

Attachment A

Proposal Cover Sheet

**(Must precede all pages submitted with Proposal)**

Date Received \_\_\_\_\_

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES (DMHAS)**

SUPER STORM SANDY RECOVERY AND REBUILDING INITIATIVES SUPPORTIVE

Name of RFP HOUSING FOR INDIVIDUALS WITH A SUBSTANCE USE DISORDER

Incorporated Name of Applicant: PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY

Type: \_\_\_\_\_

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit  or Hospital-Based \_\_\_\_\_

Federal ID Number: ██████████ Charities Reg. Number ██████████

Address of Applicant: 1500 ROUTE 88 WEST, BRICK, NJ 08724

Michael Blatt, Exec. VP/COO

732-458-1700 x 1106

Contact (name/title): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email mblatt@preferredbehavioral.org

Fax ██████████

Total dollar amount requested: \$1,162,500 \* Fiscal Year End: 06/30/2014

Funding Period: From 6/1/2014 to 09/30/2015


\* This is based on projected start of June 1, 2014 and calculated for 25 clients per month for 16 months.

Total number of unduplicated clients to be served: 25

County in which housing and services are to be provided OCEAN

Authorization: Chief Executive Officer: MARY PAT ANGELINI

(Please print)

Signature:  Date: 4-1-14

**A. Funding Proposal Cover Sheet. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. (1 point)**

See Attachment A Proposal Cover Sheet.

**B. Describe the assessment and screening process that will be utilized to determine eligibility for housing and services (e.g., resident of one of the 10 designated, impacted counties when Super Storm Sandy made landfall in NJ, has a substance use disorder, is US citizen and/or permanent resident). There is a recognition that some individuals have relocated since Super Storm Sandy, consequently, services do not need to be provided in one of the 10 impacted counties, but need to serve an individual who was a resident of one of the 10 most impacted counties at the time of the storm. (10 points)**

Since the devastation of Super Storm Sandy housing is among the monumental challenges facing the Ocean County Community as it rebuilds and places its most vulnerable residents. The screening and assessment process begins with appropriate referrals through different systems of care to serve clients that meet criteria for this amazing opportunity. Preferred expects referrals from DMHAS' SSGB funded services as well as Addiction Services, Outpatient Treatment, Early Intervention Support Services, NJ Mental Health Cares, 2-1-1 Information and Referral Hotline Housing Providers and other provider agencies. The screening process will determine eligibility will be based on the following criteria:

- Residency in one of the 10 affected counties during the time period of October 28-October 30, 2012
- Meet diagnostic criteria for a Substance Use Disorder as determined by the DSM IV/5
- Clients must be 18 or older
- Must be a U.S. citizen or permanent legal resident
- Not involved in any other rental assistance program
- Has completed a residential addiction program at risk of being homeless

The screening will be completed over the phone or in person. Once the screening takes place an assessment will be schedule within 48 hours. The assessment will be completed by a Dual-Licensed Alcohol and Drug Counselor and a Licensed Mental Health Professional. The assessment tool will be a Bio-Psychosocial Assessment and an Addiction Severity Index. The assessment process will determine eligibility at that initial meeting as client will be instructed to bring in proof in all areas selected in the requirements. If proof is not available (that does not exclude the client from being eligible) then documentation of what efforts were taken to demonstrate due diligence to ensure the Grant monies are protected for the true victims of Super Storm Sandy. Preferred's initial process is referral, screening, and assessment moving the client forward not in a bureaucracy but in a motivational environment that fosters hope and wellness. **Attachments B1 Evaluation Tool; Attachment B2 ASI (Assessment Severity Index); Attachment B3 Sandy Supportive Housing Initial Screening Tool**

Many of the victims of Super Storm Sandy have relocated out of Ocean County and may be residing outside of the 10 affected Counties. Should the individual presently reside out of one of the affected Counties and does not want to relocate, Preferred Staff will work with the client in an effort to assist with housing in the area that the individual chooses. Preferred will have the client transported to and from the initial Assessment. Should the client choose, we

Preferred Behavioral Health of NJ (Preferred) - DHS/DMHAS RFP April 3, 2014  
 Super Storm Sandy Recovery and Rebuilding Initiatives Supportive Housing for Individuals with a Substance Use Disorder will complete the assessment from wherever client is residing. Case Managers will link the client with various community partners throughout the State, and with ancillary services. Preferred will assist clients to maintain safe and affordable independent housing in the community of their choice and the linkages to contribute to their independence and wellness.

**C. Identify the maximum number of individuals that the Provider can serve. (5 points)**

Once fully operational, Preferred will serve 25 clients concurrently under this grant, and is open to adding additional clients, if needed. These new clients will be in addition to the 61 Supportive Housing clients currently served by Preferred, four of whom are considered part of the "Olmstead" initiative. Preferred's Residential Services continuum also includes 17 level A+ group home beds, six level A group home beds, and 10 clients who reside in Level C apartments. Preferred has a successful track record with our housing programs.

**D. Describe how staffing and services will be phased in based on the volume of referrals that come in. (5 points)**

Preferred has an existing Supportive Housing Team that is experienced in assisting clients to secure a stable living environment. Once the RFP has been awarded the existing Supportive Housing team will call all existing landlords that work with the team to assess their housing openings. Holds will be placed on 5 apartments to start. Staff will also be navigating holding up to 5 more apartments as these first 5 are secured. Security deposits will be submitted to hold said locations assigned to each client. Anticipated Funding Period to Begin June 2014.

Month 1	Hire 2 full time Case Managers, (with Substance Abuse experience), 1 part time Case Manager (with Substance Abuse experience), 1 Counselor Aide, (with Substance Abuse experience), and part time RN staff. Orient staff to agency policies and protocols, begin to network with landlords and locate housing units, begin to take referrals
Month 1, 2, 3, 4, 5,	Intake Clients, furnish their apartments and place. Continue to take referrals, begin to link first 5 Clients to entitlements and make referrals to ancillary services. Assist those not placed with last minute move ins.
Month 6, 7, 8, 9,10,11	Follow up ancillary referrals; continue case management on each client placed.
Month 12-16	Transition planning for continued independent living.

Our Supportive Housing Team will handle initial referrals, as client base increases Preferred will assign 2 full time Case Managers/Wellness Coach (with Substance Abuse experience), a part time residential Case Manager/Wellness Coach (with Substance Abuse experience), that will work evenings and weekends. The Supportive Housing Team presently employs Clinical and Program Specialists, a Counselor Aide (with Substance Abuse experience), will join the team. This staff member will be a part of the community and familiar with the 12-Step Meetings in the area, along with a Registered Nurse for initial medical assessments.

**E. Please briefly describe the process your agency will use to engage individuals to be served and integrate them into new housing. (5 points)**

Preferred has its finger on the pulse of prospective clients that meet criteria for this initiative. Preferred is involved in the community by providing outreach services on an on-going basis as well as has strong connections with community providers and services who refer clients

Super Storm Sandy Recovery and Rebuilding Initiatives Supportive Housing for Individuals with a Substance Use Disorder to Supportive Housing, Supportive Employment, and Substance Abuse Services. All those referred to the program will receive an initial screening to ensure that they meet the eligibility criteria promulgated by DMHAS, and to explain the services available through the grant. Those who are eligible will be provided an intake, if not already an active Preferred client, during which he or she will be asked to sign release of information forms so that pertinent information from relevant sources can be obtained. The full time Supportive Housing Case Manager will have prior experience and up-to-date training with Substance Use Disorders.

Clients accepted into this grant-supported program will be assigned a Supportive Housing Case Manager, who will actively engage clients and assist them with housing integration. This will involve the Case Manager collaboratively working with the client ancillary service providers to develop an individualized recovery plan. Among other wellness goals, that plan will indicate the type of housing the client is interested in, a process that will include a discussion of financial means, location choices, possible housemates, and other client preferences and concerns. If appropriate, the Supportive Housing team's nurse will also assess client to determine if there are any mobility or health related issues that need to be considered for housing placement. The nurse will also be an active member of the treatment team and provide on-going assessment and follow up. While the housing search commences, the client will be assisted and/or linked with any needed case management services, including applying for entitlements, medical care, social and recreational opportunities, or any other assistance or activities that support the clients identified dimensions of wellness.

**F. Describe how you will provide employment assistance including linkage to career services, to individuals in order to move them toward self-sufficiency and self-support (for rental payments) by the end of the two year grant cycle. (15 points)**

All clients receiving Supportive Housing and Ancillary services through this grant will also be linked to the Career Services program operated by Preferred. This will be the case even for those who are employed or actively pursuing their educational goals, as staff can assist them access additional services for which they may be eligible, but not aware of. Preferred's Career Services initiative, which consists of Supported Education and Supported Employment components, and provides integrated educational and employment related services to the citizens of Ocean County - many of whom have presented with substance abuse issues - for over twenty years. The overarching purpose of Preferred's Career Services initiative is to assist the clients it serves obtain the educational and work-related skills necessary to obtain gainful employment, which will lead to financial independence by the end of the grant cycle.

Staff of Career Services deliver high-quality services, which are shaped by the value Preferred places on continuous improvement and community mindedness. Supported Employment is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), a distinction first earned in 2005 (CARF does not offer an accreditation for Supported Education). Career Services is client-driven and outcome focused, with an emphasis on assisting clients in "Choosing, Getting and Keeping" jobs. The Career Services team is dedicated to providing educational and employment services that are consistent with the demands of the modern workplace, and they make every effort to keep current of changes and trends in the labor market.

