



Toolkit for a Successful Lake County Jail High- Utilizer Program



Acknowledgements

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The successful Jail High-Utilizer Program was achieved through collaboration with Nicasa Behavioral Health Services, its Justice Partners, and numerous community resources.

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Table of Contents

NEED FOR PROGRAM	3
BACKGROUND	4
WHY CREATE A TOOLKIT?	6
CRITERIA	6
EXCLUSIONS	6
PROGRAM	7
PROCESS	10
OUTCOMES	12
LESSONS LEARNED	13
NEXT STEPS	14
GLOSSARY	15
REFERENCES	16
APPENDIX	17



Need for Program

Lake County is 443 square miles located in the northeastern corner of Illinois, halfway between Chicago and Milwaukee. It is the third largest county in Illinois. Lake County's unemployment rate was 4.8% in 2016. Just under 10% of Lake County's population lives below the Federal Poverty Level (US Census Bureau, 2010).

Lake County's jail served both an urban and rural community. Therefore, its jail diversion initiatives required innovative approaches to meet the many needs of persons living throughout the county. Initial jail population examination revealed out of 9,000 adults booked in the Lake County Jail for a 12-month period (April 2014-March 2015), more than 3,000 (42%) were previously booked in the same jail within the past three years. An examination of the top 100 jail bookings (2014-2015) revealed persons with age range of 21-54 who cycled in and out of the jail from seven to seventeen times.

TOP 10 JAIL BOOKINGS IN YEAR 2014-2015

# Confinements	Age	Race	Sex	Count
17	22	W	M	1
14	24	B	M	2
12	25	W	F	3
12	35	B	M	4
11	26	B	M	5
11	54	W	M	6
10	28	B	M	7
10	23	B	M	8
10	21	B	M	9
10	43	W	F	10

In 2015, the average daily jail population was 537. Lake County Justice Partners agreed if 30 program participants were not reincarcerated during the first 12 months of the program based on their average of 8 bookings, there could be a reduction of 240 jail bookings in 2017. Based on the current average length of stay in the jail of 21 days at an estimated cost of per inmate of \$120 per day, the Sheriff would save \$605,000 in operational expenses. The success of this program



would reduce the average daily jail population sufficiently to close one jail pod, saving approximately \$750,000 per year and permitting the shifting of resources to additional diversion programs.

Background

The Lake County’s Sheriff’s Office (LCSO) has a long, successful record of cross-agency leadership in developing multiple agency collaborations, implementing mutual aid strategies and collaborating with stakeholders to provide treatment to those in need. The Lake County Sheriff was appointed a Member of the Lake County Mental Health Coalition, one of a diverse group of leaders in the community, representing law enforcement, hospitals, treatment service providers, justice, supportive housing and homelessness, supportive employment, education, county board members and a former state senator. The purpose of this high-level, stakeholder coalition was to bridge silos, drive data-sharing, share a public awareness campaign that reduces the stigma of mental illness, and share a community message that mental health is treatable and preventable.

The LCSO is the lead agency of the Jail High-Utilizer Program (JHUP). It recognized the Nicasa Behavioral Health Services (Nicasa) strength in providing a full continuum of services that includes Family Advocacy Services and wraparound services to clients and their children, families, and significant others. The LCSO leveraged its preexisting partnership with Nicasa to develop the successful JHUP. Nicasa has over 50 years of history in effective substance abuse, mental health, prevention, education, early intervention, treatment, and recovery services with extensive collaboration with other community resources. With 9 service locations in Lake County, Nicasa provided the necessary community services for the program participants.

The JHUP began with the 2017 LCSO successful application to participate in the Urban Institute Innovation Fund Competition hosted by the John D. and Catherine T. MacArthur Foundation Safety and Justice Challenge (SJC). Lake County was awarded a total of \$50,000 to fund an 80% full time employee, Nicasa Behavioral Health Services’ culturally sensitive intensive case manager to work with a LCSO’s funded re-entry specialist to engage 30 clients (cohort 1) to reduce their jail rebooking and recidivism.

- | JHUP PRIORITY CONSIDERATION |
|---|
| ● Low-income |
| ● Communities of color |
| ● Women |
| ● Individuals with serious mental illness |
| ● Individuals who identify as LGBTQ+ |



The ultimate goals of JHUP were to make the criminal justice system fairer, just, equitable, and effective at protecting communities, and improving mental health services through innovative efforts.

Lake County was one of 20 additional jurisdictions that joined the Safety and Justice Challenge, a national \$100 million initiative to reduce over-incarceration by changing the way America thinks about and uses jails. Lake County and the other jurisdictions were funded to design, and test innovative local justice reforms designed to safely drive down jail usage and reduce racial and ethnic disparities in their local justice systems.

Through the Challenge's Innovation Fund, Lake County received support and expert technical assistance in designing and implementing its local reforms. Lake County's innovation focused on intensive case management to 30 high-utilizers of the Lake County Jail. This intensive case management motivated to address identified jail high-utilizers' needs upon reentry to the community. After release, they were provided a "warm handoff" of individualized coordinated multi-agency existing services, based on the person's needs, with the goal of diverting the group of high-utilizers from rearrest and reincarceration.

Lake County and the other Innovation Fund jurisdictions received short-term support of \$50,000 each, and were eligible for future funding opportunities, had access to resources, peer learning opportunities, and expertise of the Safety and Justice Challenge Network. The Urban Institute, which managed the Innovation Fund in partnership with the MacArthur Foundation, provided expert technical assistance to the jurisdictions as they implemented their plans. The Urban Institute's technical assistance included guidance to develop the logic model (attached Appendix A). Key lessons and resources emerging from the Innovation Fund were shared with and beyond the justice reform field.

About the MacArthur Foundation

The John D. and Catherine T. MacArthur Foundation supports creative people, effective institutions, and influential networks building a more just, verdant, and peaceful world. MacArthur believes that truly significant progress is possible on some of the world's most pressing social challenges, including over-incarceration, global climate change, nuclear risk, and significantly increasing financial capital for the social sector. In addition to the MacArthur Fellows Program, the Foundation continues its historic commitments to the role of journalism in a responsible and responsive democracy, as well as the strength and vitality of our headquarters city, Chicago. More information about the Foundation's criminal justice reform work can be found at www.macfound.org/criminaljustice.

About the Urban Institute

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector. www.urban.org



Why Create a Toolkit?

The toolkit is essential as it outlined challenges encountered while working with clients and how the team worked together to address them. In addition, it helped to develop mutual understanding, shared expectations, and communicated institutional knowledge for existing JHUP members and other jurisdictions exploring instituting a similar program that provides intensive case management for individuals transitioning back into the community.

Criteria

JAIL BOOKINGS WITHIN 12 MONTHS



The voluntary JHUP program focus was on jail high-utilizers, defined as individuals who were booked into the Lake County Jail three or more times in the past 12 months. The purpose of selecting three bookings was that individuals with more than three bookings had a higher likelihood of being sentenced to the Illinois Department of Corrections (IDOC).

Exclusions

To conserve limited resources the team identified criteria that excluded potential clients.

JHUP Client Exclusions
Sentenced to the Illinois Department of Corrections (IDOC)
Uncooperative/unwilling to sign documents or fully participate as requested
Living outside of Lake County when released
Admitted into Drug, Veteran, Mental Health Courts



Program

The JHUP was designed to address the reentry decision point to expand culturally competent intensive case management services to thirty persons who were previously booked within the jail three times in the past twelve months. In addition, the program targeted the most vulnerable jail population with developed priority consideration of five categories.

JHUP PRIORITY CONSIDERATION
● Low-income
● Communities of color
● Women
● Individuals with serious mental illness
● Individuals who identify as LGBTQ+

SERVICE DESCRIPTIONS

The JHUP team assisted the clients with Medicaid and medical care linkage, mental health, domestic violence services, employment, housing, financial assistance, clothing, food, education and computer classes, sexual abuse counseling, substance abuse evaluations, outpatient and intensive outpatient treatment, mental health, and anger management. The JHUP team also assisted clients with admission criteria for facilities that treat substance use disorder at an inpatient or outpatient level, with incarcerated persons’ phone intakes. Additionally, clients were given bus passes and rental assistance. Home visits were conducted to continue support for clients in their transition into the community and to reach their goals. The clients were guided to make positive life choices and empowered with the confidence to do so.

PROGRAM LENGTH

The JHUP program was designed to provide clients services approximately 60 days after reentry into the community. Urban Institute encouraged the JHUP team to conserve limited resources with defined program success and discharge.

PROGRAM SUCCESS

The JHUP team defined two types of client program success:

- Completed 75% of goals and has a reduced LOCUS score; or
- Transferred to non-JHUP program with an assigned case manager.



PROGRAM DISCHARGE

The JHUP team developed four program discharge definitions and examples.

- Terminated due to no contact over 30 days after services received.
 - When the client has not contacted any team member in the last 30 days, but the client has received at least one service.
- Terminated due to no contact over 30 days and did not access referred services.
 - When the client has not contacted any team member in the last 30 days, and the client has not accessed ant referred services.
- Neutrally terminated due to transfer to a different county.
 - When the client completed assessments and resides outside Lake County.
- Unsuccessfully discharged
 - When the client is unmotivated, unwilling to work with JHUP team, or engaged in inappropriate, threatening or illegal behavior.

JHUP PHASED STAFFING

Design of the JHUP program and leadership of the team was provided by the LCSO Corrections Command Officer, Nicasa Chief Executive Officer, and Lake County SJC Project Director. With the assistance of Urban Institute, the program launched in September 2017, with initial JHUP team staffing of the SJC grant funded Nicasa culturally sensitive intensive case manager and part-time LCSO funded jail reentry specialist. As the number of reentry clients grew, Nicasa funded an intern to assist with client engagement.

In 2018, at the conclusion in the SJC Innovation funding the team leveraged local funding to expand the program and added a peer recovery specialist that engaged former JHUP clients in post-incarceration support groups. As a result of Lake County’s October 2018 successful SJC Implementation grant funding staffing increased to add a Nicasa bilingual case manager who also supervised the initial Nicasa team members.

PHASED JHUP STAFFING			
YEAR	F.T.E.	STAFF	FUNDED
2017	0.5	Jail Reentry Specialist	LCSO
2017-2019	1.0	Intensive Case Manager	SJC/Urban Institute Innovation
2017-2019	0.4	Intern	Nicasa Behavioral Health Services
2017-2019	0.1	Corrections Command	LCSO
2018-2019	1.0	Peer Recovery Specialist	SJC/Implementation
2019	1.0	Bilingual Case Manager/ Supervisor	SJC/Implementation



JHUP TEAM MEMBERS

REENTRY SPECIALIST

The Re-Entry Specialist identified potential incarcerated persons that met the program criteria, engaged persons to apply to the voluntary program, screened persons for program eligibility, and facilitated an initial intake meeting incarcerated person and the case manager.

CASE MANAGER

The case manager described the program to incarcerated persons and conducted service needs assessments. After persons were accepted into the program the case manager and other team members continued contact with the clients while in the jail and built rapport. Thereafter, when the persons were released from the jail, the case manager coordinated a “warm hand-off” to other services in Lake County, conducted home visits, referred services, addressed the clients’ individual needs, and diverted them from future rebooking into the jail. In addition, the case manager documented client demographics, tracked service participation, and data-driven performance measures.

INTERN

The intern assisted the team members to achieve objectives, contacted clients, drafted support group flyers, and provided administrative assistance. In addition, the intern shadowed staff when administering screenings and assessments, during home visits, and meeting clients at appointments.

