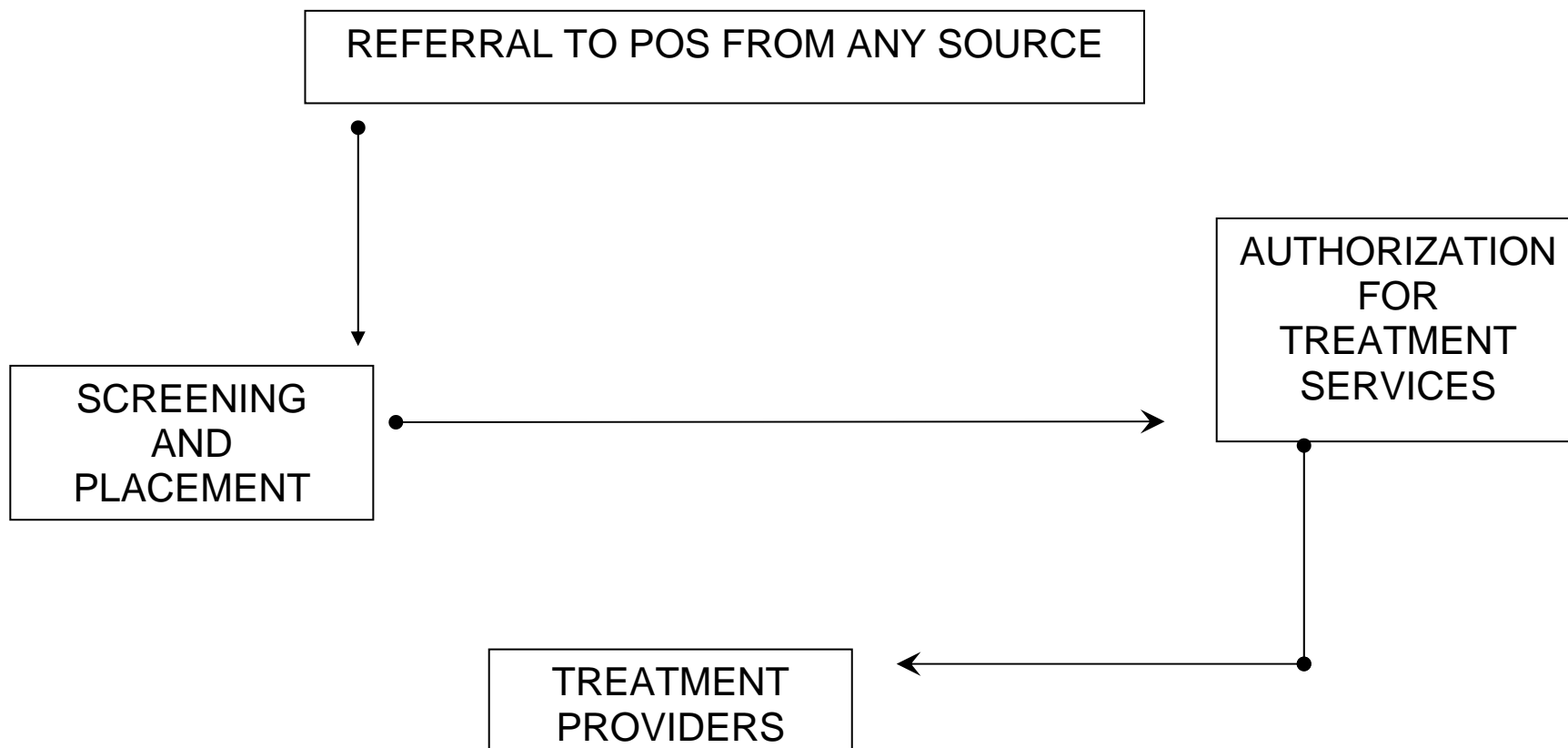


Placement Orientation Services (POS) Provider Guidelines

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TULARE COUNTY AOD TREATMENT SERVICES PLACEMENT ORIENTATION SERVICES (POS) REFERRAL FLOW CHART



**TULARE COUNTY
HEALTH AND HUMAN SERVICES AGENCY
PLACEMENT ORIENTATION SERVICES (POS)**

OVERVIEW

Tulare County utilizes a unique Placement Orientation System (POS) designed to provide two advantages:

1. Rapid access to a comfortable environment in which treatment needs can be discussed with the client over a flexible period of time; and
2. Placement in the least restrictive level of care with case management to ensure that the transition to the treatment provider is appropriate and matches the needs of the client

Any adult client going to a contracted Alcohol and Other Drug (AOD) treatment system provider in Tulare County must have an authorization issued by POS before the provider can expect reimbursement.