Supported Employment provides assessment of client skills and abilities in order to make a good job match that ensures both clients and their employers are successful. Staff

Super Storm Sandy Recovery and Rebuilding Initiatives Supportive Housing for Individuals with a Substance Use Disorder provides services that include developing job leads, making connections with employers, and developing both off-site and on-site job coaching positions. Supported Employment teaches clients techniques for writing resumes, cover letters, and thank you letters, and how to dress for, and succeed in, interviews. Worker support groups are also held, where clients discuss such challenges as transportation procurement, the fear of returning to work, how employment affects benefits, and appropriate social and behavioral skills for the workplace.

Supported Education aims to provide educational and support services to clients in post-secondary settings, so that they can have access to, and successfully utilize, the educational environment. The program provides academic counseling that includes choosing a college major and selecting classes that meet the student's academic goals. Staff provides campus orientation and assistance with registration. Preferred will help clients secure financial aid and scholarships, and resolve previous student loans in default, if needed. Skill development related to organizing, planning, time management and other proficiencies needed to be successful in college are taught. Supported Education explores transportation options and links students to the disability resource center and other support groups, if needed. Staff can also help students access a tutor, assist in managing disclosure issues, and advocate for needed accommodations.

The success of Preferred's Career Services initiative is due to its excellent collaboration with the NJ Division of Vocational Rehabilitation Services (DVR), a working relationship that has existed for over twenty years.

**G. Indicate your ability to provide housing that is accessible to individuals who have difficulty with mobility or are wheelchair bound, in accordance with Americans with Disabilities Act requirements. (3 points)**

As is indicated in its written operational policies, Preferred morally supports the intent and spirit of the Americans with Disabilities Act (ADA), and in actual practice complies with all of that legislation's applicable rules and regulations. This includes, but is not limited to, ensuring accessible housing and other services to individuals who have difficulty with mobility or are wheelchair bound, in accordance with ADA requirements.

Preferred does not discriminate against individuals with disabilities covered by the ADA, as per its ethical beliefs and established policies, and throughout the years the company has willingly served, and continues to serve, numerous individuals with various disabilities in all its programs. This includes the Supportive Housing program, which routinely helps clients locate ADA compliant housing, including those who use wheelchairs. Supportive Housing staff have had training in assisting individuals with mobility issues, and currently provide services to five clients that use ambulatory assistance devices, and two clients who are visually impaired.

**H. Describe and demonstrate a detailed emergency response plan including response to medical and psychiatric emergencies. Include in the plan description an explanation of personnel training, including assessing risk and safety, handling emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures. The emergency response plan should also address situations such as child safety, fire, sexual harassment, disaster, and other incidents that may jeopardize the health and safety of residents. (10 points)**

Each selected client who meets criteria for a Supportive Housing apartment will be provided a detailed Emergency Response Plan including response to medical and psychiatric emergencies if they meet the level that 911 is to be called. Staff will be notified through our 24 hour on-call Therapist and Psychiatrist. Staff will have trained and experienced team of professionals which are to include LCSW, LCADC, Psychiatrist, Nurses, and Case Managers trained in CPR. Preferred will provide each lease with an Emergency Response Plan. This plan will address child safety, fire, sexual harassment, disaster plan, and any other incident that may jeopardize the health and safety of our residents. Supportive Housing Specialists are familiar with the Disaster Planning Handbook for Behavioral Health Treatment Program TAP 34 Series provided by SAMHSA.

- CPR/AED
- CPR/AED/First Aid
- Handle With Care
- Illness Management Recovery
- Safety in the Community
- The Addictive Process
- Suicide Prevention PO
- Substance Abuse for Integrated Care-Residential

**Attachment H1 Emergency Response Plan.**

**I. Describe the full range of recovery and support services that will be provided to service recipients. (10 points)**

Each client served through this grant will be given opportunities to receive services designed to promote and support their sobriety and overall wellness and recovery, and to assist them to assume a valued role in their community.

Among those services is a full continuum of substance abuse treatment, which includes assessment and evaluation, treatment plan development, individual and group therapy, medicated-assisted therapy, medication monitoring, psychiatric evaluations, linkages to self-help support groups, and recreational activities.

The Supportive Housing staff has the ability to help secure housing, provide transportation to social services, medical, and other appointments, and assist with the transition into new housing, which includes dealing with utility companies, landlords, purchasing furniture, orientation to new surroundings, etc.

All clients will also meet with staff of Preferred's Career Services program, which collaborates with the NJ Division of Vocational Rehabilitation, to discuss, develop, and work on employment and educational goals.

In addition, throughout their involvement with Preferred, all clients will be linked with a dedicated team of professionals, whose mission is to provide support and facilitate their sobriety, wellness and recovery to meet their goal of independent living.

**J. State and justify specific client outcomes related to successful tenancy and increased self-sufficiency and demonstrate how the program will assist them to achieve those outcomes. (10 points)**

Preferred was incorporated in 1978. Our mission is to assist our clients in building an improved sense of individual and social responsibility by providing quality, cost effective services that are accessible, appropriate, and effective. Preferred is committed to promoting behavioral health and an enhanced quality of life for clients in partnership with our community. In keeping with this philosophy Preferred has an established supportive housing

Super Storm Sandy Recovery and Rebuilding Initiatives Supportive Housing for Individuals with a Substance Use Disorder program that has been in existence for 29 years and has placed seriously mentally ill adults in successful independent living ventures. This longevity also proves long-standing and stable relationships with many community based landlords.

Preferred offers a continuum of substance services to eligible clients with the ability to provide wrap around services which include Medicated Assisted Treatment and Mental Health Services if needed. Preferred has a long history of collaborating with the Ocean County Health Department for availability of county funding for those indigent clients that reside in our community and need treatment. Preferred has had a long standing affiliation agreement with IDRC to provide assessment and treatment to clients who have received drunk driving violations. Preferred is a provider for several DMHAAS initiatives: SJI, DUUI, and MAP Services as well as a provider for Drug Court for 11 years. Preferred also provides assessments for the Division of Children and Protective Services over 10 counties across the state of New Jersey.

Preferred currently is the provider or lead agency for the PATH, IOTSS, ICMS, and JIS initiatives in Ocean County, and thus any referrals and linkages between those programs will be immediate and seamless for Supportive Housing clients.

Preferred continually evaluates programs effectiveness through the following measures:

- Quarterly program scorecards
- Client satisfaction Surveys
- Risk of Hospitalization scales completed every 6 months
- MCAS: Multnomah Community Assessment Scale completed every 6 months
- Fidelity Scale Protocol/Permanent Supportive Housing Interview Guide/Evaluating Your Program
- At present 100% of the Clients have maintained their leases (out of 70 clients 62 Supportive Housing and 9 vouchers only) and are permanently housed
- At present 0% of the clients have lost their lease due to evictions

**Attachment J1 Fidelity Scale Protocol/Housing Interview Guide; J2 - Multnomah Community Ability Scale**

**K. Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policy(ies) as an Appendix. (2 points)**

Preferred recognizes that clients may enter treatment on various medications for various reasons. Preferred has a staff of psychiatrists who can provide medication monitoring at any level of care. Preferred also has a pharmacy on site that provides easy access to clients to fill their medications and receive counseling from pharmacy staff. Preferred also believes that medicated assisted treatment can be effective adjunct to substance abuse treatment as evidenced by our Vivitrol and Suboxone programs and our collaboration with local Methadone clinics. **Attachment K1 Non-Discrimination Medication Policies**

**L. Describe your agency's ability to affirmatively link individuals to primary care practitioners, support the clients as they engage in primary care treatment and facilitate the coordination of primary care and behavioral healthcare with and on behalf of the clients. (5 points)**

Preferred has provided high-quality Supportive Housing and other services for decades, and its staff have the experience and ability to link individuals to primary care practitioners, support the clients as they engage in primary care treatment and facilitate the coordination of primary care and behavioral healthcare with and on behalf of the clients. This is accomplished by a) actively engaging clients, b) having thorough knowledge of, and working relationships with, local primary care practitioners, c) making referrals and linkages to primary care services - this sometimes involves physically transporting clients to appointments, d) following up and maintaining contact with the primary care practitioners so that both they and Preferred are aware of each other's treatment plans, and e) communicating with the client to ensure that he or she is aware of, and follows, any treatment regimen prescribed by the primary care practitioner.

Preferred has an affiliation agreement and works closely with Ocean Health Initiatives, a local Federally Qualified Health Center that provides primary care treatment to many of Preferred's clients. This relationship, as well as those with other primary care practitioners, has resulted in more integrated health care treatment for clients.

**M. Describe how the agency will collaborate with the local boards of social services. (5 points)**

Preferred's staff members are highly knowledgeable in linking clients to local Boards of Social Services and have fostered strong relationships with the staff at the Ocean County Board of Social Services. Preferred's staff has contact people in Social Services and has long-term relationships with many of the contacts. In areas that we are not as familiar we will contact and ask to attend staff meetings, provide an in-service to introduce our agency and staff. Clients will be provided assistance in obtaining and bringing necessary paperwork, identification, and support. Clients that are linked to Social Services will be clearly identified as part of a Supportive Housing Initiative and will be made aware of their case manager to help expedite services and work in collaborative with the various Social Service Board Entities.

**N. Describe how the Provider agency will conduct medication monitoring and ensure that necessary blood work is completed in order to optimize medication adherence. (5 points)**

Our Medical Director has been with Preferred since her completion of Medical School at Georgetown University over 25 years ago. Our Addictions Unit is headed by an ASAM Certified Psychiatrist who also has privileges to dispense Suboxone.

Preferred has 11 prescribers, an in-house pharmacy, and a phlebotomist who draws blood several days a week. We have contracts with local labs such as Bio-Reference who monitors blood on clients who are prescribed medications such as Vivitrol, Depakote, etc.