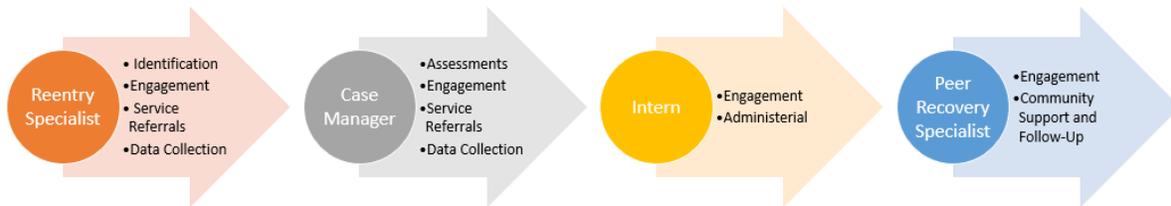
PEER RECOVERY SPECIALIST

The peer recovery specialist conducted educational groups in the jail, in a program pod as well as home visits, community support meetings, social, emotional and spiritual support, practical assistance, and connections to resources, communities of support and transportation. The peer recovery specialist also assisted the case manager with client engagement, contact, and positive client social support. A *Peer Support Services* description is attached as Appendix B.

Brief *JHUP Team Job Descriptions* are attached as Appendix C.



Process



INMATES BOOKED INTO THE JAIL

The Reentry Specialist identified recently booked persons within the jail’s record management system (known as TriTech) to determine the person’s booking history regardless of immigration status, literacy level, or developmental status. The identification included intentional targeted prioritization of the vulnerable population listed on page 7. Targeted incarcerated persons with three or more bookings within the last 12 months are met by the reentry specialist who described the program and its purpose.

The Reentry Specialist conducts meet-and-greets with a group of targeted persons that ensured they were familiar with the JHUP team and built rapport. The persons interested in the JHUP program filled out the *JHUP Lake County Jail Reentry/Mentoring Program JHUP Eligible* intake packet provided by the Reentry Specialist (a copy is attached, Appendix D.) Clients that volunteered, applied, and were accepted into the program were engaged while in custody to increase trust, rapport, and participation upon release into the community. Also, the Reentry Specialists learned about local resources, programs, admission and financial criteria. The reentry specialist shared community program information with incarcerated persons and provided referrals. In addition, the reentry specialist collected client demographics, program data, and shared Excel data reports with other JHUP team members via Microsoft SharePoint.

JHUP TEAM MEMBERS’ JAIL ACCESS

Prior to admission into the jail, non-LCSO JHUP team members are required to complete and submit a security clearance packet and fingerprint examination. While pending background check approval a LCSO photo identification card is issued for each non-LCSO team member. A copy of the *Lake County Sheriff’s Office JHUP Team Member Jail Access* description is attached as Appendix E.

SCREENING

After receiving the JHUP intake packets from the Reentry Specialist, the Case Manager enters the jail and administers a screening packet (attached Appendix F) with the perspective client. This screening packet contains consent forms and releases of information for required parties as



well as questions about their needs, demographics, resources and existing social support. The Case Manager meets individuals in the jail pods or the jail library. This is typically completed within one visit.

The screening packet included a *JHUP Consent for Disclosure of Information for Follow-Ups* (Attached Appendix G.) The form was developed in the event the individual is released from jail and does not contact the JHUP team, the signed form permitted contact of persons identified by the clients to be reached to ensure a “warm hand-off.” This assisted in being proactive about providing clients with a smooth connection to other services.

ASSESSMENT

After completing the screening packet, the Case Manager visited incarcerated persons before release to complete a short health assessment (attached Appendix H), the Level of Service Inventory–Revised (LSI-R), and the Level of Care Utilization System (LOCUS). Additionally, if the person disclosed any suicidal thoughts or plans (attached Appendix I), the Case Manager worked with the person to complete a *Safety Plan* (attached Appendix J) and reported this information to correctional officers. Assessments can be conducted in English and Spanish.

RELEASED INTO THE COMMUNITY

After clients were released from the Lake County Jail with completed assessments, they met the Case Manager at a community location or in the Nicasa Behavioral Health Services office to develop and sign a treatment plan. This plan included consent for the JHUP team to track clients’ progress. Persons released prior to assessment completion were contacted to schedule appointments to complete the screening, assessment, developed a treatment plan, and any court ordered requirements. Clients that failed to contact the case manager when in the community had Contact as attempted by the Case Manager and Intern to the persons listed in Follow-up form when clients failed to meet with the JHUP team.

CLIENT CASE MANAGEMENT

The JHUP team meets weekly to discuss clients’ progress; challenges encountered; and actively sought solutions to improve the program. In addition, the team determined how to best track data to assess and measure outcomes and track program goals and successes. While these meetings were tremendously helpful, the JHUP team recognized that due to standard staff turnover, this toolkit was useful as a staff onboarding tool to ensure smooth transitions when change occurs.

DISCHARGE

The Case Manager completed a *JHUP Discharge Summary* prior to terminating services with the client. A copy of the summary is attached in Appendix K.

PEER SUPPORT SERVICES

After clients were discharged from the JHUP, the Peer Recovery Specialist continued to contact, engaged, and provided support to clients. In addition, she conducted educational groups in the jail and community, reduced reincarceration, and connected clients to communities. Attached Peer Services Flyer, Appendix L.



Outcomes

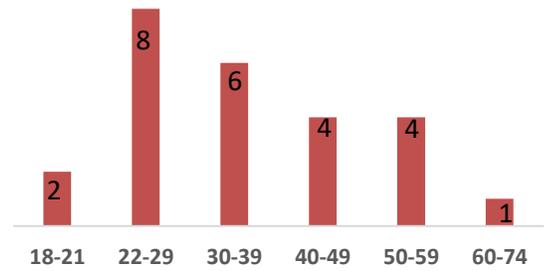
The identified outcomes of the program included:

- Provide person and family centered intensive case management services to identified high jail-utilizers until they can sustain themselves;
- Leverage existing resources cross-system;
- Foster health literacy; and
- Eliminate or reduce the high jail utilizers re-arrest.

Demographics of JHUP Target Population

- **3.8 Average Jail Bookings**
- **23 Low Income**
- **3 LGBTQ+**
- **12 Females and 13 Males**
- **10 African Americans**
- **11 Caucasian**
- **4 Hispanic/Latino**

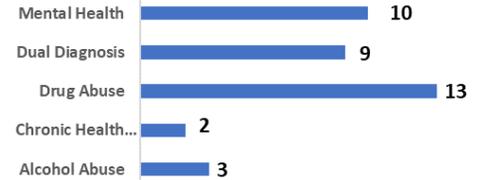
JHUP Age Ranges



25 JHUP program clients

- 14 successful completions
- 8 clients rebooked in the jail (5 PTRs)
- 3 clients moved out of the county or were unsuccessfully discharged
- 33 days average length of jail stays before program entry
- 28 days average length of jail stays after program entry
- Over 100 Referrals to Community Resources

Service Needs



Outcomes of 14 JHUP successful completions included:

- 75% (6 of 8) received sustainable housing and employment (12 of 16);
- 77% (13 of 17) accessed & received substance use treatment and 80% remained in recovery;
- 71% (5 of 7) accessed & received mental health services; and
- 71% (5 of 7) accessed Family Advocacy Services.



Lessons Learned

- (1) After the JHUP first launched its team members struggled with connecting with clients who were released after posting cash bail or early. The LCSO Corrections Command implemented a changed jail release policy. The new policy required the corrections officer to notify the Corrections Command via email the person being released and provided the incarcerated person with the business card of the Case Manager. To highlight and flag his new policy the Corrections Command placed a pink instruction sheet in all JHUP clients' paper jail files.
- (2) The first cohort of 25 clients only included four Latinx; therefore, a need for a bilingual and bicultural team member was identified. This was a crucial component because it removed a barrier to reach our target and diversify clients.
- (3) Initial outcomes of the 25 clients in the first cohort were successful; however, the team had not anticipated 67% of clients needed medical/dental literacy.
- (4) If a client was rebooked in the Lake County Jail, the Reentry Specialist and Case Manager attempted to reengage the client with services, unless the client was previously unsuccessfully terminated.
- (5) A need was identified to add a Program Supervisor when the Case Manager serviced more than 15 clients in the community at the same time. The Program Supervisor also served as an additional 1.0 FTE bilingual Case Manager working directly with clients.
- (6) Initially the non-county employee JHUP team members did not have free parking privileges. After they described their process of leaving the jail every two hour to pay parking meters, the LCSO provided parking transponders which permitted them to park in a nearby county lot.
- (7) The LCSO used their Program Pod in the jail, subject to inmate classification for JHUP clients to be housed. This encouraged JHUP participation and a sense of community for the clients.



Next Steps

- (1) The JHUP team will analyze, report, and share the client data collected from the first year (October 2018-September 2019) Implementation phase.
- (2) The JHUP team plans to engage Justice Partners and community members to increase program support.
- (3) The JHUP recommends automating the process of identifying incarcerated persons to engage to apply to the program.
- (4) As the JHUP team continues to be successful it will adjust candidate criteria and services adapted to changing client pools.
- (5) This toolkit will be revised annually to remain current and continue to be an onboarding tool for new staff.



Glossary

LSI-R

Level of Service Inventory–Revised (LSI-R™) is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. It helps predict parole/probation outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment (Andrews & Bonta, 1995).

LOCUS

Level of Care Utilization System (LOCUS) is based on a set of parameters that an individual is scored along. The level of care is determined based on the mix of parameters that each client has. These parameters are: risk of harm; functional status; medical, addictive and psychiatric comorbidity; recovery environment (with subcomponents, level of stress and level of support); treatment and recovery history; and engagement and recovery status. Each parameter has an individual score, but the composite score overrides this if it indicates a higher level of care. However, a clinician can also override the scores if there is justification. The levels of care are: Recovery Maintenance and Health Management, Low-Intensity Community Based Services, High-Intensity Community Based Services, Medically Monitored Non-Residential Services, Medically Monitored Residential Services, and Medically Managed Residential Services (Benacci & Sowers, 1998-2003).

Program Pod

A specific pod in the Lake County Jail that provided educational, religious, mental health, substance abuse, parenting, and anger management programming.

