

## 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 9:00 am 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 Robinson.

**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 referral tracking log you must remain in contact with us!** If after 30 days we do not hear from you, your name will be removed from our referral tracking log.

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.

Revised January 1, 2022

## 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. Persons with disabilities may request a reasonable accommodation for services animals and other types of assistance animals, including support animals, under the Fair Housing Act. 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/they are reaching out for help and deserves a welcoming response. We take responsibility for assisting each person to make sure that he/she/they are connected to a relationship that integrates attention to his/her/their 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, Sandra Koellmann, ASW at 619-584-4010 x 119 or at [sandra@steppingstonesd.org](mailto:sandra@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:  
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? (circle)    YES    NO    If yes, for how long? \_\_\_\_\_



**Substance Use Treatment History**

<u>Type of Program</u> <i>Outpatient, Residential or Detox</i>	<u>Name of Program</u>	<u>Date Started and Ended</u>	<u>Completed?</u> Yes / No

Do you know anyone or are you in a relationship with someone that is currently receiving services from Stepping Stone (Residential, Outpatient or Alumni)? (circle) YES NO

**LEGAL STATUS QUESTIONNAIRE**

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

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

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3. Please explain any incarceration since age of 18?

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**HEALTH STATUS QUESTIONNAIRE**

Do you have a primary doctor or medical provider? (circle)      **YES**      **NO**

Doctor or Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Do you have any physical health issues such as diabetes, asthma, thyroid, high blood pressure or heart disease we should know about or that needs frequent attention with your doctor?**

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

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**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)**

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**Do you have any physical conditions or limitations (i.e. walking up and down stairs, vision or hearing) that have an impact on your daily life or functioning?**

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

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Do you have any chronic illness such as HIV? (circle)      **YES**      **NO**

If yes, indicate diagnose: \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

**MENTAL HEALTH INFORMATION**

Date of most recent hospitalization for psychological/ mental health problems: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_  
\_\_\_\_\_

Please list any psychiatric/ mental health diagnosis that you may have received.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Agency or name of Psychiatrist/Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PRIOR MENTAL HEALTH TREATMENT HISTORY:**

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

\_\_\_\_\_ # of suicide attempts      \_\_\_\_\_ # of hospitalization for suicide attempts

Have you ever been treated for OR currently have an eating disorder? (circle)      Yes      No

Have you ever been treated for OR currently have a gambling addiction? (circle)      Yes      No



### Alcohol & Drug History

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Drug (Circle if Ever Used)	Drug Name	Age First Used	Age Regular Use Began	Frequency 30 Days Prior to Treatment	Usual Route (Oral, Smoke, Inhalation, I.V.)	Date Last Used	Average Amount Used at One Setting	Problem Rank*
Alcohol								
Amphetamine								
Cocaine								
Heroin								
Marijuana/Hash								
Other Opiates								
Sedatives								
Hallucinogens								
Inhalants								
Club Drugs								
PCP/Angel Dust								
Non-Prescribed Methadone								
Over The Counter								
Other								

\*Rank is numerical with 1 being most troubling substance.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### ***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

**DISABILITY AND REASONABLE ACCOMMODATION POLICY**

**Statement of Non-Discrimination**

Stepping Stone of San Diego (“Stepping Stone”) is committed to complying with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Fair Housing Act, and all related state and local laws. We do not discriminate against applicants or clients based on their disability, history of disability, and/or perceived disability.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The ADA prohibits a place of public accommodation from discriminating on the basis of disability. The FHA prohibits discrimination in housing-related activities on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender identity and expression, age, height, weight, physical or mental ability (including HIV status), veteran status, military obligations, or marital status. The applicable law and regulations may be examined in the office of the ADA Compliance Coordinator (“Coordinator”):

**ADA Compliance Coordinator:**  
**Daniel Bess, 3767 Central Ave., San Diego CA 92105,**  
**daniel@steppingstonesd.org, (619) 584-4010 Ext. 115**

**Requests for Accommodation**

Stepping Stone is committed to providing reasonable accommodations to applicants or clients with a disability to help them have full and equal enjoyment and access to our services. A reasonable accommodation, by definition, does not 1) impose an undue financial and/or administrative burden, 2) fundamentally alter the nature of our goods and services, or 3) pose a direct threat to the health and safety of others.

Individuals seeking an accommodation must contact Stepping Stone's Coordinator. Stepping Stone's other personnel and staff cannot grant/deny accommodation requests, and are instructed to refer the requesting party to the Coordinator. All requests for accommodation must be submitted in writing with supporting medical documentation (unless expressly exempted by the Coordinator in the Coordinator's sole discretion). Such supporting documentation must specify how the individual's impairment substantially limits one or more major life activities. In general, the supporting documentation must be dated less than three years from the date of the request and must be completed by a qualified professional in the area of the requesting party's disability. To help ensure timely consideration and implementation, individuals making a request for an accommodation are asked to contact the Coordinator at least two weeks prior to when the accommodation is needed.

After the Coordinator receives the written request and supporting documentation, the Coordinator will engage the requesting party in the interactive process to determine the appropriate reasonable accommodation(s). A requesting party's failure to engage in the interactive process is grounds for denying an accommodation request.

The Coordinator will strive to provide the individual with a written decision on each request for accommodation within 14 days of their submission. Individuals who are unsatisfied with the accommodations and/or the process are asked to contact the Director of Operations, Prabha Singh by phone (619) 584-4010 Ext. 111 or email prabha@steppingstonesd.org, to discuss the issue further. Individuals may also file a complaint with the relevant federal, state, and local agencies, including but not limited to the U.S. Department of Housing and Urban Development and/or the California Department of Fair Employment and Housing.

**I (print name) \_\_\_\_\_, have read Stepping Stone’s Disability and Reasonable Accommodation guidelines and understand it’s meaning. By signing this, I acknowledge Steeping Stone’s commitment to providing reasonable accommodations to applicants or clients with a disability to help them have full and equal enjoyment and access to our services.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

### SCREENING NOTES *(For Staff Use Only)*

**CLIENT NAME:** \_\_\_\_\_

**AOD COUNSELOR/PEI STAFF:** \_\_\_\_\_

DATE	NOTES

Completed screening packet \_\_\_\_\_ TB Test attached \_\_\_\_\_ Letter of Diagnose \_\_\_\_\_