**O. Provide a brief description of the housing model(s) that will be made available (one-bedroom apartments, single family home, shared living, scattered site apartments, apartment building with mixed use, etc.). Include rationale for choosing this particular housing design. (3 points)**

Clients will be offered a variety of housing models to accommodate their needs. One, two, and three bedroom apartments as well as a 3 bedroom home could be considered. Preferred has a positive working relationship with landlords in the community who are willing to assist with this project. Families are applicable under the RFP in accordance with the DMHAS



Super Storm Sandy Recovery and Rebuilding Initiatives Supportive Housing for Individuals with a Substance Use Disorder voucher program. The rationale for choosing various housing models gives the client a choice of housing situations that best fits their needs. **Attachment O1 DMHAS Subsidy Program Form**

**P. Provide the municipality and county where housing will be located. (2 points)**

Housing made available through this project will primarily be located in Ocean County, with a concentration in the municipalities of Brick Township, Lakewood, Jackson Township, Toms River, Barnegat, and Seaside. Preferred already has working relationships with numerous landlords in those areas. Preferred's philosophy, however, is to provide services that are client-driven. Accordingly, housing through this grant will be developed in municipalities other than those noted, if needed - both in and out of Ocean County - and Supportive Housing and related services will be provided to clients in those locations.

**Q. Specify the process through which potential program participants would be identified and recruited into program. Describe your inclusionary and exclusionary criteria for client selection. (10 points)**

Referrals can be taken for clients, internally or external providers, or community agencies. Preferred will inform all internal programs as well as community providers of the new housing opportunities upon receipt of the grant and the referral process will ensue.

**Attachment Q1 Residential Program Referral Form**

***Inclusionary criteria:***

- Must be 18 years of age
- Must be able to demonstrate that they were residents of one of the 10 counties impacted by Super Storm Sandy between October 28, 2012 and October 30, 2012.
- Must have a diagnosis of a substance use disorder based on DSM IV\V criteria.
- Must be US Citizen or permanent legal resident
- Willingness to sign an agreement which addresses client rights and client rules.
- Free of self-injurious or assaultive behavior for a period of 1 month prior to referral.
- Significant history of exploitative or violent behavior towards others, will be reviewed on an individual basis, and given consideration based on date of occurrence, frequency and severity.
- Male, Female, Transgender
- Client's lease will be maintained despite hospitalization, incarceration or unwillingness to participate in supportive services.

***Exclusionary criteria:***

- Those who are already participating in rental assistance programs.
- Those who are not a U.S. citizen or not a legal resident.
- Diagnosis of Organic Brain Syndrome.
- The client is unable to recognize and avoid common dangers.
- A higher level of medical or personal care than the program is able to accommodate.
- History of fire setting.

**R. Describe your organization's plan to address clients' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies. (25 points)**

Preferred's Substance Abuse programs strive to maintain seamless systems where there is no wrong door to treatment entry. Our programs incorporate a recovery-oriented philosophy among staff, programming elements and inherent in our value systems throughout all of our programming; ***that indeed recovery is possible***. Preferred recognizes that the course of recovery may be erratic at times and that clients may falter, slide back, regroup and start over therefore understanding clients' personal goals and strengths while continuing to provide support and guidance will help achieve their stated goals. It is also important to recognize the unique abilities of our clients and understand the treatment focus needs to be on the individual's strengths and personal growth and development. We provide treatment services that assist individuals to move through the recovery process at their own pace while promoting employment, building competencies, and encouraging healthy lifestyles and an array of choices. Services focus on giving back choice and helping clients reestablish a sense of integrity and purpose beyond the limits of their disabilities and returning clients to the community in which one can make significant contributions and establishing true community inclusion. Preferred's ability to provide an array of services are abundant, offering opportunities to explore and achieve in areas such as employment, interpersonal/social skills, knowledge of mental illness and recovery management, and supportive housing.

Additionally, Preferred 's substance abuse's dually licensed clinical staff with many years of experience understand the need to utilize the most current evidenced based best practices including relapse prevention training, behavioral modification techniques, and psycho-education, and the introduction to the twelve step philosophy to help clients learn new ways of managing their lives to become productive members of their communities. Clinical Staff utilize their knowledge of both the **Wellness and Recovery Model** and the concepts of **Illness Management and Recovery** allow us to provide collaboration with clients to develop specific goals for achievement in conjunction with increasing coping skills, which are, vital to sustaining recovery. Utilizing the Illness Management and Recovery model will improve a client's ability to manage one's own illness, decrease the potential for relapse and reduce the focus on their addiction to more focus on making changes, and more time focusing on goal directed behaviors to attain an overall better quality of life.

Preferred believes that the eight domains of the wellness and recovery model enhance treatment with instilling hope, empowerment strategies, Support Services, Education, Self-Help support, Spirituality, and Employment and Meaningful Activity. Preferred has the ability to provide the continuum of ambulatory services from standard traditional outpatient, Intensive Outpatient Treatment, Partial Hospitalization in conjunction with medicated assisted treatment for Substance abusers as seen appropriate. All of our programs include the availability of psychiatric services when needed by our ASAM certified psychiatrist. Preferred's ability to provide integrated care allows us to address a client's full spectrum of needs.

As a long-standing community based agency, Preferred has a close working relationship with residential treatment providers throughout the state, affiliation agreements with Straight and Narrow, Jersey Shore Addiction Services, Turning Point, New Hope, Sunrise House, Maryville, and the Ocean County Health Department. **Attachment R1 – Affiliation Agreements**

Our treatment philosophy includes evidenced based practices that have shown to be effective in working with the substance abusing population: Motivational Interviewing, Cognitive Behavioral Therapy, Relapse Prevention, Psycho-Education, Behavioral Management,

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 Trauma Informed treatment and Wellness and Recovery Enhancement. Preferred has a Bi-Lingual Staff to reduce the barrier for the Hispanic and Latino populations.

In light of the most recent epidemic of overdoses in Ocean County and the tragic effects of Super Storm Sandy, which accounts for approximately 20 percent of clients involved in the Recovery and Rebuilding Initiative, it is more apparent than ever that additional resources are necessary. Substance abuse treatment alone is not enough when facing what Ocean County has dealt with amongst their community without the availability of housing, supportive services, and other alternative interventions. Preferred has recognized the need for developing the capacity to offer various Medicated Assisted Treatments which includes the use of Vivitrol, Suboxone, and Oral Naltrexone as well as parallel care with local Methadone Clinics. The use of Narcan would be made available to those substance abusers who are living in group housing accommodations. Medicated Assisted Treatment has shown positive results in helping clients in early recovery achieve abstinence and strengthen their feeling of success to fight against the disease of addiction early on in treatment.

Preferred will continue to strive to incorporate individualized recovery planning and match the needs of the clients to the services provided to create an environment for success and optimal health. It is imperative as a recovery oriented system that we attempt to engage clients and their families at all levels of design, delivery, and evaluation. Preferred's Substance staff currently have three marriage and family therapists on staff which are experienced in providing family therapy. Preferred also offers as part of our service continuum, a monthly family program for all clients in treatment to participate with family members, significant others, grandparents, sponsors or any other person deemed important by the client. This program offers didactic lectures, presentations, and information regarding family supportive services.

Our access to services includes flexibility for entry into treatment, several sites located in the northern and southern parts of the county for geographical access and immediate assessment and determination of level of care using ASAM criteria and immediate placement into treatment. Preferred has always believed that a treatment system does not allow anyone who reaches out for treatment to wait for services.

**S. How will your organization support clients in attaining the daily living skills necessary to live integrated lives in the community? (5 points)**

The clients will be supported in attaining daily living skills that promote community integration via the following modalities:

- Training and education in daily living skills and personal care services are provided individually and in groups via the following:

Hygiene and grooming	Budgeting and banking
Meal planning and preparation	Familiarity and accessing available community resources
Nutrition: eating habits	Health issues: safe sex
Food shopping and storage	Socialization
Using kitchen appliances	Communication: problem solving, coping skills, relationship building, assertiveness, self-image
Safety in the home	Wellness and Recovery: Illness Management and Stress Management
Household Mgmt: laundry, phone	

- All Residential staff provides counseling to assist the client in accessing and utilizing services.

Problem solving	Encouragement and support in the home and community.
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Advice/support	Recovery focused supportive housing
Redirection	Housing first model (safe guarded the clients lease)
Education/re-education	

a. Residential counseling incorporates:

- **Family Psycho-education and support**

Families/significant others are encouraged to participate in recovery planning and activities with the client, pending their consent. Families/significant others are provided with information regarding the residence, are encouraged to give their input, and participate in quarterly support meetings. Participants bring specific problems/issues to the group, and solutions are sought through open discussion and problem solving.

Families/significant others are encouraged to join the local National Alliance for the Mentally Ill.

**Crisis Intervention Services**

- All Residential Services staff provides crisis intervention services. Each residential setting has its own on-call system for clients, as well as staff, for consultation and support 24/7 and an emergency response phone list.

**T. Demonstrate how your organization will integrate the following principles into service delivery: (20 points) See 1 through 4**

**1. Promotion of wellness and recovery (grounded in SAMHSA’s 8 Domains of Wellness)**

The Supportive Housing team will coordinate with both the Substance Abuse Services and Career Services teams of Preferred to develop an Individual Recovery Plan (IRP) with each client served through this grant. Also contained within each Individual Recovery Plan are elements of two evidence-based models, the Wellness Recovery Action Plan (WRAP) and Illness Management Recovery (IMR). These best practice models assist those with substance use disorders and other issues to confidently work toward sobriety and wellness, while building self-esteem and independence.

Supportive Housing staff also utilizes SAMHSA’s 8 Dimensions of Wellness Assessment Tool upon intake, to further enhance client input into their Wellness and Recovery Goals.

**Attachment T1 Wellness Assessment**

The grid below highlights how SAMHSA’s 8 Domains of Wellness will be used when serving clients served through this grant.

