

TREATMENT SERVICES SCREENING PACKET

Thank you for your interest in Stepping Stone of San Diego's treatment program. Below you will find the admission procedures that must be followed in order to enter our program.

1. Complete a screening packet (enclosed) and bring with you in person to our orientation meeting which is held each Tuesday starting at 9:45am at Stepping Out Outpatient Services located at 3928 Illinois Street, San Diego, CA 92104.
2. Screening packet are only accepted in person. Please do not mail in or email or fax in.
3. In addition to the screening packet, a current TB (tuberculosis) skin test must be submitted with screening packet. TB test cannot be older than 60 days. If your TB test is positive a chest exam will be required.
4. Individuals seeking treatment who are HIV positive will need to provide a third party verification of diagnosis from your physician at time of admission.
5. Upon submission of completed screening packet and TB test individual will be screened by one of our counselors to determine if Stepping Stone or Stepping Out will be able to serve your needs.
6. If for any reason you would like to speak with an intake specialist prior or after this orientation meeting, please call us at to 619-584-4010 ext. 118 and ask to speak with Damon.

If Stepping Stone's programs are not the appropriate levels of treatment, you will be given referrals to the appropriate facilities.

We realize that finding services can be frustrating and difficult at times. Stepping Stone Residential Treatment may not have immediate bed availability. We understand that due to cultural considerations you may want to wait until there is an available opening. If you would like to wait for bed availability, please let us know this. When there are no openings for admissions, you will be asked to attend all of Tuesday and Friday groups as well as 3 outside meetings until an opening is available.

If you want to get into services as soon as possible, please let us know and we will work to find a treatment center that has beds available.

In order to remain on the wait list you must remain in contact with us! If after 30 days we do not hear from you, your name will be removed from our bed availability list.

The screening group provides support and an overview of programming. Staff will answer any questions you may have at that time. Stepping Stone is committed to welcoming and assisting people who come to our doors.

TREATMENT SERVICES WELCOMING POLICY

Stepping Stone welcomes all individuals for services related to alcohol and drug addiction, and those in need of life-threatening recovery from co-occurring conditions. It is our mission to primarily serve the Gay, Lesbian, Bi-Sexual and Transgender community as well as all individuals seeking recovery. However, we recognize that our clients often have other medical and psychiatric conditions that interact with and impact their addiction. We are committed to providing the most holistic and comprehensive recovery and treatment services for clients. In order to help clients achieve the best stabilization in all areas, we recognize the importance of integrating attention to these other medical and psychiatric issues throughout the treatment process at Stepping Stone. It is part of our program to provide referrals and support for linkages to services related to these other co-occurring conditions and to incorporate those services into the client's treatment plan and recovery process.

It is recognized that when a person enters Stepping Stone, he/she is reaching out for help and deserves a welcoming response. We take responsibility for assisting each person to make sure that he/she is connected to a relationship that integrates attention to his/her multiple needs while in addiction treatment. In addition, we are committed to making sure that the appropriate resources and referrals are made available whether the individual will be admitted to our treatment facility or not. The life of each person is precious, and we have an important part in welcoming him/her into sober, healthy living, including recovery from co-existing medical and psychiatric conditions.

If you have an experience that is different from what is described above, please feel free to contact the Case Manager, Damon Robinson 619-584-4010 ext. 118 damon@steppingstonesd.org. We appreciate and value your input.

TREATMENT SERVICES SCREENING INFORMATION

Date: _____

Name: _____ DOB: _____

Phone #: _____ Alternate Phone #: _____

Best time to call? _____ Email Address: _____

Current Address: _____

Total Monthly Income: _____

Source(s) of Income: _____ Employed Where _____
_____ Unemployment How long _____
_____ SSI
_____ SSDI
_____ SDI
_____ Family Support
_____ Other _____

Valid form of identification (must have both upon intake):

Social Security Card: YES NO Valid ID card or driver's license: YES NO

Please circle if you have Medi-Cal or private insurance

Private Medical Insurance:)

Name of Carrier: _____ Policy or Group #: _____

Name of insurance policy holder, social security # and DOB: _____

What substances are you having difficulty with?

Are you an IV user? yes no For how long?

LEGAL STATUS QUESTIONNAIRE

1. Are you presently on parole or probation? (circle) YES NO

2. Have you been arrested in the past 30 days and if so, what for?

3. Please explain any incarceration since age of 18?

HEALTH STATUS QUESTIONNAIRE

Do you have any physical health issues such as diabetes, asthma, thyroid, high blood pressure or heart disease we should know about or that hamper or impede you in your daily activities?

(This information should not affect your status on suitability to residential, but will help us in the screening process to meet your needs)

Do you have any allergies to food or medication? (please list all)

(This information should not affect your status on suitability to residential, but will help us in the screening process to meet your needs)

Do you have any chronic illness such as HIV? Yes No

If yes, indicate diagnose: _____ Date of diagnosis _____

I understand that the only service animals Stepping Stone accepts into their residential services are animals for the seeing or hearing or physically impaired. Do to the nature of the services provided all other service animals must be excluded. _____(Initials)

Do you know any family members or people you have been in relationship with that are receiving services from Stepping Stone?

MENTAL HEALTH INFORMATION

Name: _____ Date: _____

Date of most recent hospitalization for psychological problems: _____

Reason for hospitalization: _____

Please list any psychiatric diagnosis that you may have received.

1. _____
2. _____
3. _____
4. _____

Agency or name of Psychiatrist/Therapist: _____

Phone Number: _____ Email: _____

PRIOR PSYCHIATRIC TREATMENT HISTORY:

Type: Outpatient, Inpatient, Hospital, Therapy	Agency: UCSD, Scripps, Kaiser, Sharp, etc.	Date Started and Ended	Outcome

_____ # of suicide attempts

_____ # of hospitalization for suicide attempts

Limits on Client/Therapist/Treatment Team Confidentiality

Although confidentiality and privileged communication remain rights of all clients of mental health practitioners according to the law, there are conditions that the therapist/staff counselor is required to disclose confidential information to the appropriate persons.

- You have disclosed, or your therapist believes, that you are a danger to yourself.
- You have disclosed, or your therapist believes, that you are a danger to others.
- You have disclosed child neglect, sexual abuse, physical abuse, and/or emotional abuse in the home.
- You have disclosed knowledge of child neglect, sexual abuse, physical abuse, and/or emotional abuse in the home.
- You or someone else's child has witnessed domestic violence.
- You are a person over 65 and your therapist believes you are the victim of physical abuse and/or serious neglect.
- You disclose elder abuse either in your own home or in the community at large.
- You are unable to care for yourself and would be considered gravely disabled.
- You waive your rights of privilege or give consent to limited disclosure by your therapist.

Group – Staff group facilitators will maintain confidentiality with the exception of the above circumstances, but cannot guarantee your confidentiality by other group members. It is requested that group members maintain confidentiality with each other in order to provide safety. **Any breach of confidentiality may be grounds for discharging from the program.**

Treatment Team – Confidentiality within the Treatment Team is maintained with the exception of the above circumstances. It is understood by the undersigned that confidentiality extends to the treatment team and that the treatment team consist of staff, interns, and clinical staff.

I _____ have read and understand the above information and consent

(Print Name)

the parameters of confidentiality in my treatment.

Signature of Client

Date

Signature of Staff

Date