References

- Andrews, D.A., Bonta, J.L. LSI-R: The Level of Service Inventory-Revised Manual. Multi-Health Systems Inc., 1995.
- Benacci, R., Sowers, W. LOCUS Training Manual: Level of Care Utilization System for Psychiatric and Addiction Services Adult Version 2000. Deerfield Behavioral Health, Inc., 1998-2003.
- Hendry, P., Hill, T., Rosenthal, H. Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services. ACMHA: The College for Behavioral Health Leadership and Optum, 2014.
- MacArthur Foundation. (2019). Retrieved from <https://www.macfound.org/>



Appendix

- A. JHUP Logic Model
- B. Peer Support Services
- C. JHUP Team Job Descriptions
- D. JHUP Lake County Jail Reentry/Mentoring Program JHUP Eligible
- E. LCSO JHUP Team Members Jail Access
- F. JHUP Screening Packet
- G. JHUP Consent for Disclosure of Information for Follow-Ups
- H. JHUP Health Assessment
- I. Columbia Suicide Severity Rating Scale
- J. Safety Plan
- K. JHUP Discharge Summary
- L. JHUP Peer Support Services Support Group Flyer

APPENDIX A

Lake County Jail Diversion Case Management Program (JDCMP) Logic Model - June 2017

OUTCOME MEASURES

- Enhanced public safety
- Reduced recidivism among target population
- 50% of participants not rearrested or have reduced rearrests
- Reduced jail use among target population
- Shorter pre-trial length of stays
- Reduced returns to jail
- Reduced length of return jail stays
- Program completion rate will be 30%
- 20% reduced relapse/drug use
- 40% of those referred for mental health services will remain in treatment compliance
- 50% increase mental health/functioning (self-report)
- 75% increased housing stability
- 60% increased family/pro-social supports/ social stability
- 50% reduction in violations among targeted population
- 50% of those in mental health treatment will demonstrate an improvement in mental health status
- 50% obtain and 30% /maintain eligible employment for 90 days

OUTPUTS

- 100% of eligible participants enrolled (i.e., sign consent to treat, ROI)
- 100% of eligible participants engaged in services post-release
- 100# of participants offered engaged family/support members (as relevant)
- 35% of participants accessing post-release housing, mental health services, and drug treatment
- 100% of linked services by type
- #% of eligible participants on Probation or Court Supervision
- 100% medication voucher used
- #% returning to jail or sentence revoked within 30,60,90,120,180 days of release
- LSIR scores
- #% of participants terminated from program (failure to engage, no contact, or last contact after 30 days)
- #% of participants reengaged in program
- #% Certification/GED

ACTIVITIES

- PRE-RELEASE**
- Identify/engage 30 high jail utilizers
 - #100% Admin. Brief Jail Mental Health Screen
 - #100% Admin. Jail Diversion High Utilizers Scale-Case Mgmt. Form
 - 30 Jail Medication Voucher
 - 100# ACA & Primary care
 - 50% Assist in obtaining birth certificate and/or state identification card
 - 30 Service Point
 - 50% Reentry program tracking (attendance/completion)
 - 100# Case Manager tracking
- POST-RELEASE**
- Coordinated hand off
 - Service referrals
 - 60 days in Aftercare
 - 100% housing linkages
 - 100% employment readiness and placement
 - #% applicable linked to Substance Use Peer Recovery and Recovery Programs
 - 90% will receive assistance w/ basic needs (clothing, food, hygiene products, etc.)
 - 50% will attend Parent Education and support classes
 - 100% will have birth certificate or state identification card
 - 100% will have cell phones
 - Calculate length of jail stay
 - Termination notice form

INPUTS

- Lake County (LC) Board
- LC Executive Justice Council
- LC Mental Health Coalition
- LC High Utilizers Committee
- Core Partners
 - LC Sheriff's Office (lead)
 - Corrections Classification & Medical (Armor)
 - Nicasa
 - LC Public Health Dept.
 - State's Attorney
 - Probation (LSIR?)
 - Public Defender's Office
 - Courts
- JDCMP Direct Staff
 - Deputy Chief William Kinville (Program Lead)
 - JDCM case manager (Nicasa)
 - Intensive Case Manager
 - Jail Re-Entry Specialist
- Key Elements
 - Jail Re-Entry Information Sheet
 - MH screening (BJMHS)
 - Jail Diversion High Utilizers Scale-Case Mgmt. Form
 - High Jail Use target population:
 - 3+ bookings in last 3 yrs
 - jail involved
 - SMI/CD diagnosis possible
 - Consent to program and tx
 - LSIR Score
 - Signed ROI/data sharing
 - Service Point
 - Intensive pre- and post-release case management
 - Coordinated "warm handoff"
 - Mental health treatment
 - Substance abuse treatment
 - Housing
 - Basic needs assistance
 - Family reunification
 - Employment readiness/placement
 - Lessons learned & challenges

Appendix B

Peer Support Services

Peer Support Services (PSS) provides clients help in developing the ability to be independent, help identify and meet their individualized wellness and healthy lifestyle goals, and link clients to services needed. It offers clients ongoing peer support in efforts to avoid future incarceration and connect clients with their communities (Hendry, Hill, & Rosenthal, 2014).

PSS conducts educational groups in the jail in a specified Program Pod as well as support meetings, social, emotional and spiritual support, practical assistance, and connections to resources, communities of support, transportation, and urgent phone calls once released. PSS also assists individuals by writing status letters and making phone calls regarding issues related to mental health or recovery. The number of participants will vary based on the need and the individual's recovery process (Hendry, Hill, & Rosenthal, 2014).

Selection criteria for PSS:

- Must be age 18 and older with identified needs;
- Must be willing to participate in individual and/or groups to address substance use disorder or mental health challenges;
- Must need developing a routine of daily wellness skills;
- Must be willing to meet with the Peer Support Specialist in convenient location for both staff and client except for staff's personal residence; and
- 80% of contact must be face-to-face with the clients.

All participants are welcome to attend post incarceration support groups. PSS continues beyond the initial 60-day timeframe of intensive case management.

APPENDIX C

JHUP Team Job Descriptions

Key staff:

- Jail Reentry Specialist
 - Requires education or training equivalent to a bachelor's degree in psychology, criminal justice, or related field. Bilingual Spanish/English preferred. Requires a valid driver's license supplemented by a satisfactory driving record. Requires six months of related experience including significant experience with adult education, interviewing and workforce development within the field of corrections. Requires knowledge of modern correctional operations and practices; and of Direct Supervision Management and Inmate Reentry Services. Requires an understanding of criminal and addictive thinking and personality traits of inmates. Requires the ability to:
 - Work with a wide range of individuals and in stressful environments;
 - Listen closely to others and quickly assess their needs;
 - Make public presentations as a positive representative of the Sheriff and Lake County;
 - Keep accurate notes of interview details;
 - Maintain confidentiality;
 - Identify and resolve problems in a timely manner;
 - Use a computer to include word processing, email, and spreadsheet functions.
- Conducts interviews with applicable inmates in order to assess their needs for successful reintegration. Assist inmates to develop an action plan to address both pre and post release needs and services. Assist inmates in developing an action plan addressing specific goals and action plans and linking with community social services. Ensure each action plan addresses housing, job, social, behavioral, educational, and financial needs.
- Ensure each action plan addresses housing, job, social, behavioral, educational, and financial needs.
- Encourage inmate's participation in structured jail treatment programs. Provide inmates with a list of community agencies which are available to address ex-offender needs.
- Issue community resource information pertinent to each inmate's needs/goals. Make referrals to community resources and agencies that can help meet these needs after release.
- Develop and maintain linkages with community agencies and support group that address ex-offender needs Set appointments, as appropriate, with agencies, support groups and community mentors.

Work closely and effectively with other correctional and support staff. Maintain accurate records of inmate contacts, referrals and other workload factors. Perform timely follow-ups to track inmate progress and success.

- Intensive Case Manager
 - Has a Master's degree in Counseling with a Specialization in Forensic Psychology and is a Licensed Professional Counselor. Meets with persons to introduce the program and completes screenings and assessments with those who are interested and qualify. Connects clients with resources upon release, to include wraparound programming to engage their families and significant others in the treatment process. Offers support to clients in their times of need and have backup plans for them when resources do not come to fruition. Creates a treatment plan for each participating client and updates it as needed. Collaborates with other agencies to meet the clients' needs. Attends all project team meetings. Assists in program development. Supervises any assigned interns.

- Intensive Case Manager Supervisor
 - A licensed social worker or licensed professional counselor and five years' experience in social services or behavioral health field with a minimum of 3 year supervisory experience required. Bilingual a plus.
The intensive case manager supervisor is expected to foster a reputation for excellence, responsiveness, conscientious care, accurate and timely reports and paperwork, building of teamwork, in a personable and professional manner. Interpersonal skills to work as a Team Leader to create a therapeutic environment and motivate staff and clients. Implementing goals, objectives, policies, processes, procedures, and work standards. Overseeing and performing complex problem resolution activities. Maintaining and directing the maintenance of accurate records, accounts and files. Planning, supervising, reviewing and evaluating the work of staff. Fostering an atmosphere of teamwork. Communicating clearly both verbally and in writing. Ability to successfully implement a program strategic plan to increase productivity, and the quality and efficiency of services provided. Acting in a consultative manner with staff and senior management. Provide effective, motivational leadership to staff. Communicate effectively and provide timely feedback on techniques and strategies to ensure staff are properly trained and knowledgeable. Create actionable case management plans that are incorporated within measurable standards that meet key program and process requirements. Organize client flow to ensure efficiency. Provide crucial guidance along with traveling with staff to various case management appointments as needed. Collaborate with referral sources, partnering agencies, and other community stakeholders to facilitate ongoing responsiveness to the needs of the clients. Coordinate program services and program evaluation. Arrange and provide as necessary coverage to ensure all scheduled and unscheduled services are provided. De-escalate situations where clients, staff, or guests are in distress, maintaining a respectful and helpful attitude. Conduct regular staff meetings, assigning agenda to other staff as needed to ensure meetings occur even in the event of an absence. Provide supervision for

program staff, documenting all formal supervision sessions, as well as informal sessions with important content. Engage in staff development, helping to identify areas of need for ongoing supervision, further training, and/or corrective action. Conduct periodic performance appraisals with program staff, documenting progress, areas for improvement, and plans for corrective action. Respond to staff, client, referral source, or other stakeholder feedback, consulting with supervisor as needed, and communicating to supervisor regarding feedback and response. Conduct case-reviews to ensure client goals are being met. Monitor staff productivity and engage in problem-solving, corrective action, when staff are under-performing. Follow all policies and procedures outlined in the Clinical Manual, Personnel Manual, and Emergency Preparedness binder, as well as all agency procedures applicable to job function not contained in manuals.

- Intern
 - Assists entire project team as needed. Shadows staff when administering screenings and assessments, during home visits, and meeting clients at appointments. Builds rapport with potential clients. Answers the office phones, assists in completing client paperwork, and scans client documents.

- Peer Support Specialist
 - High school degree or related equivalent. Must have at least three years of successful recovery. Knowledge of Lake County recovery community and Lake County resources is required. Has a lived experience and is certified by the State. Has strong interpersonal skills to communicate with clients, their significant others, criminal justice and social services professionals. Has knowledge and understanding of co-occurring disorders. Familiar with housing issues. Has gender and cultural competence. Able to multi-task and crisis manage and have flexibility. Reaches out to and engages members of the recovery community including former and present program participants. Facilitates frequent meetings of past and current program participants. Maintains excellent communications with all referral sources. Gathers data for evaluation purposes. Assures appropriate program linkages with community referral sources.

Complimentary staff:

- Jail Chief of Corrections
 - Responsible for management of the Lake County Jail. Coordinates and directs security, recreational activities and supervises day-to-day activities such as laundry, kitchen, and commissary. Compiles and analyzes operational and other statistics and prepares reports and activity forms for official records. Carries out programs under established policies. Reviews all written reports, performing follow-ups on cases where corrective action is needed. Performs regular inspections of jail facilities. Prepares requisitions for all supplies and equipment. Keeps abreast of current correctional standards and training materials, implementing new methods as needed. Takes an active interest and participates in the training programs at appropriate times as an instructor.

Works with federal and state correctional institutions and other criminal justice agencies to introduce and/or to establish rehabilitation programs. Cooperates with religious or social groups to bring a better understanding of the jail community. Has considerable knowledge of the principles of human psychology as they relate to group detention as well as the laws relative to inmates' rights. Able to develop, install, and evaluate new and revised methods, procedures, and performance standards. Able to handle difficult situations firmly, courteously, tactfully, and impartially. Able to effectively present facts and recommendations in oral and written form. Able to effectively present information and respond to questions from managers, clients, customers, and the general public. Able to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Able to make decisions in accordance with laws, ordinances, regulations, and established policies. Able to deal tactfully and courteously with employees at all levels and the general public. Supports organization's goals and values. Develops strategies to achieve organizational goals. Adapts strategies to changing conditions. Exhibits sound and accurate judgment. Reacts well under pressure. Looks for ways to improve and promote equality.