Wellness Domain	Service	Service Definition	Purpose	Goal
Financial	Applying for Entitlements and other resources	Facilitate application process for needed entitlements Utilize SOAR (SSI,SSD Outreach, Access and Recovery) model of application for social security benefits	To educate clients about the system of entitlements and help them navigate through the process to achieve their goal	To receive appropriate entitlements, transportation, food stamps in order to sustain independent living and have increased satisfaction with current or future finances
Social	Life Skills Training	Provide skills necessary to maintain independent living in the community,	To expand the clients skills base to be able to live	Clients will have tenure in the community; will live in pleasing

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		such as obtaining housing, purchasing furnishings, cooking, budgeting, rent and utilities payment, household maintenance, shopping, life safety & emergency procedures	independently	environments that support well being
<b>Physical</b>	Linkage to Health Care/ Treatment Services	Assist clients in connecting to treatment services, including medical, nutrition, vocational, substance abuse, counseling or psychiatric services as appropriate	To educate clients to utilize needed services consistently; to create satisfying relationships with Treatment Providers; to foster healthy coping skills	To maintain good health, mentally and physically; Increase awareness of the need for physical activity, healthy foods and adequate sleep
<b>Intellectual</b>	Substance Use and/or Behavioral Mental Health Education	Educating clients regarding symptom management, medication management, main effects, side effects, relapse prevention and life skills	To use clients existing creative abilities to understand their illness and develop skills to maintain stability	To maintain sobriety and psychiatric stability and expand their skill base to cope effectively with life stressors
<b>Spiritual</b>	Community Integration Linkages	Facilitate linkages to AA, NA, houses of worship, banks, peer supports, dental and medical services, libraries, hair salons, social and recreational activities, food pantries etc.	Increase awareness and utilization of community supports; provide a sense of connection and belonging	Successful community integration, expanded sense of purpose and connection to well developed support systems
<b>Physical</b>	Supports for Medical Health and Wellness	Educational supports; on-going and in-home supports to foster increased knowledge of overall health	To assist Clients in managing their medical health in a home setting	Self-sufficiency on managing medical health; increase awareness of need for improved health
<b>Environmental</b>	Transportation	Provide and/ or arrange transportation. Assist clients in accessing public transportation	To educate clients how to access public transportation and other transportation resources	To facilitate transportation to necessary services and activities that foster community integration

<b>Occupational</b>	Educa- tional, Voca- tional, Occu- pational Services	Collaboratively identify and assess treatment needs and monitor outcomes, as indicated in the IRP	To delineate measurable treatment/service objectives and monitor progress via the IRP	To foster client achievements, accomplishments and ownership of their wellness; increase personal satisfaction with one's work
---------------------	--	---	--	--

**2. Promotion of community integration**

As is indicated in the above Wellness Domains grid, community integration is a key component of Preferred's treatment and support strategies.

**3. Culturally competent and linguistically accessible services**

As a community-based behavioral health organization, Preferred serves people from a variety of cultural, ethnic, socio-economic, religious, and other demographics, as well as those who can't speak English or who have limited English proficiency and are more comfortable communicating in another language. The organization understands that the therapeutic process has added value and effectiveness when staff members are sensitized to the diverse beliefs, attitudes, customs, values, languages and norms of its clients. Accordingly, Preferred wants its employees to be culturally competent, and various trainings are available to all staff.

To complement its cultural competency efforts, Preferred has formed a Cultural Competency Committee, which consists of managerial and non-managerial staff from the company's various operating units. The committee was formed to enhance the cultural competency of staff through workshops and education, and to serve as an active resource for the organization. Its mission is: "To promote and encourage cultural sensitivity and competence within its service delivery model, across all disciplines and agency programs."

The plan helps guides Preferred as it develops and implements programs and services in a way that acknowledges the impact of individual differences on client treatment, including in the areas of Substance Abuse, Supportive Housing, and Career Services also includes discussion of linguistically accessible services. Some aspects of these concepts have been put into actual practice are use of interpreters, use of language lines, use of interpretative websites, and staff training in cultural competency. Clearly, respect for diversity, as well as the practice and advancement of cultural competency, are fundamental to the Preferred experience, and are embedded in the organization's values and operations. **Attachment T2 Cultural Competency Policy**

**4. Demonstration of best practices**

Preferred promotes the use of evidenced-based practices, and integrates such treatment modalities into its work with clients. Among the evidence-based practices regularly employed are: the Wellness and Recovery Model (WRM); Wellness Recovery Action Plan (WRAP); Illness Management Recovery (IMR), and SAMHSA's 8 Domains of Wellness.

Preferred is also a proponent and practitioner of the Housing First approach. This best practice places an immediate and primary focus on helping individuals quickly access and sustain permanent housing, and does not require that clients engage in other service if they receive housing assistance.

A best practice involves the unparalleled commitment of Preferred's Supportive Housing staff, who respond at all hours of the day and night. In addition to providing emotional support and crisis intervention, those staff physically assist clients secure food, furniture, and utility assistance, de-bug living quarters of bed bugs, cockroaches and other pests, move clients from one residence to another along with their pets, and transport clients to Narcotics Anonymous and Alcoholics Anonymous meetings, court, and medical appointments, etc. Preferred is dedicated to the sobriety, recovery and wellness of its clients by involving them in fully integrated best practices, which are culturally competent, and linguistically sensitive.

**U. Describe your experience and success in providing supportive services to, and/or development of housing opportunities for, clients with substance use disorders in the community. (5 points)**

Preferred was incorporated in 1978. Our mission is to assist clients build an improved sense of individual and social functioning and responsibility by providing quality, cost effective services that are accessible, appropriate, and effective.

One of Preferred's largest service areas is its Residential Services continuum, which has successfully been providing Supportive Housing Services - including the identification of housing opportunities to clients with mental health and/or substance issues - for decades. There are currently 61 Supportive Housing clients, four of whom are considered part of the "Olmstead" initiative. Preferred also owns two "HUD 811" houses that are occupied by Supportive Housing clients, and the company currently manages 39 rental subsidies on behalf of the Division of Mental Health and Addiction Services.

To further demonstrate Preferred's commitment to providing housing and related services to clients experiencing mental health and/or substance abuse issues, its Residential Continuum offers the following housing related services, in addition to Supportive Housing:

- Three licensed A+ group homes - one of which is dedicated to serving "MICA" clients - that total 17 beds.
- Two licensed level A group homes, each containing three beds.
- Five licensed level C condominium units, which each have two beds.
- The Projects for Assistance in Transition from Homelessness (PATH) program for Northern Ocean County.
- We currently have 61 clients enrolled in our Supportive Housing Services.

Preferred's Supportive Housing program has always collaborated with Substance Abuse Services to provide treatment to those in need. Preferred currently has clients that are housed in several of Preferred's group homes currently in Substance abuse treatment at various levels of care. If awarded this grant Supportive Housing will continue to collaborate with Substance Abuse Services to provide Quality Addiction Services including Mediated Assisted Therapy in our full continuum of care.

**V. Format of proposal must follow requirements for submission set forth in Section XI, and include a Statement of Assurances signed by Chief Executive Officer (Attachment C) and Signed Debarment Certification (Attachment D) (3 Points)**

*Statement of Assurance (C) and Debarment Certification (D) are attached and signed by the Chief Executive Officer as well as Addendum to Request for Proposal for Social Service and Training Contracts (B).*

**W. Please provide written assurances that, if your organization is awarded a contract pursuant to this RFP: (2 points)**

**1. You will pursue available resources (e.g. grants, vouchers, rental assistance, etc.) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled clients;**

Preferred will pursue available resources and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled clients.

**2. You will keep funding for this initiative segregated from funding for all other initiatives/programs operated by the organization and will have ability to specifically report on the individuals served in this initiative.**

Preferred will keep funding for this initiative segregated from funding from all other initiatives/programs operated by the organization and Preferred will have the ability to specifically report on the individual clients served in this initiative.

**3. You will work in cooperation with the regional and central offices of DMHAS (including the DMHAS Women's Coordinator, DMHAS MATI Coordinator), County Drug and Alcohol Directors, Local Advisory Committee on Alcoholism and Drug Abuse (LACADA), and State psychiatric hospitals to identify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;**

Preferred will work in cooperation with the regional and central offices of DMHAS including the DMHAS Women's Coordinator, DMHAS MATI Coordinator, County Drug and Alcohol Directors, Local Advisory Committee on Alcoholism and Drug Abuse and the State Psychiatric hospitals to identify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed.

**4. You will comply with DMHAS reporting and monitoring requirements specific to this initiative.**

Preferred will comply with DMHAS reporting and monitoring requirements specific to this initiative.

**X. Applicants who do not currently contract with the Division must also include the following:**

- 1. Organization history including mission and goals.**
- 2. Overview of agency services.**
- 3. Documentation of incorporation status.**
- 4. Agency organization chart.**
- 5. Agency code of ethics and /or conflict of interest policy.**
- 6. Most recent agency audited financial statements.**
- 7. Listing of current Board of Directors, officers and terms of each**

Preferred is currently contracted with the Division and therefore has not included the 7 items above.



## INDEX OF ATTACHMENTS

### XIII. REQUIREMENTS for SUBMISSION

Questions:

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Preferred Behavioral Health - Intake  
Assessment (Adult)

**Session Information**

<b>Client:</b>	CLIENT, TEST (44343)
<b>Staff:</b>	Grebel, Sandra (97)
<b>Document Date:</b>	3/19/2014
<b>Client Program:</b>	(Not Set)

**Presenting Problem**

**Presenting Problem**

**Presenting Problem:** Description of chief complaint, symptoms and impairment. How is problem affecting daily functioning and at home and/or work?

**History of Presenting Problem:** How long have symptoms occurred, changes in severity and/or frequency, history of previous episode(s), precipitating events.