Certain populations may go directly to the provider of their choice through the Direct Referral mechanism described in more detail as follows:

- Any client requiring detoxification services
(After detoxification, however, these clients must be referred to the POS process)
- Those who desire to pay the full cost of treatment out-of-pocket
- Those who arrive at the provider through a separate contract the provider has with an agency other than the county (such as SASCA)
- Proposition 36 clients that are stepping down into Outpatient

Finally, among those clients who must acquire an authorization for treatment, pregnant women have priority, and thus will be moved to the head of any referral interim service line, as described in the Perinatal Treatment Expansion Program (PTEP) guidelines.

****We will follow the perinatal guidelines even for women who are not participating in a program funded with perinatal funds****

PROVIDER GUIDELINES

- Please insure that all members of the staff working with clients are familiar with these guidelines.
- Reimbursement will be made only for those clients who have an authorization for a specific provider and level of care from the POS.
- All clients planning to go to AOD services must attend the POS or, in some cases (identified below), receive a one-on-one assessment to acquire an authorization.
- All clients referred by POS to a provider must be admitted as first priority; incomplete paperwork or documents on the part of the client is not sufficient reason to deny the client admission.
 - ✓ Denial of entry into treatment for lack of identification and other documents is strongly discouraged by the Mental Health Branch administration.
 - ✓ The community standard is for the provider to admit the client with the understanding that the paperwork or document acquisition can be completed after admission.

Referral to the Placement Orientation Service (POS)

These guidelines apply to all referrals, court-ordered or otherwise, to alcohol and other drug (AOD) treatment services.

Use the referral form (*sample: Attachment A*); following the instructions printed on the form

1. Clients should not call before coming to the orientation group
2. Fill out the referral form completely -- guidelines are on the form
3. Make a copy of the referral form
4. Give a copy of the referral form to the client; this has the group location and time, for the client's information
5. Fax a copy of the referral form to the POS at (559) 624-1067; this will allow us to follow-up if the client does not show

Detoxification

An individual needing detoxification should be admitted directly to the provider. The provider will still need an authorization from POS through the "Direct Referral" procedure as described in your Tulare County AOD Treatment Provider Manual.

As soon as possible, after detoxification is completed, the client should be sent to the earliest POS group available. If there is a reason the client cannot attend the orientation group, the provider should inform the POS supervisor, and an assessment will be done at the provider's site.

Telephone Referrals

If the referring person or agency makes an initial contact with the client by telephone:

1. Fill out the referral form
2. Direct the client to the next appropriate group
3. Fax the referral form to the POS at (559) 624-1067

Spanish Speaking (Only) Referrals

Be sure to mark the "*Spanish Speaking*" box on the referral form. DO NOT send the client to a POS group, please call or have the client call 733-6123 Ext. 229 for an appointment within 72 hrs. Please fax in the referral form, as this will allow us to anticipate the client, and follow-up if the client does not appear for his/her appointment.

Authorizations

Treatment authorizations will be available on TCOMS; POS staff will assure that the authorization is entered and sent within 24 hours.

****Note:** The assessment information screen in TCOMS cannot be printed and used as a treatment authorization**

The provider will receive an e-mail from POS with the client ID that will confirm that an authorization has been made for that program.

In some cases, so as not to delay a critical treatment entry because of a wait for formal authorization, a POS supervisor can give verbal authorization to allow admission immediately and the paperwork will follow.

When a provider receives a TCOMS authorization, the provider must accept the client. If, for some reason, the provider does not wish to accept the client, there must be a consultation with a POS supervisor before any action is taken with the client. Incomplete client paperwork or documentation is not sufficient reason for denying the client admission.

Authorizations must be pulled from the "referral pending service treatment placement" list in the TCOMS module (see the TCOMS section in this manual) within 48 hrs of being put on this list.