APPENDIX D

Lake County Jail- Reentry/Mentoring Program JHUP Eligible

Date: _____

**The purpose of this form is to gather information from you. This information will assist the "Reentry/Mentoring Staff in helping you to obtain the appropriate services which you may need, once released. All your responses are confidential and will only be viewed by administrative staff.*

Please Print Clearly

Housing Unit: _____ Cell #: _____ L# _____

1. Name: _____ DOB: _____ Gender: M/F

Address when released: _____
Address Street *City/Town* *State* *Zip Code*

Who all resides at the address ABOVE:

NAME (1 ST & LAST)	RELATIONSHIP TO YOU	PHONE NUMBER/EMAIL

2. Emergency Contact (friend/family member):

NAME (1 ST & LAST)	RELATIONSHIP TO YOU	PH.NUMBER/EMAIL	ADDRESS

3. Social Security Number: _____

Do you have your original Social Security Card? Yes / No

If no, have you filled out a request for a replacement? Yes / No

4. Race / Ethnicity: *(Please check one)*

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black /African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> African American &White | <input type="checkbox"/> American Indian & White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian & African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other | <input type="checkbox"/> Declined |

5. For female inmates only, are you pregnant? Yes / No

Do you have children under the age of 18? Yes / No

Do you have custody of your children? Yes / No

Name	Who are they with now?(Friend/Family/DCFS) Address:	Sex/ Age
		/
		/
		/
		/
		/

11. Will you have employment upon release? Who/Where? _____

Name of Employer	Job Title/Position	Start/End Date	Reason for Leaving/Termination
		/	
		/	
		/	
		/	
		/	

12. Upon your release will you be looking for work? Yes / No
What kind of work do you desired? _____

13. Have you had any specialty job training? Yes No

14. Do you have any certificates or licenses? Yes No

15. Do you have a resume? Yes No

16. Do you take medication of any kind? Yes No

If yes, what? _____

17. Do you have any type of serious / chronic health problem? Yes No

If yes, what? _____

18. Last Year Gross Wages \$ _____ W-2 or 1099 Proof of Income: Yes No

Other Sources (check one): TANF AFDC Food stamps SSA SSI VA

Unemployment Worker's Compensation

19. Are you homeless? Yes No

20. If homeless, briefly explain why? _____

21. Have you been in a shelter / safe house / transitional home in the past 12 months? Yes / No

Name of Shelter	Name of Safe House	Name of Trans. Home

APPENDIX E

LAKE COUNTY SHERIFF'S OFFICE JHUP TEAM MEMBERS' JAIL ACCESS

Prior to admission into the jail, non-LCSO JHUP team members were required to complete and submit a security clearance packet and fingerprint examination. While pending background check approval a LCSO photo identification card was issued for each non-LCSO team member. The approval process ranged from four to eight weeks. The security clearance packet contained the following:

- “Your Role: Responding to Sexual Abuse” course at <http://nic.learn.com/> submit a copy of the Prison Rape Elimination Act (PREA) certificate as required per Federal and State Law and PREA acknowledgement form;
- Security clearance form;
- Copy of front and back of Driver's License, State ID or other Government issued ID;
- Signed copy of the Lake County Jail Employee Handbook; and
- Volunteer Handbook Signature Page.

After the clearance packet was submitted to the Reentry Specialist, a notification was sent instructing the new JHUP team member to go to the jail to complete fingerprints for a background check and obtain a LCSO photo identification card.

APPENDIX F

Nicasa Criminal Justice System Referral

Client# _____

I, _____, whose social security number is _____, hereby consent to communication between Nicasa and:

- _____ Circuit or District Court of _____ County ordering me to treatment (including the Judge and District Attorney)
- _____ Illinois Department of Corrections and Parole
- _____ _____ County Department of Corrections
- _____ _____ County Department of Probation
- _____ City of _____ Police Department
- _____ _____ County Sheriff's Department
- _____ Treatment Alternatives for Safe Communities ("TASC")
- _____ Defense Attorney (name): _____

Information will be disclosed for the purpose of informing the criminal justice agencies listed above of my participation and progress in Nicasa programs, including any of the following information: Assessment, Completion Letters, Diagnosis, Treatment Plan or Summary, Current Treatment Update, Medication Management Information, Toxicological Reports/Drug Screens, Educational Information, Discharge/Transfer Summary, Legal History, Other: _____.

I understand that Nicasa is providing treatment to me in reliance on this authorization permitting disclosure to criminal justice agencies. Therefore, I understand that this authorization will remain in effect and cannot be revoked by me until final disposition of the proceeding that gave rise to the criminal justice system referral. At that time, I may revoke this authorization as follows: in writing mailed to Nicasa at 31979 Fish Lake Road, Round Lake, IL 60073. If not revoked, this authorization will terminate one year after the date of discharge or final disposition of the proceeding giving rise to the criminal justice system referral, whichever is later.

A person who receives confidential information may redisclose and use it only to carry out that person's official duties.

Signature of client Date

Signature of Parent, Guardian or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).



Positive Choices. Lifelong Solutions.

I, _____ (Client's Name), whose Date of Birth is _____, authorize Nicasa to disclose to and/or obtain from: _____

(Name of Person/Title of Person or Organization) the following information:

Description of Information to be Disclosed (Client needs to initial each item to be disclosed)

- Assessment/Evaluation, Diagnosis, Psychological Evaluation, Psychiatric Evaluation, Treatment Plan/Summary, Current Treatment Update/Status, Medication Management Information, Presence/Participation in Treatment, Nursing/Medical Information, Toxicological Reports/Drug Screens, Risk Reduction Education Information, Discharge/Transfer Summary, Continuing Recovery Plan, Progress in Treatment, Demographic Information, SOS Documentation (Updates, Tx Verification), Status/Completion Letters, Other

Purpose: The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to services and when appropriate, coordinate services. If other purpose, please specify: _____

Revocation: I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Nicasa, at 31979 Fish Lake Road, Round Lake, IL, 60073. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration: Unless sooner revoked, this consent expires one year from the date of my discharge.

Conditions: I further understand that Nicasa will not condition my services on whether I give authorization for the requested disclosure. However, it has been explained to me that failure to sign this authorization may have the following consequences: client responsible for obtaining all information in person.

Form of Disclosure: Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to verbally, in paper format or electronically.

Redisclosure: State and Federal law prohibit the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2 or the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1 et seq.).

I understand that I have the right to inspect and copy the information to be disclosed. I will be given a copy of this authorization for my records.

Signature of Client Date

Signature of Parent, Guardian or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Check here if Client refuses to sign authorization

Signature of Staff Witness Attesting to Identity & Authority Date

Lake County Jail High Utilizer Needs Assessment

Services needed:

Applying for Medicaid/Medicare _____ Cash assistance for utilities/food/clothes _____

Computer classes _____ Counseling/mental health services _____

Employment/employment training _____ Domestic violence services _____

Education and/or GED assistance _____ Family counseling _____

Medical/dental services _____ Parenting classes _____

Sexual abuse counseling/treatment _____ Substance abuse treatment _____

Transportation _____ Housing _____

Children:

How many?

How old are they?

Are they involved with DCFS?

Lake County Jail High Utilizer Scale

Client name: _____ Date: _____

Legal:

Over the past 12 months...

1. How many times have you been booked into the Lake County Jail? _____
2. How many bookings were for a violent offense? _____ Drug-related offense? _____

Housing:

Over the past 12 months...

1. Have you had your own place to live, as in a house or apartment? _____
2. Have you been living with friends, as in couch-surfing? _____
3. Have you been homeless, as in living on the street? _____

How many days have you currently been in jail? _____

What was your living situation the night before going to jail? _____

Substance Use:

Over the past 12 months...

1. Have you used alcohol? _____ How often and what amount? _____
2. Have you used crack/cocaine? _____ How often and what amount? _____
3. Have you used marijuana? _____ How often and what amount? _____
4. Have you used benzodiazepines? _____ How often and what amount? _____
5. Have you used opiates? _____ How often and what amount? _____
6. Have you used heroin? _____ How often and what amount? _____
7. Have you used with hallucinogens? _____ How often and what amount? _____
8. Have you used methamphetamines? _____ How often and what amount? _____

Have you ever been to inpatient treatment for substance use? _____

When and where? _____

Have you ever been to outpatient treatment for substance use? _____

When and where? _____

Mental Health:

Over the past 12 months...

1. Have you experienced any depression or anxiety? _____
2. Have you experienced trouble controlling violent or aggressive behavior? _____
3. Have you had any thoughts of suicide? _____ If yes, was an attempt made? _____

Have you ever been to inpatient treatment for mental health issues? _____

When and where? _____

Have you ever been in outpatient treatment for mental health issues? _____

When and where? _____

Medical:

Over the past 12 months...

1. Have you seen a doctor? _____
2. Have you seen a dentist? _____
3. Have you taken any medications? _____ Do you take any medications currently? _____
4. Have you had any physical health issues? _____
5. Have you been enrolled in Medicaid? _____

THIS INFORMATION WILL NOT BE SHARED WITHOUT CLIENT'S PERMISSION

Date of Service: / /

Client ID: _____

**FY17
NICASA**

Temp #: _____

CONFIDENTIAL CLIENT QUESTIONNAIRE

***** DCFS INVOLVED OR REFERRED *****

Yes ___

No ___

Lname: _____ Fname: _____ MI: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Client SS#: _____ DOB: _____ Age: _____

Driver License #: _____ State issued: _____

Check or Circle Answers. Please fill out information sheet completely

Sex: M F

US Citizen: 01 - Yes - US Citizen 02 - No - Non-US Citizen 03 - Unknown

Are you currently active duty military?	Yes	No
Are you a Veteran?	Yes	No
Are you a member of a military family?	Yes	No

County You Reside In	Township You Reside In			
049 Lake County	01 Antioch	07 Fremont	13 Vernon	18 Zion
105 Cook County	02 Avon	08 Grant	14 Warren	19 Cook Co.
063 McHenry Co.	03 Benton	09 Lake Villa	15 Wauconda	21 McHenry
104 Other IL Co	04 Cuba	10 Libertyville	16 Waukegan	22 Other IL County
103 Other State	05 Moraine	11 Newport	17 W. Deerfield	23 Other State
	06 Ela	12 Shields		

Race:

- A – Native American
- B – Alaskan Native
- C – Asian
- D – Hawaiian/Pacific Islander
- E – Black – Non-Hispanic
- V – Black – Hispanic
- F – White – Non-Hispanic
- X – White – Hispanic
- L – Other Single Race

Ethnicity:

- 1 – Puerto Rican
- 2 – Mexican
- 3 – Cuban
- 4 – Other Specific Hispanic
- 5 – Not of Hispanic Origin
- 6 – Hispanic – Specific Origin Unspecified

THIS INFORMATION WILL NOT BE SHARED WITHOUT CLIENT'S PERMISSION

Marital Status:

- 1 – Never married
- 2 – Married
- 3 – Widowed
- 4 – Divorced
- 5 – Separated

DEPENDENT INFORMATION

Number of Dependents for Income Eligibility:

The number of dependents living in the immediate household as well as any for whom financial responsibility exists.

Total Number of Children for Whom the Patient is the Primary Care Giver:

The number of children, under the age of 21, living with the client/patient and/or for whom the client/patient is primary care giver. (Do not include children who have been placed by DCFS, temporarily or permanently with others for their care, whether relatives or other foster care.)

Number of Children Age 25 and Under:

Count children for whom the client has ever had legal custody or has ever been legally responsible. Include adopted children, stepchildren and deceased children.

Number of Children Living with Someone Else Due to a Child Protection Court Order:

Children living with someone else due to a formal order by a court or child protection agency describing where and under whose supervision the child will be living or staying.

Number of Children for Whom Patient/Client Lost Parental Rights:

This number should include all children for whom parental rights have been revoked by a formal court order (not voluntary surrender). If a client voluntarily gives up his/her child for adoption, it is not counted here.