**Psychiatric History:**

**Substance Abuse History**

**Substance Abuse History**

**Have you ever experimented with drugs? Explain.**

**In the past thirty days have you used any non-prescribed medications?**  Yes  No

**In the past thirty days have you used any illicit substances?**  Yes  No

**How old were you when you first used alcohol?**

**In the past thirty days how many days have you consumed alcohol?**

**In the past thirty days how many days did you drink alcohol to intoxication?**

**How many days since your last use of alcohol?**

**Physical/Health Problems**

**Physical/Health Problems:** (Current medical problems or physical limitations; please list non-psychiatric medications)

Additional Information: (Review health screen)

### Family Information

#### Family Information

Family Information: (Include current living environment, costellation of family, family dynamics impacting consumer, include natural support system)

Additional Information: (include family and social/ethnic factors, childhood history, abuse/trauma)

Family participation in treatment needed:  Yes  No

If yes, explain:

### History of Addiction in Family

Mother:  Yes

No

Father:  Yes

No

Siblings:  Yes

No

Step Parents:  Yes

No

Aunts/Uncles:  Yes

No

Grandparents:  Yes

No

Children:  Yes

No

Spouse/Partner:  Yes

No

Eating Disorder:  Father

Depression:  Father

Suicide:  Father

### Family History

Mother

Mother

Mother

Siblings

Siblings

Siblings

Preferred Behavioral Health - Intake  
Assessment (Adult)

<b>Suicide:</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Siblings
<b>Violence/Rage:</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Siblings
<b>Psychiatric Hospitalization:</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Siblings
<b>History of Abuse:</b>	(Does the consumer report incidence of abusing others?)		
	<input type="checkbox"/> In Your Life	<input type="checkbox"/> Past 30 Days	
<b>Are there any learning/communication barriers for the consumer?</b>	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Language	<input type="checkbox"/> Motivation
<b>Languages spoken by consumer.</b>			
<b>Are there any learning/communication barriers for the family?</b>	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Language	<input type="checkbox"/> Motivation
<b>Languages spoken by family:</b>			

**Social Information**

<b>Daily Living:</b>	(Ability to access and maintain safe and affordable housing, functional ADL skills, ability to manage finances, sources of income)
<b>Social Situation:</b>	(Interpersonal relationships, leisure/recreation, sexual history/orientation, peer group)

**Spiritual/Cultural**

**Spiritual/Cultrual**

<b>Does consumer report belief in a higher power?</b>	<input type="radio"/> Yes
	<input type="radio"/> No
<b>Is consumer currently practicing a religion?</b>	<input type="radio"/> Yes
	<input type="radio"/> No
<b>Religious Preference:</b>	
<b>Spiritual/Cultural Comments:</b>	
<b>Culture:</b>	
<b>Has consumer ever attended any community self-help groups (AA, NA)?</b>	<input type="radio"/> Yes
	<input type="radio"/> No
<b>If yes, Explain:</b>	

**Education**

<b>Education:</b>	(Highest grade attained, history of special training. Recommend
-------------------	---

vocation educational assessment if client appears to have significant needs)

### Employment

#### Employment

**Employment:** (Present employment, how long, annual family income; if not employed, means of support, include military history)

**Additional Information:** (Include past employment)

### Legal Involvement

#### Legal Involvement

**Legal Involvement:** Specify type, parole, probation, history.

**Have you ever had any legal problems in your lifetime? (Parole, Probation, DCP&P [DYFS], DUII):**  
**Have you ever been arrested?**

- Yes
- No
- Yes
- No

### Mental Status Evaluation

- |                        |                                       |  |
|------------------------|---------------------------------------|--|
| <b>Appearance:</b>     | <input type="checkbox"/> Well-Groomed | <input type="checkbox"/> Bizarre       |
|                        | <input type="checkbox"/> Disheveled   | <input type="checkbox"/> Unappropriate |
| <b>Attitude:</b>       | <input type="checkbox"/> Cooperative  | <input type="checkbox"/> Uncooperative |
|                        | <input type="checkbox"/> Guarded      | <input type="checkbox"/> Belligerent   |
|                        | <input type="checkbox"/> Suspicious   |  |
| <b>Motor Activity:</b> | <input type="checkbox"/> Calm         | <input type="checkbox"/> Tremors/Tics  |
|                        | <input type="checkbox"/> Hyperactive  | <input type="checkbox"/> Muscle Spasm  |
|                        | <input type="checkbox"/> Agitated     |  |
| <b>Affect:</b>         | <input type="checkbox"/> Appropriate  | <input type="checkbox"/> Constricted   |
|                        | <input type="checkbox"/> Labile       | <input type="checkbox"/> Blunted       |
|                        | <input type="checkbox"/> Expansive    | <input type="checkbox"/> Flat          |
| <b>Mood:</b>           | <input type="checkbox"/> Euthymic     | <input type="checkbox"/> Depressed     |

Preferred Behavioral Health - Intake  
Assessment (Adult)

<b>Speech:</b>	<input type="checkbox"/> Anxious <input type="checkbox"/> Normal <input type="checkbox"/> Delayed <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Slurred	<input type="checkbox"/> Euphoric <input type="checkbox"/> Excessive <input type="checkbox"/> Pressured <input type="checkbox"/> Perseverating <input type="checkbox"/> Incoherent
<b>Thought Process:</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential	<input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Loosening of Associations
<b>Thought Content: Hallucinations:</b>	<input type="checkbox"/> Not Present <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory	<input type="checkbox"/> Auditory (command type) <input type="checkbox"/> Auditory (noncommand type)
<b>Thought Content: Delusions:</b>	<input type="checkbox"/> Not Present <input type="checkbox"/> Persecutory <input type="checkbox"/> Grandiose	<input type="checkbox"/> Being Controlled <input type="checkbox"/> Bizarre <input type="checkbox"/> Thought Insertion/Deletion
<b>Suicidal Ideation:</b>	(Select 1 or less)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Homicidal Ideation:</b>	(Select 1 or less)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments required when "Yes" is selected	
<b>Self Perception:</b>	<input type="checkbox"/> No Impairment <input type="checkbox"/> Depersonalization	<input type="checkbox"/> Derealization
<b>Orientation:</b>	<input type="checkbox"/> Fully Oriented <input type="checkbox"/> Always Disoriented <input type="checkbox"/> Sometimes Disoriented	<input type="checkbox"/> Time Disoriented <input type="checkbox"/> Place Disoriented <input type="checkbox"/> Person Disoriented
<b>Memory:</b>	(Select 1 or less)	
	<input type="checkbox"/> Intact <input type="checkbox"/> Immediate Impaired <input type="checkbox"/> Recent Impaired	<input type="checkbox"/> Remote Impaired <input type="checkbox"/> Partial Amnesia <input type="checkbox"/> Global Amnesia
<b>Judgment:</b>	(Select 1 or less)	
	<input type="checkbox"/> Intact <input type="checkbox"/> Minimal Impaired	<input type="checkbox"/> Moderate Impaired <input type="checkbox"/> Severe Impaired
<b>Insight:</b>	(Select 1 or less)	
	<input type="checkbox"/> Intact <input type="checkbox"/> Minimal Impaired	<input type="checkbox"/> Moderate Impaired <input type="checkbox"/> Severe Impaired
<b>Sleep:</b>		
<b>Appetite:</b>		

Preferred Behavioral Health - Intake  
Assessment (Adult)

**Concentration:**

**Mental Status Narrative**  
(describe any adverse signs, symptoms, or behaviors):

**History of Suicidal or Aggressive Behaviors:**

**Overall Comments on this MSE:**

**Client DSM Diagnosis as of 3/19/2014**

<b>Client:</b>	CLIENT, TEST (44343)
<b>Date Diagnosed:</b>	3/19/2014
<b>Diagnosis By:</b>	Grebel, Sandra (97)
<b>External Diagnosis?</b>	No
<b>Description:</b>	per intake

**Diagnostic Formulation**

**Axis I: Clinical Disorders**

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
309.4 - Adjustment Disorder With Mixed Disturbance of Emotions and Conduct		1	

**Axis II: Personality Disorders and Mental Retardation**

DSM Code - Description	ICD-9 Code - Short Description	Pri/Sec	Comments
V71.09 - No Diagnosis on Axis II	V71.09 - OBSERV-MENTAL COND NEC		

**Axis III: General Medical Conditions**

Description	Pri/Sec
vjvjs[sdvSDLVMSDLVMS'IDVM	3
No Medical Problems Noted	

**Axis IV: Psychosocial and Environmental Problems**

Preferred Behavioral Health - Intake  
Assessment (Adult)

Description	Severity	Comments
No Psychosocial or Environmental Problems Noted		
Economic Problems	Severe	has no income or way to pay for services
Social Environmental Problems	Severe	in Ancora for 15 years

**Axis V: Global Assessment of Functioning Scale**

Current GAF Score 75

**Clinical Impressions**

Clinical Impressions:

- Oriented x3:**  Yes  
 No
- Judgement:** Judgement impaired?  
 Yes  
 No
- Severity:** If judgement is impaired, select severity of impairment
- Memory:** Memory impaired?  
 Yes  
 No
- Severity:** If memory is impaired, select severity of impairment
- Insight:** Insight impaired?  
 Yes  
 No
- Severity :** If insight is impaired, select severity of impairment
- MSE Comments:**

**Summary/Recommendations**

**Summary/Recommendations**

- Summary of Needs Identified:**
- Summary of Identified Strengths:**
- Preliminary Treatment Recommendations:**
- Records Requested:**  Yes



Preferred Behavioral Health - Intake  
Assessment (Adult)

- Releases Signed:**  No  
 Yes  
 No
- Disposition:**  Non-Target  Target
- Not appropriate for services at PBH:**  Check if not appropriate
- Explain:** Explain why services are not appropriate.