A standard authorization allows for the following maximum length of service:

AOD Clients:

Residential	3 months
Outpatient	6 months
Intensive Outpatient	6 weeks
Perinatal Residential	6 months
Relapse Prevention	6 months
Methadone Detox	21 Days

Proposition 36 Clients:

(All Proposition 36 Clients will receive a maximum of 6 months treatment)

Residential	3 months, plus 3 months outpatient services
Outpatient	6 months
Intensive Outpatient	6 weeks, plus 4 ½ months of outpatient services
Perinatal Residential	6 months
Relapse Prevention	6 months
Methadone Detox	21 Days
Methadone Maintenance	6 Months

Program Compliance

All providers will adhere to the length of stay as outlined in the section above. Any deviation from these lengths, due to program compliance, must be approved by a POS supervisor.

If a client refuses an authorization to treatment, or fails to appear at a provider site, the provider must clear the client from TCOMS within 48 hours of receiving the authorization. (Log into TCOMS, click the "Select a Module" drop down menu, go to the "-pending provider referrals" section, select the client from the list, and in the "service program detail" screen, enter "admit date", enter "exit date", and in the "outcome" box, select "failed to appear.") Please make sure to enter the same date for both the admit and discharge dates if the client was never admitted into the program or the client left after being admitted on the same day.

TCOMS discharge forms must be completed when a client goes from residential to transitional status.

Extensions

Extensions to the maximum limits noted above can be made only with prior approval of the POS supervisor. Please submit the 'Request to Extend Treatment' form (*sample: Attachment B*) at least two weeks prior to the end date if it is anticipated that the client will need an extension.

E-mail will be sent to the providers confirming that an extension has been approved.

Interim Services Management (formerly 'Waiting List')

All clients will be authorized to some level of treatment.

If the client fails to appear at a provider, the provider must clear the client from TCOMS within 48 hours of receiving the authorization. (Log into TCOMS, click the "Select a Module" drop down menu, go to the "-pending provider referrals" section, select the client from the list, and in the "service program detail" screen, enter "admit date", enter "exit date", and in the "outcome" box, select "failed to appear.") Please make sure to enter the same date for both the admit and discharge dates if the client was never admitted into the program, or the client left after being admitted on the same day.

Those clients who are referred to residential, and are waiting for a bed to open, will attend an outpatient or an intensive outpatient program.

To avoid confusion, an individual provider should not maintain a 'waiting list', nor should they ask clients to call in to the provider on a regular basis. A provider should also not inform the client when a bed is available, since clients will be sent to the next available bed by POS.

While clients are in such 'interim' services, the POS will continue to monitor their case. Each client will be moved from the 'interim' service to the residential program when an appropriate bed becomes available.

If, when the time comes for a move from interim service to a higher level of care, the provider notes that the client is doing well at the interim service, a review of this case will be completed for court approval where necessary.

The general criteria to be considered for remaining in interim care are:

- The client has been in interim care at least 30 days
- All drug tests have been negative during this period
- The client has attended all scheduled meetings and has been compliant during this period

When a bed becomes available, a letter will be e-mailed to the interim provider stating that there is a residential bed available for the client. The client must be discharged from the interim provider, closed in TCOMS, and proper documentation sent by the provider to the referring agency.

Providers will update the POS with a bed status before 9:00 a.m. on a daily basis. Providers will assign numbers to county contracted beds. Providers will fax in an 'empty bed' form identifying by number which bed is empty. POS will send an authorization for that specific numbered bed. This daily information will assist POS to efficiently manage the number of beds available to clients, as well support the providers in maintaining a full census.

Clients Needing Interpreter Services

All interpreter services for hearing-impaired clients that are authorized for treatment will be arranged by POS. Any services not arranged by POS will be the financial responsibility of the provider.

Share of Cost

POS will determine a Share of Cost for Prop-36 clients. This share of cost will not pertain to Prop-36 residential clients. Prop-36 clients going into Outpatient for Step-Down or Interim services will also be assessed a Share of Cost. The Provider is responsible for collecting and reporting the Share of Cost.