DCFS INFORMATION

If you are involved in or referred from DCFS, please complete the information below and let Client Services know. This information will allow us to waive your treatment co-pay

Is the client involved with DCFS? Y-Yes N – No

If DCFS involved, complete the next three questions

DCFS Case Number: _____

Total no. of children in DCFS Custody:

Total no. of children in DCFS Alternative Custody (family members, etc.):

Living Arrangement:

- A – Shelter, Temporary Day/Evening Facility
- B – Street/Outdoors
- C – Institution (Hosp., Jail/Prison)
- D – Owned/Rented Apt, Room, House
- E – Someone else's Home
- F – Dormitory/College Residence.
- G – Halfway House
- H – Residential Treatment

THIS INFORMATION WILL NOT BE SHARED WITHOUT CLIENT'S PERMISSION

- I – Recovery Home J – Other Housed

Living Status: *(Please Check One)*

- 01 - Lives Alone 02 - Lives with Relatives 03 - Lives with Non Relative

MH Residential Agreement *(If Applicable)*

- 01 - Homeless 02 - Nursing home 03 - State facility 04 - Other

Health Insurance:

- 1 – Private (other than BC/BS or an HMO) 6 – Other
 2 – Blue Cross/Blue Shield 7 – None
 3 – Medicare 8 – MCO* *(Managed Care Organization)*
 4 – Medicaid
 5 – HMO

MCO Provider

*If Health Insurance is #8, MCO, Insurance Carrier **MUST** be selected below:

- 01 – Aetna Better Health 06 – Family Health Network 11 – Meridian
 02 – BCBS Medicaid 07 – Harmony 12 – Molina
 03 – Cigna-HealthSpring 09 – Humana 13 – Next Level Health
 04 – Com. Care Alliance 10 – Illinicare

MCO Effective Date: / /

Employment Status:

- | | NLFD |
|---|-----------------------------------|
| <input type="checkbox"/> 1 – Full-time (working 35 hours or more each week; includes members of the military) | <i>(For office use only)</i>
7 |
| <input type="checkbox"/> 2 – Part-time (working fewer than 35 hours each week) | 7 |
| <input type="checkbox"/> 3 – Unemployed – Actively seeking employment | 7 |
| <input type="checkbox"/> 4 – Other – Not actively seeking employment – Select one below | |
| <input type="checkbox"/> 1 – Homemaker | 8 – Volunteer Work |
| <input type="checkbox"/> 2 – Student | 9 – Not Looking for Work |
| <input type="checkbox"/> 3 – Retired | |
| <input type="checkbox"/> 4 – Disabled | |
| <input type="checkbox"/> 5 – Inmate | |
| <input type="checkbox"/> 6 – Other | |

Last Grade Level Completed:

School/Job Training Enrollment:

- 1 – Not Enrolled
 2 – Enrolled Full-Time
 3 – Enrolled Part-Time

THIS INFORMATION WILL NOT BE SHARED WITHOUT CLIENT'S PERMISSION

SSI-SSDI Eligibility: *(Please Check One)*

- 01 - Eligible, Receiving payments 02 - Eligible, not receiving Payments
 03 - Eligibility Determination Pending 04 - Determined to be ineligible †
 05 - Has not applied or Status unknown 06 - Eligibility Status Unknown 07 - Not applicable

Annual Income:

Source of Income/Support:

- 1 – Wages/Salary 4 – Disability
 2 – Public Assistance 6 – None
 3 – Retirement/Pension

Primary Language:

- A – English F – Hindi K – Urdu P – Other
 B – Arabic G – Korean L – Vietnamese
 C – Chinese H – Polish M – Other Asian
 D – French I – Russian N – Other African
 E – German J – Spanish O – Other Indian

Can the client speak English? Y-Yes N – No

Justice System Involvement *(Please Check One)*

- 01 - Not applicable 02 - Arrested 03 - Mental Health Court
 04 - Charged with a crime 05 - Incarcerated (jail) 06 - Incarcerated (prison)
 07 - Juvenile Detention Center 08 - Detained (jail) 09 - Adult probation
 10 - Adult Parole 11 - Other 12 - Unknown

Court Mandated: Y-Yes N – No

Juvenile Justice: Y-Yes N – No

THIS INFORMATION WILL NOT BE SHARED WITHOUT CLIENT'S PERMISSION

Referral Information

I - (CJR for office use only)

Are you here because you were arrested or are involved with the court system?

If YES, Select 1 thru 13.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 – State/Federal Court | <input type="checkbox"/> 5 – Diversionary Program | <input type="checkbox"/> 10 – Veterans Court |
| <input type="checkbox"/> 2 – Other Court | <input type="checkbox"/> 6 – Prison | <input type="checkbox"/> 11 – Teen Court |
| <input type="checkbox"/> 3 – Probation/Parole | <input type="checkbox"/> 7 – DUI | <input type="checkbox"/> 12 – TASC |
| <input type="checkbox"/> 4 – Other Recognized Legal Entity | <input type="checkbox"/> 8 – Other | <input type="checkbox"/> 13 – Mental Health Court |
| | <input type="checkbox"/> 9 – Drug Court | |

If NO, – Select A thru J

- | | | |
|---|---|--|
| <input type="checkbox"/> A – Self | <input type="checkbox"/> E – Other Health Care Provider | <input type="checkbox"/> W – Arden Shore |
| <input type="checkbox"/> B – Addiction Treatment Provider | <input type="checkbox"/> F – School | |
| <input type="checkbox"/> C – Early Intervention Provider | <input type="checkbox"/> G – Employer/EAP | |
| <input type="checkbox"/> D – Prevention Provider | <input type="checkbox"/> H – Other Community Referral | |
| | <input type="checkbox"/> J – DCFS/POS Referral | |

Court Information:

County of Arrest: _____

Date of Arrest:

--	--	--	--	--	--	--	--	--	--

Next Court Date:

--	--	--	--	--	--	--	--	--	--

Docket #: _____

Is the client on probation?

Y-Yes N – No

Is the client on parole?

Y-Yes N – No

OPTIONAL INFORMATION

The following *optional questions* are for statistical purposes only and will be used only for program improvement in order to be more responsive to our clients' needs. No identifying information will be shared based on your *optional responses*. *You may leave this section blank.*

Does the client identify as:

- | | | |
|-----------------|--------------------------------|---------------------------------|
| Gay or Lesbian? | <input type="checkbox"/> Y-Yes | <input type="checkbox"/> N – No |
| Bisexual? | <input type="checkbox"/> Y-Yes | <input type="checkbox"/> N – No |
| Transgender? | <input type="checkbox"/> Y-Yes | <input type="checkbox"/> N – No |
| Questioning? | <input type="checkbox"/> Y-Yes | <input type="checkbox"/> N – No |

If available, would the client prefer a group treatment setting of peers who respond "yes" to one of the above? Y-Yes N – No

ESTA INFORMACION NO SERA COMPARTIDA CON NADIE, SIN LA AUTORIZACION DEL CLIENTE

Fecha de Servicio: / /

de Cliente: _____

FY17
NICASA

Temporal: _____

CUESTIONARIO CONFIDENCIAL DEL CLIENTE

***** HA SIDO REFERIDO (a) POR EL DCFS***** Yes ___ No ___

Apellido: _____ Nombre: _____ Inicial: _____

Dirección: _____ # de Apt: _____

Ciudad: _____ Estado: _____ Codigo Postal: _____

de Teléfono: (_____) _____ # de Trabajo: (_____) _____

de Seguro Social: _____ Fecha de Nacimiento _____ Edad: _____

Licencia de Manejo: _____ Estado: _____

Cheque o circule las respuestas. Por favor, llene la información completamente.

Sexo: M F

Ciudadano de los Estados Unidos Es usted Ciudadano (a) Si ___ No es Ciudadano (a) ___ No Sabe ___

¿Está actualmente activo en el servicio militar?	Si	No
¿Es un Veterano del servicio militar?	Si	No
¿Es miembro de una familia militar?	Si	No

Condado en el que vive	Municipio al que Pertenece			
049 Lake County	01 Antioch	07 Fremont	13 Vernon	18 Zion
105 Cook County	02 Avon	08 Grant	14 Warren	19 Cook Co.
063 McHenry Co.	03 Benton	09 Lake Villa	15 Wauconda	21 McHenry
104 Other IL Co	04 Cuba	10 Libertyville	16 Waukegan	22 Otro Municipio
103 Other State	05 Moraine	11 Newport	17 W. Deerfield	23 Otro Estado
	06 Ela	12 Shields		

Raza:

- | | | |
|---|--|--|
| <input type="checkbox"/> A – Nativo Americano | <input type="checkbox"/> D – Hawaiano/Islas del Pacifico | <input type="checkbox"/> F – Blanco – No Hispano |
| <input type="checkbox"/> B – Nativo de Alaska | <input type="checkbox"/> E – Negro – No Hispano | <input type="checkbox"/> X – Blanco – Hispano |
| <input type="checkbox"/> C – Asiatico | <input type="checkbox"/> V – Negro – Hispano | <input type="checkbox"/> L – Otra Raza |

Etnicidad:

- 1 – Puertorriqueño 2 – Mexicano

ESTA INFORMACION NO SERA COMPARTIDA CON NADIE, SIN LA AUTORIZACION DEL CLIENTE

- 3 – Cubano
 4 – Otro Hispano en Especifico

- 5 – De Orien No Hispano
 6 – Hispano de Origen No Especifico

Estado Marital:

- 1 – Soltero (nunca casado)
 2 – Casado
 3 – Viudo

- 4 – Divorciado
 5 – Separado

INFORMACIÓN DE DEPENDES

Número de Dependes Elegibles en sus Ingresos:

Número de dependes viviendo en casa así como otros donde exista una responsabilidad económica.

Número Total de Niños por los Cuales Usted es Responsable y Estan Bajo su Cuidado:

El número total de niños menores de 21, viviendo con el cliente/paciente y/o estan bajo la responsabilidad del cliente. (no incluya niños a cargo de DCFS, temporal o permanentemente bajo el cargo de otras personas, ya sean familiares o familias sustitutas.)

Número de Niños Menores de 25:

Cuenta a los niños que estan bajo su custodia o que hayan estado legalmente bajo su responsabilidad. Incluya niños adoptados, hijastros y niños que hayan fallecido.

Número de Niños Vivendo con Alguien Mas Debido a Una Orden de Protección de La Corte:

Niños viviendo con alguien mas debido a una orden formal de la corte o agencia de proteccion para niños describiendo donde y bajo la supervisión de quien o con quien se estará quedando o viviendo el niño.

Número de Niños los cuales el cliente perdió sus Derechos Como Padre:

Este número debe incluir todos los niños los cuales los derechos han sido revocados por una orden formal por parte de la corte (en contra de su voluntad). Si el cliente voluntariamente dió en adopción a su hijo(a), entonces no cuenta.

INFORMACIÓN DE DCFS

Si usted ha sido referida por el DCFS por favor llene la información en este rectángulo y hágale saber a la persona que lo atiende. Esta información ayudara a omitir el primer pago

Esta usted involucrada con el DCFS? ___ Si ___ No

Si usted está involucrada con el DCFS por favor responda a las siguientes tres preguntas.

El número de caso del DCFS _____

Número total de Niños en custodia del DCFS _____

Número total de niños que están viviendo en custodia alternativa (con familiares, etc.)