### Signatures

**Signature #1:** | Sandra Grebel (LCSW, BA, MSW) - 3/19/2014 1:10 PM

### Signature History

Action	Date	Staff
Document Signed	3/19/2014	Sandra Grebel (LCSW, BA, MSW)

**INSTRUCTIONS**

1. Leave No Blanks - Where appropriate code items: X = question not answered  
N = question not applicable  
Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments

**ADDICTION SEVERITY INDEX**

**SEVERITY RATINGS**

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note: These severity ratings are optional.**

Fifth Edition/1998 Version

**SUMMARY OF PATIENTS RATING SCALE**

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION

G5. DATE OF INTERVIEW

G6. TIME BEGUN  :

G7. TIME ENDED  :

G8. CLASS:  
1 - Intake   
2 - Follow-up

G9. CONTACT CODE:  
1 - In Person   
2 - Phone

G10. GENDER:  
1 - Male   
2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:  
1 - Patient terminated   
2 - Patient refused   
3 - Patient unable to respond

**GENERAL INFORMATION**

NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address?  YRS.  MOS.

G15. Is this residence owned by you or your family?   
0 - No 1 - Yes

G16. DATE OF BIRTH

G17. RACE   
1 - White (Not of Hispanic Origin)  
2 - Black (Not of Hispanic Origin)  
3 - American Indian  
4 - Alaskan Native  
5 - Asian or Pacific Islander  
6 - Hispanic - Mexican  
7 - Hispanic - Puerto Rican  
8 - Hispanic - Cuban  
9 - Other Hispanic

G18. RELIGIOUS PREFERENCE   
1 - Protestant 4 - Islamic  
2 - Catholic 5 - Other  
3 - Jewish 6 - None

G19. Have you been in a controlled environment in the past 30 days?   
1 - No  
2 - Jail  
3 - Alcohol or Drug Treatment  
4 - Medical Treatment  
5 - Psychiatric Treatment  
6 - Other \_\_\_\_\_

G20. How many days?

**ADDITIONAL TEST RESULTS**

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26. \_\_\_\_\_

G27. \_\_\_\_\_

G28. \_\_\_\_\_

**SEVERITY PROFILE**

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

--	--	--	--

**MEDICAL STATUS**

\* M1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)   
0 - No  
1 - Yes \_\_\_\_\_ Specify

M8. How important to you now is treatment for these medical problems?

M2. How long ago was your last hospitalization for a physical problem  YRS.  MOS.

M6. How many days have you experienced medical problems in the past 30?

**INTERVIEWER SEVERITY RATING**

M9. How would you rate the patient's need for medical treatment?

M3. Do you have any chronic medical problems which continue to interfere with your life?  
0 - No  
1 - Yes \_\_\_\_\_ Specify

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

M4. Are you taking any prescribed medication on a regular basis for a physical problem?  
0 - No 1 - Yes

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M10. Patient's misrepresentation? 0 - No 1 - Yes

M11. Patient's inability to understand? 0 - No 1 - Yes

Comments

**EMPLOYMENT/SUPPORT STATUS**

\* E1. Education completed (GED = 12 years)  YRS.  MOS.

E10. Usual employment pattern, past 3 years.   
1 - full time (40 hrs/wk)  
2 - part time (reg. hrs)  
3 - part time (irreg., daywork)  
4 - student  
5 - service  
6 - retired/disability  
7 - unemployed  
8 - in controlled environment

E18. How many people depend on you for the majority of their food, shelter, etc.?

\* E2. Training or technical education completed  MOS.

E19. How many days have you experienced employment problems in the past 30?

E3. Do you have a profession, trade or skill?  
0 - No  
1 - Yes \_\_\_\_\_ Specify

FOR QUESTIONS E20 & E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E4. Do you have a valid driver's license?  
0 - No 1 - Yes

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.)  
0 - No 1 - Yes

How much money did you receive from the following sources in the past 30 days?

E21. How important to you now is counseling for these employment problems?

E6. How long was your longest full-time job?  YRS.  MOS.

E12. Employment (net income)

**INTERVIEWER SEVERITY RATING**

E22. How would you rate the patient's need for employment counseling?

\* E7. Usual (or last) occupation.   
(Specify in detail) \_\_\_\_\_

E13. Unemployment compensation

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

E8. Does someone contribute to your support in any way?  
0 - No 1 - Yes

E14. DPA

E23. Patient's misrepresentation? 0 - No 1 - Yes

E9. (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support?  
0 - No 1 - Yes

E15. Pension, benefits or social security

E24. Patient's inability to understand? 0 - No 1 - Yes

E16. Mate, family or friends (Money for personal expenses).

Comments

E17. Illegal

--	--	--	--

**DRUG/ALCOHOL USE**

PAST 30 Days      LIFETIME USE Yrs.      Rt of adm.

	PAST 30 Days	LIFETIME USE Yrs.	Rt of adm.
D1 Alcohol - Any use at all			
D2 Alcohol - To Intoxication			
D3 Heroin			
D4 Methadone			
D5 Other opiates/analgesics			
D6 Barbiturates			
D7 Other sed/hyp/tranq.			
D8 Cocaine			
D9 Amphetamines			
D10 Cannabis			
D11 Hallucinogens			
D12 Inhalants			

D13 More than one substance per   day (Incl. alcohol).

Note: See manual for representative examples for each drug class

\* Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

D14 Which substance is the major problem? Please code as above or 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.

--	--

D15 How long was your last period of voluntary abstinence from this major substance? (00 - never abstinent)

--	--

MOS.

D16 How many months ago did this abstinence end? (00 - still abstinent)

--	--

How many times have you:

\* D17 Had alcohol d.t.'s

--	--

\* D18 Overdosed on drugs

--	--

How many times in your life have you been treated for:

\* D19 Alcohol Abuse:

--	--

\* D20 Drug Abuse:

--	--

How many of these were detox only?

\* D21 Alcohol

--	--

\* D22 Drug

--	--

How much would you say you spent during the past 30 days on:

D23 Alcohol


D24 Drugs

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (Include NA, AA).

--	--

How many days in the past 30 have you experienced:

D26 Alcohol Problems


D27 Drug Problems

FOR QUESTIONS D28-D31 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

D28 Alcohol Problems


D29 Drug Problems

How important to you now is treatment for these:

D30 Alcohol Problems


D31 Drug Problems

INTERVIEWER SEVERITY RATING  
How would you rate the patient's need for treatment for:

D32 Alcohol Abuse


D33 Drug Abuse

CONFIDENCE RATINGS  
Is the above information significantly distorted by:

D34 Patient's misrepresentation?  
0 - No 1 - Yes

--

D35 Patient's inability to understand?  
0 - No 1 - Yes

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Comments

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### LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)

0 - No 1 - Yes

L2. Are you on probation or parole?

0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

- \* L3 - shoplifting/vandalism
- \* L4 - parole/probation violations
- \* L5 - drug charges
- \* L6 - forgery
- \* L7 - weapons offense
- \* L8 - burglary, larceny, B & E
- \* L9 - robbery
- \* L10 - assault
- \* L11 - arson
- \* L12 - rape
- \* L13 - homicide, manslaughter
- \* L14 -prostitution
- \* L15 -contempt of court
- \* L16 -other


\* L17 How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

\* L18 Disorderly conduct, vagrancy public intoxication

\* L19 Driving while intoxicated

\* L20 Major driving violations (reckless driving, speeding, no license, etc.)

\* L21 How many months were you incarcerated in your life?   
MOS.

L22. How long was your last incarceration?   
MOS.

L23. What was it for?  
(Use code 3-16, 18-20.  
If multiple charges, code most severe)

L24 Are you presently awaiting charges, trial or sentence?  
0 - No 1 - Yes

L25 What for (If multiple charges, use most severe).

L26 How many days in the past 30 were you detained or incarcerated?

L27 How many days in the past 30 have you engaged in illegal activities for profit?

*FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE*

L28 How serious do you feel your present legal problems are?  
(Exclude civil problems)

L29 How important to you now is counseling or referral for these legal problems?

### INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31 Patient's misrepresentation?  
0 - No 1 - Yes

L32 Patient's inability to understand?  
0 - No 1 - Yes

Comments

**FAMILY/SOCIAL RELATIONSHIPS**

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F1 Marital Status

- |               |                   |
|---------------|-------------------|
| 1 - Married   | 4 - Separated     |
| 2 - Remarried | 5 - Divorced      |
| 3 - Widowed   | 6 - Never Married |

F2 How long have you been in this marital status? (If never married, since age 18).

YRS.		MOS.	

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

- F12. Mother
- F13. Father
- F14. Brothers/Sisters
- F15. Sexual Partner/Spouse
- F16. Children
- F17. Friends


Have you had significant periods in which you have experienced serious problems getting along with:

- 0 - No 1 - Yes
- F18 Mother
- F19 Father
- F20 Brothers/Sisters
- F21 Sexual partner/spouse
- F22 Children
- F23 Other significant family \_\_\_\_\_
- F24 Close friends
- F25 Neighbors
- F26 Co-Workers

PAST 30 DAYS	IN YOUR LIFE

F5. How long have you lived in these arrangements. (If with parents or family, since age 18).

YRS.		MOS.	

F6. Are you satisfied with these living arrangements?  
0 - No  
1 - Indifferent  
2 - Yes

Do you live with anyone who:  
0 = No 1 = Yes

F7. Has a current alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time:  
1 - Family 3 - Alone  
2 - Friends

F10. Are you satisfied with spending your free time this way?  
0 - No 1 - Indifferent 2 - Yes

F11. How many close friends do you have?