Provider Procedure for Direct Referrals

When a client enters a program from a source outside HHSA (*as outlined in the Overview section on page 1 of this Guideline*), the Provider will still need an “Authorization” from POS to allow the client to be entered into the TCOMS system. For this reason, the provider will send a “Direct Referral” form (*sample: Attachment C*) to the POS using the following e-mail address: Tularesmart-Prevention@tularehhsa.org

*** See the Direct Referrals Section in your Tulare County AOD Treatment Provider Manual for a detailed procedure ***

Missed Sessions & Drug Use Episodes in Outpatient Treatment

Below are the guidelines regarding drug use episodes and missed sessions during outpatient treatment, as approved by the Recovery Court & Drug Court Steering Committee on September 17, 2006. Although the tool used (journal, relapse workbook, and relapse analysis) may differ from program to program, the overall concept will hold true.

Positive Tests: Individual Episodes

An adjustment period will be observed for positive test during the first month of treatment. Following the first month of treatment the guidelines for positive test are as follows:

- 1st – Occurrence Client is counseled and provided with a journal and is to complete a relapse workbook.

- 2nd – Occurrence Client is counseled and expected to meet with Outpatient Services Coordinator. Client is assessed for treatment compliance and informed that a higher level of care may be needed. Client should complete a relapse analysis sheet, for example the Relapse Analysis Chart 1 (Matrix Model).

- 3rd – Occurrence Client signs a no-tolerance agreement. Provider must inform POS and the referring agency (Probation) of client status. Case will be staffed with client in attendance.

- 4th – Occurrence Client is discharged from program. Provider is to fax a POS referral to Prevention. Client is informed to contact HHSA/Prevention Services as indicated on the referral.

Missed Groups:

As outlined in the provider guidelines, the length of stay for out-patient treatment is 6 months. Any required make-up session must be completed within the allotted six-month period. Client is responsible to complete homework and discuss with counselor. A client could receive additional time to make up their groups if the provider files a Request for an Extension (procedure on page 6).

Crystal Enterprises Report (CER) Procedure

This procedure outlines the steps to be taken by the AOD Treatment Providers, utilizing the CER reporting system, for monthly billing.

Reporting:

1. All data must be input and completed prior to the 2nd of the month.
2. The CER will be sent electronically to the providers on the 2nd of the month.
3. Providers will review the report and make the necessary corrections prior to the 14th of the month.
4. The final CER report will be sent to the providers on the 14th of the month.

Administrative Changes:

1. For any administrative changes requiring assistance from HHSA, the provider will need to contact Nicole Riley by e-mail at NRiley@TulareHHSA.org.
2. All requests for administrative changes must be submitted prior to the 10th of the month.
3. HHSA will resolve these administrative changes within two business days, so that the changes will be reflected in the final CER report that is e-mailed on the 14th of the month.
4. Once the final CER has been generated on the 14th of the month, providers will not have an opportunity to make any further corrections.
5. The information captured in the final CER will be used as the basis for invoicing. Group Sign-In Sheets must be made available to POS upon request.

****Note:** Administrative changes are changes in TCOMS that cannot be made by the provider**

DATAR Data Entry & Compliance Tracking

DATAR reporting is federally mandated to measure treatment capacity and waiting list counts for all publicly funded treatment programs. Tulare County Alcohol & Other Drug Programs Division is responsible for ensuring that all of the contracting Prevention and Treatment Providers submit timely, accurate, and complete DATAR information into the web-based tool (DATARWeb) that is provided by State ADP. Each provider must submit their monthly DATAR report no later than the tenth (10th) of each month for the previous month's services.

As implemented in FY 07/08, compliance monitoring by Tulare County AOD Programs Division occurs on or around the 10th of each month and a 'County-wide Noncompliance Report' is generated from the DATARWeb program. Any noncompliance with DATAR submissions will result in a delay in those providers receiving monthly advances. All providers will be notified of each separate occurrence of noncompliance with monthly deadline, and repeated noncompliance may result in additional sanctions.

Providers should contact AOD Administration if any problems prevent log-in or use of the DATARWeb system in a timely manner. AOD Administration will assist the provider in re-setting a password and will also act as liaison with ADP in resolving other matters of a technical or administrative nature.

Contact Mary Solorio by phone at (559)737-4660 ext 2433, or via email at MSolorio@tularehhsa.org as needed.