ESTA INFORMACION NO SERA COMPARTIDA CON NADIE, SIN LA AUTORIZACION DEL CLIENTE

Forma en que Vive:

- A – Albergue temporal
- B – Sin Casa o en La Calle
- C – Institución (Hospital, Cárcel, Prisión)
- D – Dueño de Propiedad/Renta Apt, Cuarto, Casa
- E – Vive en casa de otra persona
- F – Dormitorio/Residencia Universitaria.
- G – Casa de transición
- H – Tratamiento Residencial
- I – Recuperación en casa
- J – Otros alojamientos

Estatus de vivienda (por favor marque uno)

- 01 - Vive Solo
- 02 - Vive con familiares
- 03 - Vive con personas que no son familiares

Acuerdo de Residencia Mental (Si aplica)

- 01 - Sin hogar
- 02 - Vive en un asilo
- 03 - Vive en Instalación del estado
- 04 - Otro

Tipo de seguro Médico:

- 1 – Privado (otro que no sea Blue Cross/Blue Shield o HMO)
- 2 – Blue Cross/Blue Shield
- 3 – Medicare
- 4 – Medicaid
- 5 – HMO
- 6 – Otro
- 7 – Ninguno
- 8 – MCO* (Organizacion de atencion administrada)

MCO Proveedor:

*Si el seguro de salud es MCO, seleccione la compania de seguros de la lista de abajo:

- 01 – Aetna Better Health
- 02 – BCBS Medicaid
- 03 – Cigna-HealthSpring
- 06 – Family Health Network
- 07 – Harmony
- 09 – Humana
- 10 – Illinicare
- 11 – Meridian
- 12 – Molina
- 13 – Next Level Health

Fecha de vigencia del seguro: /

Estado Laboral:

- | | NLFD | |
|---|---|--|
| <input type="checkbox"/> 1 – Tiempo completo (trabajando 35 horas ó más por semana; incluyendo miembros del ejército) | <i>(For office use only)</i>
7 | |
| <input type="checkbox"/> 2 – Tiempo parcial (trabajando menos de 35 horas por semana) | 7 | |
| <input type="checkbox"/> 3 – Desempleado- Buscando empleo activamente | 7 | |
| <input type="checkbox"/> 4 – Otro –No busco empleo- Entonces cheque una de las siguientes opciones | | |
| <input type="checkbox"/> 1 – Ama de casa | <input type="checkbox"/> 5 – Interno en una institución | <input type="checkbox"/> 8 – Trabajo Voluntario |
| <input type="checkbox"/> 2 – Estudiante | <input type="checkbox"/> 6 – Otro | <input type="checkbox"/> 9 – No estoy buscando trabajo |
| <input type="checkbox"/> 3 – Retirado | | |
| <input type="checkbox"/> 4 – Deshabilitado | | |

ESTA INFORMACION NO SERA COMPARTIDA CON NADIE, SIN LA AUTORIZACION DEL CLIENTE

Ultimo Año Escolar:

Está en la Escuela ó Entrenamiento:

- 1 – No Estoy
- 2 – Estoy Tiempo Completo
- 3 –Estoy Medio Tiempo

Eligibilidad para SSI-SSDI (Por favor marque uno)

- 01 - Elegible recibe pagos
- 02 - Es elegible pero no ha recibido pagos
- 03 - Elegible con determinación pendiente
- 04 - Ha sido determinado, (que no es elegible)†
- 05 - No ha aplicado o el estatus es desconocido
- 06 - Estatus de elegibilidad desconocido
- 07 - No aplica

Salario Anual Familiar:

Fuente de Ingresos:

- 1 – Salario
- 2 – Asistencia pública
- 3 – Pensión de retiro
- 4 – Incapacitado
- 6 – Ninguno

Idioma Primario:

- A – Inglés
- B – Árabe
- C – Chino
- D – Francés
- E – Alemán
- F – Hindú
- G – Coreano
- H – Polaco
- I – Ruso
- J – Español
- K – Urdu
- L – Vietnamita
- M – Otro Asiatico
- N – Otro Africano
- O – Otro Indio
- P – Otro

¿Sabe hablar Inglés? SI NO

Involucrado con el Sistema de Justicia (Por favor marque uno)

- 01 - No es aplicable
- 02 - Arrestado
- 03 - Corte de Salud Mental
- 04 - Acusado de un delito
- 05 - Encarcelado
- 06 - Encarcelado en la prisión
- 07 - Centro Juvenil de Detención
- 08 - Detenido en la cárcel
- 09 - Probación para Adultos
- 10 - Libertad Condicional
- 11 - Otro
- 12 - No sabe

Referido por la corte: Y-Si N – No

Justicia Juvenil Y-Si N – No

Información de Referencia

I - (CJR for office use only)

¿Está usted aquí porque fué arrestado ó está involucrado con la corte?

Si la respuesta es SI seleccione una de la lista de 1 a 13

- | | |
|---|--|
| <input type="checkbox"/> 1 – Corte del Estado/Federal | <input type="checkbox"/> 8 – Otro |
| <input type="checkbox"/> 2 – Otra Corte | <input type="checkbox"/> 9 – Corte de Drogas |
| <input type="checkbox"/> 3 – Probación/Libertad Condicional | <input type="checkbox"/> 10 – Corte de Veteranos |
| <input type="checkbox"/> 4 – Otra organización legal reconocida | <input type="checkbox"/> 11 – Corte Juvenil |
| <input type="checkbox"/> 5 – Programa Alternativo | <input type="checkbox"/> 12 – TASC |
| <input type="checkbox"/> 6 – Prisión | <input type="checkbox"/> 13 – Corte Salud Mental |
| <input type="checkbox"/> 7 – DUI | |

Si la respuesta es NO seleccione una de la lista de la A al a W

- | | |
|---|---|
| <input type="checkbox"/> A – Yo mismo | <input type="checkbox"/> F – Escuela |
| <input type="checkbox"/> B – Otra agencia de Adicciones | <input type="checkbox"/> G – Empleador/EAP |
| <input type="checkbox"/> C – Otra agencia de Prevención temprana. | <input type="checkbox"/> H – Otra agencia comunitaria |
| <input type="checkbox"/> D – Proveedor de Prevención. | <input type="checkbox"/> J – DCFS/POS comunitaria |
| <input type="checkbox"/> E – Otro Proveedor de Salud | <input type="checkbox"/> W – Arden Shore |

Información de la corte:

Condado de Arresto: _____

Docket # (# de Caso): _____

Fecha de Arresto: / /

¿Está Usted en Probatoria? Si No

Próxima Corte: / /

¿Está Usted en libertad condicional? Si No

INFORMACIÓN OPCIONAL

Las siguientes *preguntas son opcionales*, y serán utilizadas para propósitos de estadísticas solamente. Se utilizarán para mejorar los programas; con el propósito de responder más apropiadamente, a las necesidades de nuestros clientes. La información obtenida no se compartirá, ni su usará en base a sus respuestas. *Usted puede dejar la sección sin contestar si así lo desea.*

Usted se Identifica como:

¿Homosexual ó Lesbiana? Si No

¿Bisexual? Si No

¿Transgénero? Si No

¿Indeciso? Si No

Sí hay disponibilidad usted preferiría entrar a un grupo de tratamiento, dónde algunos de sus compañeros respondieron que si, a algunas de las preguntas anteriores? Si No

**FY19
NICASA OPENING DART**

Client ID: _____

Assessment/Intake Date: / /

Lname: _____ Fname: _____ MI: _____

Dedicated Funding - Select one

- D-DCFS** DCFS CASE # _____
- L-Gambling
(Use with Problem Area 6 or 7 only)
- N-None

Date of first SA/MH Session: / /

This is the date the client starts their program at Nicasa. It could be the first group they attend or the first individual session they attend.

ALL CLIENTS

Patient Type

<input type="checkbox"/> I – Intervention <i>(Does not require diagnosis code)</i>	<input type="checkbox"/> T – Treatment <i>(Requires diagnosis code)</i>	<input type="checkbox"/> M – Mental Health <i>(Requires diagnosis code)</i>
Recommended Service – Select one		
<input type="checkbox"/> Intervention	<input type="checkbox"/> A – Outpatient	<input type="checkbox"/> Individual/Group Therapy
<input type="checkbox"/> N (No Diagnosis)	<input type="checkbox"/> B – Intensive Outpatient	<input type="checkbox"/> N (No Diagnosis)
	<input type="checkbox"/> E - Bridge House	
	<input type="checkbox"/> F - Inpatient	

Clinicians:

When completing DARTS for assessments, please choose “Patient Type” as follows:

If recommendation is intervention services - Check “I”

If recommendation is OP (Mod, Sig, High), IOP, Bridge House or Inpatient - Check “T”

Mental Health clients check “M” with Individual/Group Therapy

Support Activities

In the past 30 days, has client attended activities which support progress in treatment?

Yes No Refused Does Not Know

If Yes, Number of Activities: or RF – Refused to answer or DK – Does Not Know

Family Support: Yes No Refused Does Not Know

APPENDIX G

JAIL HIGH-UTILIZER PROGRAM

CONSENT FOR DISCLOSURE OF INFORMATION FOR FOLLOW-UPS

I, _____, whose date of birth is _____ do hereby authorize Nicasa and the Lake County Jail to contact me, and any other contacts such as, but not limited to: friends, and family members to follow up in regard to the services provided by the Jail High-Utilizer Program.

I understand that I may revoke this consent at anytime, except to the extent that the disclosure agreed to has been acted on. I may revoke this consent by sending a written notification to Nicasa Chief Clinical Officer at 1113 Greenwood Ave. Waukegan, IL 60085.

Client's Address: _____

Client's Home Phone: _____ Cell Phone: _____

Contact Person Information

Parents' Names: _____

Phone number(s): _____

Spouse/Significant Other Name: _____

Phone number(s): _____

Friends:

1. _____ Phone number(s): _____

2. _____ Phone number(s): _____

3. _____ Phone number(s): _____

4. _____ Phone number(s): _____

Grandparents: _____ Phone number(s): _____

Aunt/ Uncle: _____ Phone number(s): _____

Other: _____ Phone number(s): _____

**JAIL HIGH-UTILIZER PROGRAM
CONSENT FOR DISCLOSURE OF INFORMATION FOR FOLLOW-UPS**

Place of Employment: _____

Employer Name: _____

Address: _____

Employer's Phone number(s): _____

I understand that the agencies mentioned above will contact me, and the contacts that I have provided above for a follow up. I understand that I and the contacts provided above can be contacted for up to a year after being discharged from the program. I understand that contact will occur twice after my date of discharge from the program. The first follow up date will be 3 months after my discharge date. The second follow up date will be 6 months after my discharge date.

Check here if above-named individual refuses to sign the consent.