Did any of these people (F18-F26) abuse you: 0 = No, 1 = Yes

- F27. Emotionally (make you feel bad through harsh words)?
- F28. Physically (cause you physical harm)?
- F29. Sexually (force sexual advances or sexual acts)?

30 DAYS	LIFE

How many days in the past 30 have you had serious conflicts:

F30. with your family?

F31. with other people? (excluding family)


*FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE*

How troubled or bothered have you been in the past 30 days by these:

F32. Family problems

F33. Social problems

How important to you now is treatment or counseling for these:

F34. Family problems

F35. Social problems

**INTERVIEWER SEVERITY RATING**

F36. How would you rate the patient's need for family and/or social counseling?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

F37. Patient's misrepresentation?  
0 - No 1 - Yes

F38. Patient's inability to understand?  
0 - No 1 - Yes

Comments

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**PSYCHIATRIC STATUS**

How many times have you been treated for any psychological or emotional problems?

\* P1 In a hospital 


\* P2 As an Opt. or Priv. patient 


P12 How many days in the past 30 have you experienced these psychological or emotional problems? 

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*FOR QUESTIONS P13 & P14 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE*

P3 Do you receive a pension for a psychiatric disability?

0 - No 1 - Yes

P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No 1 - Yes

P14 How important to you now is treatment for these psychological problems?

PAST 30 IN DAYS YOUR LIFE

*THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER*

**INTERVIEWER SEVERITY RATING**

P21 How would you rate the patient's need for psychiatric/psychological treatment?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

P22 Patient's misrepresentation?

0 - No 1 - Yes

P23 Patient's inability to understand?

0 - No 1 - Yes

- P4 Experienced serious depression
- P5 Experienced serious anxiety or tension
- P6 Experienced hallucinations
- P7 Experienced trouble understanding, concentrating or remembering
- P8 Experienced trouble controlling violent behavior
- P9 Experienced serious thoughts of suicide
- P10 Attempted suicide
- P11 Been prescribed medication for any psychological emotional problem


At the time of the interview, is patient:

0 - No 1 - Yes

- P15 Obviously depressed/withdrawn
- P16 Obviously hostile
- P17 Obviously anxious/nervous
- P18 Having trouble with reality testing thought disorders, paranoid thinking
- P19 Having trouble comprehending, concentrating, remembering.
- P20 Having suicidal thoughts

Comments

**Sandy Supportive Housing Grant**

**\*Initial Screening Form\***

Client's Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ U.S. Citizen: yes \_\_\_ no \_\_\_ Legal Resident yes \_\_\_ no \_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Other#: \_\_\_\_\_

Primary language: \_\_\_ English \_\_\_ Spanish \_\_\_ Other: Specify \_\_\_\_\_

Reason for Referral/Presenting Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I resided in \_\_\_\_\_ (County) during October 28, 2012 through November 30, 2012

History of addiction issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source: \_\_\_\_\_

Availability/Appointments: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_



### Supportive Housing Emergency Phone List

Psychiatric Emergency Screening: 732-886-4474

Contact: 732-240-6100

Police/First Aid/Fire: 911

Supportive Housing On -Call Clinician (after hour's needs): 732-600- 8280

Residential Case Manager \_\_\_\_\_

Residential Contact Number \_\_\_\_\_

DMHAS Voucher Needs/Supportive Housing Questions:

Sandra Hansen 732-367-2665 x 5136

Landlord Name \_\_\_\_\_

Landlord Contact Number \_\_\_\_\_

Logisticare: 866-527-9933

Board of Social Services: 732-349-1500

JCP&L: 888-544-4877

New Jersey Natural Gas: Emergency: 800-GAS-LEAK (800-427-5325)

Cable: \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Contacts:

\_\_\_\_\_



EVIDENCE-BASED  
PRACTICES

**KIT**

Knowledge Informing Transformation

**Program**

## **Appendix B: Fidelity Scoresheet and Fidelity Scale**

# Fidelity Scoresheet

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency name: \_\_\_\_\_

Assessors' names: \_\_\_\_\_

Dimension	Indicator	Item Scores (unshaded lines only)	Average Score for Dimension
1. Choice of housing	1.1: Housing Options		
	1.1.a: Tenants have choice of type of housing		
	1.1.b: Real choice of housing unit		
	1.1.c: Tenant can wait without losing their place in line		
	1.2: Choice of living arrangements		
	1.2.a: Tenants have control over composition of household		
	<b>Dimension Subtotal</b>	$\frac{1.1.a + 1.1.b + 1.1.c + 1.2.a}{4 \text{ items}} = \text{average score for dimension}$	
2. Separation of housing and services	2.1: Functional Separation		
	2.1.a: Housing management role in service provision		
	2.1.b: Service staff have no housing role		
	2.1.c: Location of service providers		
	<b>Dimension Subtotal</b>	$\frac{2.1.a + 2.1.b + 2.1.c}{3 \text{ items}} = \text{average score for dimension}$	
3. Decent, safe, and affordable housing	3.1: Housing Affordability		
	3.1.a: Reasonable amount of income for housing		
	3.2: Decent and Safe		
	3.2.a: Housing quality standards		
<b>Dimension Subtotal</b>	$\frac{3.1.a + 3.2.a}{2 \text{ items}} = \text{average score for dimension}$		
4. Housing integration	4.1: Housing Integration		
	4.1.a: Integration		
	<b>Dimension Subtotal</b>	4.1.a. is the score for this dimension.	
5. Rights of tenancy	5.1: Tenant Rights		
	5.1.a: Legal rights of tenancy		
	5.1.b: Compliance with program rules		
	<b>Dimension Subtotal</b>	$\frac{5.1.a + 5.1.b}{2 \text{ items}} = \text{average score for dimension}$	

Dimension	Indicator	Item Scores (unshaded lines only)	Average Score for Dimension
<b>6. Access to housing</b>	<b>6.1: Access to Housing</b>		
	6.1.a: Housing readiness required?		
	6.1.b: People with housing obstacles are given priority		
	<b>6.2: Privacy</b>		
	6.2.a: Extent to which tenants control entry to housing unit		
<b>Dimension Subtotal</b>	$\frac{6.1.a + 6.1.b + 6.2.a}{3 \text{ items}} = \text{average score for dimension}$		
<b>7. Flexible, Voluntary, Services</b>	<b>7.1: Tenant Service Preferences</b>		
	7.1.a: Tenants choose services		
	7.1.b: Opportunity to modify services		
	<b>7.2: Service Options</b>		
	7.2.a: Service Options		
	7.2.b: Change in services		
	<b>7.3: Consumer-Driven Services</b>		
	7.3.a: Consumer-driven Services		
	<b>7.4: Availability and Adequacy of Services</b>		
	7.4.a: Caseload size: Optimum caseload size = 12 to 15 people per staff team member		
	7.4.b: Service structure: Services are provided by a team.		
	7.4.c: Service availability: Services are available 24/7		
	<b>Dimension Subtotal</b>	$\frac{7.1.a + 7.1.b + 7.2.a + 7.2.b + 7.3.a + 7.4.a + 7.4.b + 7.4.c}{8 \text{ items}} = \text{average score for dimension}$	

# Fidelity Scale

Dimension 1: Choice of Housing				
<b>Indicator 1.1: Housing options</b>	Measures the degree of choice offered to tenants. If the program has a range of housing choices sufficient to meet consumer preferences, and when an integrated, affordable apartment is one housing choice, the score is 4. If the program does not have the capacity to offer choice (e.g., the program operates one apartment complex and tenants must take the open apartment), the score is 1.			
<b>Score 1.1.a =</b>	<b>4</b>	<b>2.5</b>	<b>1</b>	
1.1.a: Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	Tenants choose the type of housing they prefer from a range of housing types, with an integrated, affordable apartment as 1 choice.	Tenants have a restricted choice of housing types (e.g., 2 types of project-based housing).	Tenants are not given a choice of type of housing and are assigned to a type of housing.	
<b>Score 1.1.b =</b>	<b>4</b>		<b>1</b>	
1.1.b: Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units.	Tenants choose among multiple units.		Tenants are assigned to a unit.	
<b>Score 1.1.c =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1.1.c: Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists.	Tenants can wait for the unit of their choice without risking discharge from the program or losing priority for services or units. A reasonable waiting period is the allowed "search" time for the local Housing Choice/Section 8 voucher program (usually 60 days).	Tenants can wait for the unit of their choice, but they are allowed a set number of choices before they lose priority on the list for units (e.g., 3 choices and then go to the bottom of the list).	Tenants must accept the unit offered; no waiting for units is allowed. Prospective tenants who refuse the unit offered are not discharged from the program but go to the end of the waiting list.	Tenants must accept the unit offered or be discharged from the program.
<b>Indicator 1.2: Choice of living arrangements</b>	Measures the degree to which tenants can choose their living arrangements, particularly about roommates and any shared space. If tenants choose the members of their household and have a private bedroom, the score is 4. If tenants are required to accept a predetermined household, not of their choosing, and share a bedroom, the score is 1.			
<b>Score 1.2.a =</b>	<b>4</b>	<b>2.5</b>	<b>1</b>	
1.2.a: Extent to which tenants control the composition of their household.	Tenants choose the members of their household or can choose to live alone and have a private bedroom.	Tenants must accept a predetermined household not of their choosing but have a private bedroom.	Tenants must accept a predetermined household not of their choosing and must share a bedroom.	