PROVIDER GUIDELINES SUMMARY CHECKLIST

Overview

- Please insure all staff that work with clients are familiar with these guidelines
- Admit client regardless of insufficient or incomplete paperwork
- If necessary acquire paperwork or documentation after admission

Referral to the Placement Orientation Service (POS)

Treatment Assessment

- Fax a referral form when referring a client to POS for assessment
- Please do not have the client call

Detoxification

- Admit client directly into Detox
- Send the "Direct Referral" to Prevention
- If client is requesting or needing treatment, fax a referral and send the client to the earliest POS group
- If client is unable to attend the orientation group, call a POS supervisor to schedule an on-site assessment

Telephone

- Refer as though client was in your office

Spanish Speaking Only

- DO NOT send the client to a POS group
- Send the referral form
- Check the "Spanish Speaking" box on the referral form
- Call, or have the client call, 733-6123 ext 229 for an appointment within 72 hrs

Authorizations

- Confirm that an authorization has been made for that program
- Pull the authorization from the "Referral Pending Service Treatment Placement" list in the TCOMS module (*all authorizations must be pulled within 48 hrs*).
- If a critical treatment entry is needed, contact a POS supervisor to get verbal authorization to allow immediate admission
- Admit client into treatment
- The assessment information screen in TCOMS cannot be used as a treatment authorization
- If a client does not contact the Provider (*by phone or in person*) within 48 hrs this will be treated as a failure to appear and must be closed in the TCOMS system within 48 hours of authorization

Interim Services Management (formerly 'Waiting List')

- If the client fails to appear at a residential provider, the provider must clear the client from TCOMS within 48 hours of receiving the authorization
- Please make sure to enter the same date for both the admit and discharge if the client was never admitted into the program or the client left on the same day after being admitted
- An individual provider should not maintain a 'waiting list' nor ask clients to call in to the provider on a regular basis
- A provider should not inform the client when a bed is available, since clients will be sent to the next available bed
- When the time comes for a move from interim service to a higher level of care, a review of this case will be completed for court approval, where necessary, in order for the client to remain in the outpatient level of care
- E-mail with an attached letter will be sent to the interim provider stating that there is a residential bed available for the client
- The client must be discharged from the interim provider, closed in TCOMS, and proper documentation sent by the provider to the referring agency
- Providers will update the POS with a bed status before 9 AM on a daily basis
- All providers will adhere to the length of stay as outlined in this guideline document
- Any deviation from the established/approved lengths of stay due to program compliance must be consulted with, and approved by, a POS supervisor

Clients Needing Interpreter Services

- POS will arrange all interpreter services
- Any services not arranged by POS will be the financial responsibility of the provider

Share of Cost

- The Share of Cost will not pertain to Prop-36 *residential* clients
- Prop-36 clients going into Outpatient for Step-Down or Interim services will also be assessed a Share of Cost
- The Provider is responsible for collecting and reporting the Share of Cost

Provider Procedure for Direct Referrals

- A Direct Referral must be completed when a client enters a program from a source outside HHSA (*as outlined in the Overview section on page 1 of this document*).
- The provider will still need an "Authorization" from POS to allow the client to be entered into the TCOMS system.
- The provider will send a "Direct Referral" form to the POS using the address: tularesmart-Prevention@tularehhsa.org.

Missed Sessions & Drug Use

- An adjustment period will be observed for positive tests during the first month of treatment, after which, there are guidelines the providers must follow for each

occurrence.

- After the 4th occurrence, the client is discharged from the program.
- All missed group sessions must be completed in the 6 months allotted for out-patient treatment.
- A client could receive additional time to make up their groups if the provider files a Request for an Extension (procedure on page 6).

Crystal Enterprises Report (CER)

- All data must be input and completed prior to the 2nd of the month.
- Providers will review the report sent out on the 2nd of the month and make any necessary corrections prior to the 14th of the month.
- All requests for administrative changes must be sent to NRiley@TulareHHS.org by the 10th of the month.
- Once the final CER has been sent on the 14th, providers will not have an opportunity to make any more corrections.

DATAR Data Entry & Compliance Tracking

- Each provider must submit their monthly DATAR in DATARWeb no later than the 10th of each month, for the previous month's services.
- Any non-compliance with DATAR will result in a delay in those provider's monthly advances.
- Providers will be notified of each occurrence of noncompliance. Repeated non-compliance will result in additional sanctions.
- Providers should contact Mary Solorio for any problems with DATARWeb at MSolorio@TulareHHS.org or 559-737-4660 ext. 2433

GLOSSARY OF TERMS

- Placement Orientation Services (POS) - County system designed to provide rapid access and placement in the least restrictive level of care.
- Referral – Clients sent to POS for assessment.
- Authorization – Authorization from POS to Providers to treat clients.
- Direct Referral Form - Mechanism used when clients go directly to the Provider of their choice.
- Tulare County Outcomes Measurement System (TCOMS) - Database used for entering client data for submission to the state.
- Provider – Treatment Programs contracted with the county to provide alcohol and drug treatment services.
- Prop-36 Step-Down – Prop-36 clients who are stepping down to Outpatient services from Residential or Intensive Outpatient.