Signature of Individual (18 years and Older)

Date

Signature of Witness

Date

NOTICE TO RECEIVING AGENCY OR PERSON: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general consent for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

APPENDIX H

Pregnant: Y – Yes N – No

Number of arrests in thirty days prior to the date of admission:

Prior Treatment Episodes:

MISA (Dual Diagnosis): Y– Yes or N – No

Methadone Patient: Y– Yes N – No

Mental Health Diagnosis: _____

Required for Dual Diagnosis Substance Abuse Clients

DRUG/ALCOHOL/MH PROBLEM AREA INFORMATION

(Check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 – Alcohol | <input type="checkbox"/> 4 – Co-dependence | <input type="checkbox"/> 7 – Gambling Only |
| <input type="checkbox"/> 2 – Drugs | <input type="checkbox"/> 5 – No Diagnosis | <input type="checkbox"/> 8 – Mental Health |
| <input type="checkbox"/> 3 – Both Alcohol & Drugs | <input type="checkbox"/> 6 – Alcohol/Drugs & Gambling | |

SUBSTANCE ABUSE CLIENTS

COMPLETE PRIMARY, SENCONDARY, TERTIARY INFORMATION

Primary Problem Code

- 01- None
- 02- Alcohol
- 03- Cocaine/Crack
- 04- Marijuana/Hashish
- 05- Heroin
- 06- Non-Prescription Medicine
- 07- Other Opiates and Synthetics – includes codeine, Hydrocodon, hydromorphone, meperidine, morphine, opium, oxcodone, pentazocine, propoxyphene, Tramadol and any other drug with morphine-like effects
- 08- PCP - Phencyclidine
- 09- Other hallucinogens – Includes LSD, DMT, STP, Hallucingogens, Mescaline, Peyote, Psilocybine, etc.
- 10- Methamphetamine
- 11- Other Amphetamines – Includes Amphetamines, Phenmetrazine and other unspecified amines
- 12- Other stimulants – Includes Methylphenidate and any other stimulant
- 13- Benzodiazepines – Includes Alprazolam, Chlodiazepoxide, Clonazepam, Clorazepate, Diazepam, Flunitrazepam, Flurexepam, Halazepam, Lorazepam, Oxazepam, Prazepam, Temazepam, Triazolam
- 14- Other Non-Benzodiazepan Tranquilizers – Includes Meprobamate, Tranquilizers, etc.
- 15- Barbiturates – Includes Amobarbital, Pentobarbital, Phenobarbital, Secobarbital, etc.
- 16- Other Non-Barbiturate Sedatives or Hypnotics – Includes Chloral Hydrate, Ethchlorvynol, Glutethimide, Methaqualone, etc.
- 17- Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- 18- Over the counter – Includes Aspirin, cough syrup, Diphenhydramine, anhd other antihistamines, sleep aids, and any other legally obtained non-prescription medication
- 19- Nicotine (Only available to use as a secondary or tertiary choice)
- 20- Other – Includes Dephenylhydantoin/Phenytoin, GHB/GBL, Ketamine
- 21- Gambling
- 22- Ecstasy
- 23- Rohpynol
- 24- Steroids

25- Ephedrine/Psuedoephedrine

Primary Frequency:

1 – None within one month
prior to admission

2 – 1-3 times in past month

3 – 1-2 times in the
past week

4 – 3-6 times per week

5 – Daily

Primary Administration Route:

1 – Oral

2 – Smoking

3 – Inhalation

4 – Injection IV or
intramuscular

5 – Not Applicable

Primary Age of First Use:

Primary ICD-10 Diagnosis: _____

SECONDARY Problem Code, Frequency, Administration Route and Age of First Use: (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO SECONDARY PROBLEM CODE, DO NOT COMPLETE.)

Problem Code: Frequency: Administration Route: Age of First Use:

Secondary ICD-10 Diagnosis: _____

TERTIARY Problem Code, Frequency, Administration Route and Age of First Use: (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO TERTIARY SUBSTANCE, DO NOT COMPLETE.)

Tertiary Problem Code: Frequency: Administration Route: Age of First Use:

Tertiary IDC-10 Diagnosis: _____

MENTAL HEALTH CLIENTS

Initial LOCUS Score (Adult)

Date Administered: /

Composite Score:

Initial OHIO SCORE (Youth)

Date Administered: /

Composite Score:

Mental Health ICD-10 Code 1: _____

Mental Health ICD-10 Code 2: _____

Mental Health ICD-10 Code 3: _____

For subsequent LOCUS assessments administered

Please use this section on the original DART submitted with "REVISED" indicated on the first page. It is not necessary to complete a new DART

Subsequent LOCUS Score (Adult)

Date Administered: /

Composite Score:

Subsequent OHIO SCORE (Youth)

Date Administered: /

Composite Score:

Staff Signature: _____ Date: /

FY19
NICASA
CLOSING DART

Client ID: _____

*(To be completed after the narrative assessment, mental health assessment, youth assessment,
and discharge from SA or MH program)*

Lname: _____ Fname: _____ MI: _____

ALL CLIENTS

Closing Date: / / (Date when all paperwork is done)

Reason for Discharge/Closing:

- | | |
|--|--|
| <input type="checkbox"/> A – Admission assessment resulted in a diagnosis of Z03.89 (entered by default if Problem Area #5 is selected) | <input type="checkbox"/> F – Incarcerated |
| <input type="checkbox"/> B – Completion of Intervention or Treatment Services | <input type="checkbox"/> G – Death |
| <input type="checkbox"/> C – Left against staff advice | <input type="checkbox"/> I – External Transfer to another provider. Non-completion of current LOC treatment plan |
| <input type="checkbox"/> D – Terminated by facility | <input type="checkbox"/> J – External Transfer to another provider. Completion of current LOC treatment plan |
| <input type="checkbox"/> T – Internal Transfer within Nicasa. Completion of current LOC treatment plan, transferred to less intensive LOC. | <input type="checkbox"/> U – Internal Transfer within Nicasa. Non-completion of current LOC treatment plan, transferred to different LOC |

Start Date of Next LOC:

/ /

Next Service Setting – Select one

- A. – Outpatient B. – Intensive Outpatient
 E. Bridge House F. Inpatient

Start Date of Next LOC:

/ /

Next Service Setting – Select one

- A. – Outpatient B. – Intensive Outpatient
 E. Bridge House F. Inpatient

Date of last contact with client: / / (The date that the client was last seen individually or in group. For assessments, this will be the same day that the assessment was done.)

Living Arrangement: - At time of discharge

- | | |
|--|---|
| <input type="checkbox"/> A – Shelter, Temporary Day/Evening Facility | <input type="checkbox"/> F – Dormitory/College Residence. |
| <input type="checkbox"/> B – Street/Outdoors | <input type="checkbox"/> G – Halfway House |
| <input type="checkbox"/> C – Institution (Hosp., Jail/Prison) | <input type="checkbox"/> H – Residential Treatment |
| <input type="checkbox"/> D – Owned/Rented Apt, Room, House | <input type="checkbox"/> I – Recovery Home |
| <input type="checkbox"/> E – Someone else's Home | <input type="checkbox"/> J – Other Housed |

Employment Status: - At time of discharge

- | | |
|---|-----------|
| <input type="checkbox"/> 1 – Full-time (working 35 hours or more each week; includes members of the military) | NLFD
7 |
| <input type="checkbox"/> 2 – Part-time (working fewer than 35 hours each week) | 7 |

- 3 – Unemployed – Actively seeking employment
- 4 – Other – Not actively seeking employment – **Select one below**
 - 1 – Homemaker
 - 2 – Student
 - 3 – Retired
 - 4 – Disabled
 - 5 – Inmate
 - 6 – Other

7

- 8 – Volunteer Work
- 9 – Not Looking for Work

Last Grade Completed: - At time of discharge -

School/Job Training Enrollment: - At time of discharge

- 1 – Not Enrolled
- 2 – Enrolled Full-Time
- 3 – Enrolled Part-Time

Has the client been arrested in the thirty days preceding the date of discharge?: Y– Yes or N – No

If yes, enter the number of times:

Baby delivered during treatment: Y– Yes or N – No

If yes, was the baby drug free?: Y– Yes or N – No

Support Activities

At time of discharge, in the last 30 days has client attended any activities which support progress in treatment?

- Yes
- No
- Refused
- Does Not Know

If Yes, Number of Activities: or RF – Refused to answer or DK – Does Not Know

Family Support: Yes No Refused Does Not Know

SUBSTANCE ABUSE CLIENTS

Primary Problem Code (REFER TO OPENING DART):

Primary Frequency:

- 1 – None within one month prior to discharge
- 2 – 1-3 times in past month
- 3 – 1-2 times in the past week
- 4 – 3-6 times per week
- 5 – Daily

SECONDARY Problem Code, Frequency, Administration Route and Age of First Use: (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO SECONDARY PROBLEM CODE, DO NOT COMPLETE.)

Secondary Problem Code: Frequency:

TERTIARY Problem Code, Frequency, (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO TERTIARY SUBSTANCE, DO NOT COMPLETE.)

Tertiary Problem Code: Frequency:

MENTAL HEALTH CLIENTS

Discharge LOCUS Score (Adult)

Date Administered: //

Composite Score:

Discharge OHIO SCORE (Youth)

Date Administered: //

Composite Score:

Staff Signature: _____

Date: //

ASAM Dimension II – Biomedical Condition

Medical Screening Questionnaire (May be completed by client or staff)

Answer all questions in Section A and explain all yes answers fully.

Section A

1. Circle the best description of your overall health (Explain if Fair or Poor.) Good Fair Poor

2. Do you have a personal physician? Yes _____ No _____

Name: _____

Address: _____

Telephone: _____

3. Last visit to any physician (date, reason, treatment):

4. Last hospitalization (date, reason, treatment):

5. Are you currently under treatment by a physician? (Specify if yes). Yes _____ No _____

6. Are you now taking any medication, prescribed or over the counter? Yes _____ No _____

If yes, complete the following:

Medication	First Use	Dosage	Frequency	Last Use

7. Are you allergic to or do you have any reaction to any medication? Yes _____ No _____

(Specify medication and reaction.) _____

DO YOU OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

7. DISORDER OF THE SKIN, HAIR OR LYMPH GLANDS: rash, swelling, easy bruising, hives, eczema, excessive dryness or perspiration change in skin color or hair loss? Yes _____ No _____

If yes, explain: _____

8. NEUROLOGIC DISORDERS: dizziness, fainting spells, convulsions, epilepsy, loss of consciousness, severe or frequent headaches, migraine, numbness or tingling of arms or legs, paralysis, stroke, speech difficulty, sleep problems or memory impairment? Yes _____ No _____

If yes, explain: _____

9. DISORDER OF THE EYES, EARS, NOSE OR THROAT: problems with vision, hearing, smell, taste, hoarseness, difficulty swallowing, sinus infection, pain, ringing or discharge of the ears? *If yes, explain:* _____

Yes _____ No _____

10. DISORDER OF THE RESPIRATORY SYSTEM – undue shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pneumonia, hay fever, asthma, pleurisy, emphysema or tuberculosis.

Yes _____ No _____

11. DISORDER OF THE HEART OR BLOOD VESSELS – undue chest pain, angina, palpitations, irregular pulse, high blood pressure, rheumatic fever, heart murmur, mitral valve prolapse, heart attack, varicose veins, blood clots in a vein, swelling of ankles or pain in legs when walking.

Yes _____ No _____

12. DISORDER OF THE STOMACH, INTESTINES, LIVER, GALL BLADDER OR PANCREAS – jaundice (yellow skin), intestinal bleeding, recurrent indigestion, frequent use of antacids or laxatives, belching, recurrent diarrhea or constipation, gastritis, ulcer, hernia, appendicitis, colitis, diverticulitis, pancreatitis, cirrhosis, hepatitis or hemorrhoids.

Yes _____ No _____

13. DISORDER OF THE KIDNEYS OR BLADDER – blood, pus, sugar, or albumin the urine, urinary infection, nephritis, kidney stone or venereal disease (gonorrhea, syphilis, chlamydia, genital herpes) or urinary frequency, burning, urgency or incontinence.

Yes _____ No _____

MALE: Disorder of the penis, prostate or testicle – discharge, loss of force of urinary stream.

Yes _____ No _____

FEMALE: (a) Disorder of female organs – problems with menstruation, abnormal pregnancies, miscarriages, discharge, bleeding or any disorder of breasts (discharge, lumps).

Yes _____ No _____

(b) Current pregnancy (possible or known)

Yes _____ No _____

14. DISORDER OR INJURY OF THE BONES, MUSCLES, JOINTS OR BACK – neuritis, sciatic, arthritis, rheumatism, gout, lameness, deformity or amputation.

