times a (Day / Week / Month).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To (Abstain / Reduce) Substance Use/ Addictive Behavior During Next _____ Days.				
	Tasks	Responsibility			Target Date
	Discuss Positives/Negatives of Behavior/Substance Use.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Assess Stage of Change OR Readiness to Abstain / Reduce Behavior.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Provide Substance Use/Quitting Help Resources (in Language: _____).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Client will Abstain from _____ .	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Client will Reduce the Frequency of _____ by _____ .	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Client will Reduce the Amount of _____ by _____ .	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Reduce the Harm of the Substance Use/Addictive Behavior During Next _____ Days.				
	Tasks	Responsibility			Target Date
	Client will Reduce the Harm of _____ by _____ .	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To _____ in Next _____ Days.				
	Tasks	Responsibility			Target Date
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	