Tulare County Health & Human Services Agency

132 N. Valley Oaks Drive Visalia, CA 93292 (559) 733-6123 Fax (559) 624-1067

Placement Orientation Referral

Effective August 29, 2006

Incarcerated: yes no

If yes, Facility:

Name: Spanish Speaking: Case Number: Court City:

Address: Phone:

Referring Agent: Phone: Fax: Family Care:

Mental Health/SCIU Eval: Next Court Date:

Date Referred: Date of Birth

WHAT IS THE PLACEMENT ORIENTATION FOR? We are here to assess and refer clients to the treatment modality that best suits their needs...

HOW LONG DOES THE PROGRAM LAST? Length of Placement Orientation is based on the individuals' needs.

HOW TO REFER:

- 1. Fill out basic client information above. 2. Check the box for the most convenient group day for the client on the list below. 3. Give the client a copy of this form for their information. 4. Fax a copy of this form with the group checked to 624-1067 so that we may follow up if the client does not attend. 5. For Spanish speaking clients, please call 733-6123 Ext. 229 for an appointment.

IMPORTANT: ALL GROUPS WILL START ON THE TIME INDICATED. PLEASE ARRIVE BY 2:45. ANYONE WHO IS NOT ON TIME WILL NOT BE ALLOWED IN GROUP AND MUST RETURN ON THE NEXT AVAILABLE GROUP.

VISALIA

Monday Tuesday Wednesday Thursday

Location: Prevention Services, 132 N. Valley Oaks Drive 3:00 - 4:00 p.m.

PORTERVILLE

Tuesday Wednesday Thursday Friday

Location: Government Plaza South, 1055 W. Henderson 3:00 - 4:30 p.m.

DINUBA

Monday Wednesday

Location: Tulare Works, 1066 N. Alta 3:00 - 4:00 p.m.

TULARE

Monday Tuesday Wednesday Thursday

Location: Hillman Health Care Center, 1062 South K. Street 3:00 - 4:30 p.m.

ATTACHMENT B



Tulare County Health & Human Services Agency

John Davis, Agency Director

Mental Health Department ■ Cheryl L. Duerksen, Ph.D., Director
Mental Health Programs ■ Alcohol and Drug Programs

Request to Extend Treatment

(E-mail or fax typed-written form at least two weeks prior to authorized end date)

Confidential Fax: (559) 624-1067

Email: tularesmart-prevention@tularehhsa.org

Provider: Please provide the following information along with available documentation*.

Provider Name:

Type of Treatment:

Client TCOMS ID#:

Client DOB:

1. Please list the treatment or recovery plan problems, objectives, action steps, target dates and order of priority established at the time of the client's admission. (Type answer in grey shaded area)

2. Please indicate the client's general background: age, work status, living situation, drug use, education, any disabilities etc. that the treatment goals were based on.

3. What is the current status of the items noted in question #1. Which objectives remain to be accomplished?

Health & Human Services Agency
Prevention Services
132 N. Valley Oaks Drive
Visalia, CA 93292
Phone (559) 733-6123
Fax (559) 624-1067

Revised 7/8/2008

Direct Referral Form

Provider:

Level of Care:

(Please select the level of care you would like the client placed in)
program)

Date Referred:

(Please enter the date the client entered the

Last Name:

First Name:

Case Number:

Court City:

Address:

City:

Phone: (559) -

*** Social Security Number: - -**

*** Date Of Birth:**

Age:

*** Race:**

*** Language Spoken:**

*** Number of minor children:**

*** Gender:**

*** Currently Pregnant:**

Family Care Worker Name:

(Family Care Only)

Phone: () -

CWS Worker Name:

(Family Care Only)

Phone: () -

*** Funding Source:**

*** Type of Referral:**

Comments:

*** Please Note:** This is a mandatory field needed to process this referral in ARTSMART.

WHAT IS THE DIRECT REFERRAL FOR? This referral form will allow us to provide authorization for the client's alcohol and drug treatment and to enter the client data in CADDs.