Yes _____ No _____

15. DISORDER OF THE BLOOD -- anemia, bleeding tendencies, easy bruising or immune deficiency disease. _____ Yes _____ No _____
16. DIABETES, THYROID DISEASE, TUMORS, CYSTS OR CANCER. _____ Yes _____ No _____
17. SERIOUS INFECTION, PERSISTENT OR RECURRENT FEVER. _____ Yes _____ No _____
18. CHANGES IN WEIGHT of more than 10 lbs. in the past year. (If yes, explain.) _____ Yes _____ No _____
19. PROBLEM SLEEPING. (Specify) _____ Yes _____ No _____
20. PHYSICAL OR SEXUAL ABUSE: _____ Yes _____ No _____
21. OTHER RECENT TRAUMA: _____ Yes _____ No _____
22. OTHER SICKNESS, DISEASE, INJURY, OPERATION OR HOSPITALIZATION within the past five years not mentioned above. _____ Yes _____ No _____
23. FAMILY HISTORY OF SIGNIFICANT MEDICAL, PSYCHOLOGICAL, OR SUBSTANCE USE DISORDER. _____ Yes _____ No _____
24. ARE YOU SEXUALLY ACTIVE? Yes _____ No _____
25. IF YES, ARE YOU USING PROTECTIVE MEASURES AGAINST PREGNANCY, SEXUALLY TRANSMITTED DISEASE AND HIV/AIDS? Yes _____ No _____
26. ARE YOU PREGNANT? Yes _____ No _____
27. ARE YOU TRYING TO HAVE A CHILD? Yes _____ No _____
28. HAVE YOU EVER TESTED POSITIVE FOR TUBERCULOSIS (TB)? Yes _____ No _____
29. HAVE YOU EVER BEEN TREATED FOR TUBERCULOSIS (TB)? Yes _____ No _____
30. DO YOU HAVE, OR HAVE YOU EVER HAD:
31. Long-term, low grade fever? Yes _____ No _____
32. Long-term weight loss? Yes _____ No _____
33. Sputum (mixture of saliva and mucus coughed up from respiratory tract)? Yes _____ No _____
34. Coughing up blood? Yes _____ No _____

IF YES TO ANY OF #'s 28-34, PLEASE SEE TB INFORMATION FORM PROVIDED TO RECEIVE NECESSARY TESTING/SERVICES.

► Needs: _____

LEVEL OF CARE NEEDED: None 0.5 I II III IV OMT

APPENDIX I COLOMBIA SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past Month	
Ask questions that are bolded and underlined .	YES	NO
Asked questions 1 and 2		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wish you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "<i>I've thought about killing myself</i>" without general thoughts of ways to kill oneself/associated methods, intent or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>		
If yes to 2, ask questions 3, 4, 5 and 6. If no to 2, go directly to question 6.		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of at least 1 method during the assessment period. This is different than a specific plan with time, place or a method details worked out. "<i>I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it and I would never go through with it.</i>"</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without a Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "<i>I have the thoughts but I definitely will not do anything about them.</i>"</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6) Suicide behavior question:</p> <p><u>Have you ever done anything, started to do anything or prepared to do anything to end her life?</u> Examples collect pills, obtain a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed her mind or it was grabbed from your hand, went to the roof but didn't jump or actually took pills, tried to shoot yourself, cut yourself, tried to hang herself, etc.</p> <p>If yes, ask: <u>How long ago did you do any of these things?</u> Over year ago? Between 3 months and a year ago? Within the last 3 months?</p>		

COLOMBIA ESCALA DE CLASIFICACIÓN DE GRAVEDAD SUICIDA

SUICIDE SEVERITY RATING SCALE *Screen Version - Recent*

DEFINICIONES Y AVISOS DE IDEACIÓN SUICIDA SUICIDE IDEATION DEFINITIONS & PROMPTS	Pasado Mes Past Month	
Haz preguntas que estén en negrita y subrayado . Ask questions that are bolded and underlined .	YES	NO
Haz las preguntas 1 y 2 - Ask questions 1 and 2		
<p>1) Deseos de estar muerto Wish to be Dead: La persona respalda los pensamientos acerca de un deseo de estar muerto o no estar vivo o desea quedarse dormido y no despertar. Person endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. <u>¿Has deseado que estuvieras muerto o desearte poder dormir y no volver?</u> Have you wished you were dead or wish you could go to sleep and not wake up?</p>		
<p>2) Pensamientos suicidas Suicidal thoughts: Pensamientos no específicos generales de suicidio/suicidarse, "he pensado en suicidarme" sin pensamientos generales de maneras de suicidarse/métodos asociados, intención o plan. General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan. <u>¿Has pensado en suicidarte?</u> Have you actually had any thoughts of killing yourself?</p>		
<p>En caso afirmativo a 2, hacer las preguntas 3, 4, 5 y 6. Si no a 2, vaya directamente a la pregunta 6. If yes to 2, ask questions 3, 4, 5 and 6. If no to 2, go directly to question 6.</p>		
<p>3) Pensamientos suicidas con método (sin plan específico o intención de actuar) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): La persona respalda los pensamientos de suicidio y ha pensado en al menos 1 método durante el período de evaluación. Esto es diferente a un plan específico indicando tiempo, lugar o los detalles del método trabajados. "Pensé en tomar una sobredosis, pero nunca hice un plan específico en cuanto a Cuándo, dónde o cómo lo haría realmente y nunca lo haría". Person endorses thoughts of suicide and has thought of at least 1 method during the assessment period. This is different than a specific plan with time, place or a method details worked out. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it and I would never go through with it." <u>¿Has estado pensando en cómo podrías matarte?</u> Have you been thinking about how you might kill yourself?</p>		
<p>4) Intención de suicidio (sin un plan específico) Suicidal Intent (without a Specific Plan): Pensamientos suicidas activos de suicidarse y los informes de los pacientes que tienen alguna intención de actuar sobre tales pensamientos, en contraposición a "tengo los pensamientos, pero definitivamente no voy a hacer nada sobre ellos." Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." <u>¿Has tenido estos pensamientos y has tenido alguna intención de actuar sobre ellos?</u> Have you had these thoughts and had some intention of acting on them?</p>		
<p>5) Intención suicida con plan específico Suicide Intent with Specific Plan: Pensamientos de suicidarse con detalles del plan completamente o parcialmente trabajado y persona tiene alguna intención de llevarlo a cabo. Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>¿Ha empezado a trabajar o ha elaborado los detalles de cómo suicidarse? ¿Tiene intención de llevar a cabo este plan?</u> Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p>		
<p>6) Pregunta sobre el comportamiento suicida Suicide behavior question: <u>¿Alguna vez has hecho algo, empezado a hacer algo o preparado para hacer algo para acabar con tu vida?</u> Have you ever done anything, started to do anything or prepared to do anything to end your life? Como coleccionar ejemplo pastillas, obtienen un arma, regalar objetos de valor, escribir un Will o una nota de suicidio, obtener pastillas pero no tragar ninguna, sostener un arma pero cambiaron de opinión o la arrancaron de su mano, fueron al tejado pero no saltaron o tomaron pastillas, trató de disparar a sí mismo, se cortó, trató de colgar, etc. Examples collect pills, obtain a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed her mind or it was grabbed from your hand, went to the roof but didn't jump or actually took pills, tried to shoot yourself, cut yourself, tried to hang herself, etc. En caso afirmativo, pregunte: ¿hace cuánto tiempo hizo alguna de estas cosas? If yes, ask: How long ago did you do any of these things? ¿Hace un año? ¿Entre 3 meses y un año atrás? ¿En los últimos 3 meses? Over year ago? Between 3 months and a year ago? Within the last 3 months?</p>		

Safety Plan APPENDIX J

DATE:		Start TIME:		Stop TIME:	
CLIENT NAME:				DOB:	Client #:
PRIMARY LANGUAGE:	REFERRAL SOURCE:				
OTHERS PRESENT:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Who?:			
ALCOHOL/DRUGS INVOLVED?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:			
PRESENTING PROBLEM	_____				

RISK ASSESSMENT (Check N/A for any sections that do not apply)

<input checked="" type="checkbox"/> N/A						POTENTIAL FOR SUICIDE/SELF INJURY					
SUICIDE IDEATION/PLAN:			<input type="checkbox"/> None			<input type="checkbox"/> Yes (Please fill in Suicide Risk Assessment and attach to this form)					
			Thoughts		Plan		Intent		Means		
CLINICAL SUMMARY OF RISK ASSESSMENT:	_____										

<input checked="" type="checkbox"/> N/A										OPIATE OVERDOSE RISK									
Check all that apply:																			
Client		Client		Client		Client		Client											
Family/ Sig. Other		Family/ Sig. Other		Family/ Sig. Other		Family/ Sig. Other		Family/ Sig. Other		Family/ Sig. Other									
Given information about risk factors for opiate overdose		Given handout "Important Information for Loved Ones..."		Given SAMHSA Toolkit for Families and Patients		Explained Naloxone purpose, use, and effects		Given Admission/Discharge Warning regarding tolerance and the risk of opiate overdose											

<input checked="" type="checkbox"/> N/A										POTENTIAL FOR VIOLENCE/HOMICIDE									
VIOLENCE IDEATION/PLAN:			<input type="checkbox"/> None			<input type="checkbox"/> Yes													
(If None is checked, skip to Homicide Ideation/Plan)						Thoughts		Threats		Attempts		Uncertain							
HOMICIDE IDEATION/PLAN:			<input type="checkbox"/> None			<input type="checkbox"/> Yes													
(If "Yes" is checked for either Violence or Homicide, continue with the rest of this section.)						Thoughts		Threats		Attempts		Uncertain							

CLIENT NAME: _____

I.D.: _____

POTENTIAL FOR VIOLENCE/HOMICIDE -CONTINUED

PREVIOUS HISTORY OF THREATS OR ACTS:		No		Yes, list:	 <hr/> <hr/>
CRIMINAL HISTORY:		No		Yes, list:	 <hr/> <hr/>
RECENT LOSSES		No		Yes, list:	 <hr/> <hr/>
IS THERE A PLAN?		No		Yes, list person, method, time, location, availability of means and likelihood of success:	 <hr/> <hr/> <hr/>
DUTY TO WARN:		No		Yes, list details:	 <hr/> <hr/> <hr/>
CLINICAL SUMMARY OF RISK ASSESSMENT : (Include protective and risk factors	 <hr/> <hr/> <hr/> <hr/>				

SUMMARY OF SAFETY PLANNING

PRELIMINARY TREATMENT RECOMMENDATIONS (Include interventions and referrals, including hospitals):	 <hr/> <hr/> <hr/> <hr/> <hr/>		
FINAL RESULT OF INTERVIEW (Disposition):	 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
COMPLETED BY:	 <hr/>	DATE:	 <hr/>

CLIENT NAME: _____

I.D.: _____

Individual Safety Plan

To be completed when any immediate safety needs have been addressed. This may occur at future session after situation is stabilized to allow for collaborative completion of this plan.

Step 1: Recognizing Warning Signs

Thoughts:
Feelings:
Events:
Other:

Step 2: Using Internal Coping Strategies

- 1. When I am having these thoughts/emotions, I will _____.
- 2. When I am having these thoughts/emotions, I will _____.
- 3.
- 4.

Step 3: Social Contacts/Activities That May Distract From the Crisis

Places I can go:
Things I can do:
-use Virtual Hope Box
Other:

Step 4: Family or Friends Who May Help

Name:	Phone #:
Sponsor:	Phone #:
Pastor:	Phone #:

Step 5: Professionals or Agencies to Contact For Help

National Crisis Hotline: 1-800-273-8255
CARES Line (for youth SASS assessment): 1-800-345-9049
Lake County Crisis Care Program: 1-847-377-8088
Call 911 or go to nearest emergency room
Primary Care Doctor:
Therapist:

Step 6: Making the Environment Safe

Restricting means:
When I get home, I can _____ to make my environment safer.
_____ at _____ (phone) will be contacted before
leaving today to share this plan with them.
_____ at _____ (phone) will be contacted before
leaving today to share this plan with them.
Other: _____
Other: _____

The one thing that is most important to me and worth living for is: _____

CLIENT NAME: _____

I.D.: _____