HOW TO REFER:

1. Fill out basic client information above.
2. E-mail this request to the Direct Referral email box for authorization.

E-MAIL: tularesmart-prevention@tularehhsa.org

Provider procedure for Direct Referrals

Certain populations may go directly to the provider of their choice through the **Direct Referral** mechanism described in more detail below. These populations are:

- **Any client requiring detoxification services.**
 - All referrals need to be submitted with in 24 business hours of the intake.
- **Those who desire to pay the full cost of treatment out of pocket.**
 - All referrals need to be submitted with in 48 business hours of the intake
- **Those who arrive at the provider through a separate contract the provider has with an agency other than the county, such as SASCA.**
 - All referrals need to be submitted with in 48 business hours of the intake
- **Proposition 36 clients that are stepping down into Outpatient.**
 - All referrals need to be submitted with in **7 days prior** to the completion of residential.

The provider will still need an “authorization” from POS to allow the client to be entered into the TCOMS system. For this reason, the provider will send a “direct referral form” to the POS using the address: tularesmart-Prevention@tularehhsa.org

Following is an overview of how to use the direct referral form:

1. Complete Direct Referral Form
 - (i) For Provider select your program name
 - (ii) For Level of Care Select level of care you want the authorized for.
 - (iii) For referral date, enter the date the client was admitted.
 - (iv) For Type of Referral select the agency who referred the client to your program.
 - (v) All other info as is self-explanatory: for a detailed procedure see detailed procedure section on next page.
2. E-mail the Direct Referral to tularesmart-Prevention@tularehhsa.org
3. Once Direct Referral has been received POS will send the authorization.

All Direct Referrals will be entered into TCOMS within 24 hours. Referrals received on Friday, however, will be entered on the following Monday. This should cause little or no interruption of services. If you do not see the client on the pending list within this time frame please notify POS immediately.

Detailed Procedure

Provider:

From the drop-down menu, enter your agency's name.

Level of Care:

From the drop-down, select the client's level of care as follows.

- Detox
- Intensive Outpatient
- Outpatient
- Perinatal Outpatient
- Prop 36 Step Down
- Residential

Dated Referred:

Enter the date in which the client arrived at the treatment facility.

Last Name:

Enter the client's last name.

First Name:

Enter the client's first name.

Case Number:

If client has a case number enter it here.

Court City:

Enter the city of jurisdiction if court ordered to attend treatment.

Address:

Enter the client's address.

City:

Enter the client's residing city.

Phone:

Enter the client's phone number

Social Security Number:

Enter the client's social security number.

Date of Birth:

Enter the client's date of birth.

Age:
Enter the client's age.

Race:
From the drop down menu select the client's race.

Language Spoken:
Enter the client's primary language.

Number of Minor children:
Enter the number of children the client has.

Gender:
From the drop down menu, select client's gender.

Currently Pregnant:
If the client is pregnant enter "Yes"
If the client is not pregnant enter "No"
If the client is male enter "No"

Family Intervention Worker Name (to be filled out by Family Intervention only.)
Enter the name of the Family Intervention Worker that is providing services to this client.

Phone:
Enter the Family Intervention Worker phone number.

CWS Worker (to be filled out by Family Intervention only):
Enter the name of the clients Child Welfare Case Worker.

CWS phone number:
Enter the Child Welfare Workers phone number.

Funding Source:
From the drop down menu select the funding source for the client's referral as follows.

- Alcohol Other Drug
- CWS
- Mental Health
- Other
- Perinatal
- Private Pay
- Prop 36
- SASCA
- VA
- Medi-Cal
- Tulare Works

Type of Referral:

From the drop down menu select the type of referral as follows:

- Adult Drug Court
- Adult Drug Court / Perinatal
- CWS
- Family Intervention to Residential
- Mental Health
- Other (please indicate in comment section)
- Perinatal
- Prop36 Step Down to Outpatient (Aftercare)
- SASCA
- Prop36 Step Down to Outpatient
- Self

Comments:

Enter any comments you feel are significant to the case. If you selected other as the referral type indicate the referral source here.