## Dimension 2: Functional Separation of Housing and Services

<b>Indicator 2.1: Functional separation</b>	Measures the extent to which a functional separation exists between housing management and services staff. In most Permanent Supportive Housing, staff provides services and supports onsite and offsite, and may or may not have a role in housing management activities. If services staff have no responsibility for housing management activity, the score is 4.			
<b>Score 2.1.a =</b>	<b>4</b>		<b>2.5</b>	<b>1</b>
2.1.a: Extent to which housing management providers do not have any authority or formal role in providing social services.	Housing management staff has no authority or role in providing social services.		Housing management and services staff have overlapping roles.	The same staff performs both housing management and service roles.
<b>Score 2.1.b =</b>	<b>4</b>		<b>2.5</b>	<b>1</b>
2.1.b: Extent to which service providers do not have any responsibility for housing management functions.	Service providers have no authority to collect rents, enforce lease requirements, initiate evictions, etc.		Housing management and service provision staff have overlapping roles.	Service staff collects rent, enforces lease requirements, handles evictions, etc.
<b>Score 2.1.c =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
2.1.c: Extent to which social and clinical service providers are based off site (not at the housing units).	Social and clinical service providers are based off site and when services are readily accessible, mobile, and can be brought to tenants at their request.	Clinical service providers are based off site but may regularly offer some services on site. Social services are onsite in an office that is separate from housing management and provides for privacy and confidential storage of records.	Social and clinical service providers are based onsite in an office that is separate from housing management, but are not onsite 24/7.	Social and clinical service providers are based onsite 24/7 or no private location for tenants exists that is from housing management.

## Dimension 3: Decent, Safe, and Affordable Housing

<b>Indicator 3.1: Housing affordability</b>	Measures the amount tenants pay from their income toward their rent or mortgage plus basic utilities (following HUD standards). Measures affordability from tenants' perspective.			
<b>Score 3.1.a =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
3.1.a: Extent to which tenants pay a reasonable amount of their income for housing.	Tenants pay 30% or less of their income for housing costs.	Tenants pay 31-40% of their income for housing costs.	Tenants pay 41-50% of their income for housing costs.	Tenants pay more than 50% of their income for housing costs.
<b>Indicator 3.2: Safety and quality</b>	Measures housing quality through compliance with HUD's Housing Quality Standards.			
<b>Score 3.2.a =</b>	<b>4</b>		<b>2.5</b>	<b>1</b>
Item 3.2.a: Whether housing meets HUD's Housing Quality Standards (HQS).	100% of units meet HQS.		75% of units meet HQS.	Housing does not meet HQS.

### Dimension 4: Housing integration

<b>Indicator 4.1: Community integration</b>	Measures the extent to which an individual's housing unit is clustered with housing units occupied by people with disabilities vs. scattered throughout the community. The ideal is for individuals to live in housing units typical of the community, without clustering people with disabilities. All disability-only settings receive a score of 1, regardless of location in the community. For example, an apartment complex with five or more units with 100% occupancy by people with disabilities scores 1 on this dimension even if the apartment complex is located among other apartment complexes that do not exclusively serve people with disabilities.			
<b>Score 4.1.a =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
4.1.a: Extent to which housing units are integrated.  (See below for special scoring instructions for providers with multiple housing programs.)	People live in housing units where 0-25% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in housing units where 26-50% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in housing units where 51-75% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.	People live in settings where 76-100% of the tenants meet disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless.

### Dimension 5: Rights of Tenancy

<b>Indicator 5.1: Tenant rights</b>	Measures the extent to which tenants have full rights of tenancy.		
<b>Score 5.1.a =</b>	<b>4</b>		<b>1</b>
5.1.a: Extent to which tenants have legal rights to the housing unit.	Tenants have full legal rights of tenancy according to local landlord/tenant laws.		Tenants do not have full legal rights of tenancy according to local landlord/tenant laws.
<b>Score 5.1.b =</b>	<b>4</b>	<b>2.5</b>	<b>1</b>
5.1.b: Extent to which tenancy is contingent on compliance with program provisions.	Tenancy is not contingent in any way on compliance with program or treatment participation (e.g., sobriety or medication compliance).	Program rules require participating in ongoing services, but failure to comply with this requirement does not lead to eviction.	Tenancy is revoked based on noncompliance with program or failure to participate in treatment (e.g., not maintaining sobriety or keeping to a required medical regime).

### Dimension 6: Access to Housing

**Indicator 6.1:** Measures the extent to which tenants have access to housing with no required demonstration of housing readiness.

**Score 6.1.a =** 4 3 2 1

6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to units.	Tenants have access to housing with no requirements to demonstrate readiness (other than provisions in a standard lease).	Tenants have access to housing with minimal readiness requirements, such as engagement with case management.	Tenant access to housing is determined by successfully completing a period of time in a program (e.g., transitional housing).	To qualify for housing, tenants must meet requirements such as sobriety, medication compliance, or willingness to comply with program rules.
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**Score 6.1.b =** 4 2.5 1

6.1.b: Extent to which tenants with obstacles to housing stability have priority.	Program proactively seeks tenants who have obstacles to housing stability.		Tenants who meet program eligibility have equal access to housing.	Tenants are prioritized based on positive clinical or functional criteria (e.g., stability or sobriety).
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**Indicator 6.2: Privacy** Measures the extent to which the tenant has privacy in the unit.

**Score 6.2.a =** 4 3 2 1

6.2.a: Extent to which tenants control staff entry into the unit.	Service staff may not enter the unit unless tenants invite them.	Service staff may enter the unit uninvited only under specific circumstances agreed on in advance.	Service staff may enter the unit uninvited only in a crisis.	Service staff has free access to housing units, including the right to make unannounced visits.
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### Dimension 7: Flexible, Voluntary Services

**Indicator 7.1: Exploration of tenant preferences** Measures the degree to which tenants are offered a range of services. Only if an array of service choices is offered, the score is 4.

**Score 7.1.a =** 4 1

7.1.a: Extent to which tenants choose the type of services they want at program entry.	Tenants are the primary authors of their service plans.			Tenants are not the primary authors of their service plans.
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**Score 7.1.b =** 4 1

7.1.b: Extent to which tenants have the opportunity to modify service selection.	Tenants initiate and are offered routine opportunities to modify their service selections.			Tenants do not have the opportunity to modify their service selection.
--	--	--	--	--

**Indicator 7.2: Service options** Measures the degree of service choice offered to tenants. If the program has a broad array of services sufficient to meet consumer preferences, and if tenants may choose not to participate in services, the score is 4. If the program does not have the capacity to offer choice (the program operates with a standard service package and tenants must accept the service package), the score is 1.

**Score 7.2.a =** 4 3 2 1

7.2.a: Extent to which tenants are able to choose the services they receive.	Tenants may choose from an array of services, including the option of no services.	Tenants may choose from an array of services, but choosing no services is not an option.	Tenants must participate in services that staff identify.	Tenants must participate in a standard service package.
--	--	--	---	---

**Score 7.2.b =** 4 3 2 1

7.2.b: Extent to which services can be changed to meet tenants' changing needs and preferences.	Service mix is highly flexible and can adapt type, location, intensity and frequency based on tenants' changing needs and preferences.	Service mix is predictable, but significant variations can occur at tenant request.	Service mix can be adapted in minor ways.	Service mix cannot be adapted to meet tenants' changing needs and preferences.
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<b>Indicator 7.3: Consumer-driven services</b>	Measures the degree to which services are consumer driven.			
<b>Score 7.3.a =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7.3.a: Extent to which services are consumer driven.	All services are consumer driven.	Significant consumer control of services exists in design and provision.	Some consumer input into design and provision of services (e.g., consumer advisory board).	Program is staff-controlled without meaningful consumer input.
<b>Indicator 7.4: Quality and adequacy of services</b>	Measures the degree to which caseloads, service structure, and service availability are adequate.			
<b>Score 7.4.a =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7.4.a: Extent to which services are provided with optimum caseload sizes.	Caseload is no more than 15 tenants to each staff member.	Caseload is 16–25 tenants to each staff member.	Caseload is 26–35 tenants to each staff member.	Caseload is 36 or more tenants to each staff member.
<b>Score 7.4.b =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7.4.b: Behavioral health services are team based.	All behavioral health services are provided through a team, including psychiatric services. A good example is an Assertive Community Treatment team.	All behavioral health services except psychiatric services are provided through a team. A good example is a Continuous Treatment Team, such as those found in providing Integrated Dual Diagnosis Treatment (IDDT).	Individual service providers are primarily responsible for behavioral health services, but specialists are routinely consulted. For example, a case manager provides services, but may call a substance abuse treatment provider to assess and make recommendations.	The primary responsibility for behavioral health services falls to one provider.
<b>Score 7.4.c =</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
7.4.c: Extent to which services are provided 24 hours a day, 7 days a week.	Services are available 24/7.	Services are available on flexible schedules, but not 24/7.	Services are available 8 a.m. to 5 p.m., Monday-Friday, with some weekend availability (4-12 hours scheduled on weekends).	Services are available from 8 a.m. to 5 p.m., Monday through Friday.

# MULTNOMAH COMMUNITY ABILITY SCALE (REVISED)

Date:
Score:

Name \_\_\_\_\_ ID: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Program \_\_\_\_\_

Rater \_\_\_\_\_

**INSTRUCTIONS:** This scale measures the symptoms and functional abilities of people who have severe and persistent mental illness. To complete, the primary clinician should circle the appropriate number for each question that corresponds to the person's functioning during the past month. Please rate the person's actual functioning, given current medications, services and supports. Rate recent behavior, not potential behavior.

Section 1 Health	This section pertains to those physical, mental, and emotional symptoms that may interfere with overall health and functioning. Over the past 30 days:
<p>1-PHYSICAL HEALTH: Has the person experienced limitations due to physical health problems? NOTE: Limitations may be from chronic health problems and/or frequency and severity of acute illnesses.</p> <p>1. Extreme health limitations 2. Marked health limitations 3. Moderate health limitations</p> <p>4. Slight health limitations 5. No limitations</p>	
<p>2-COGNITIVE FUNCTIONING: Did the person have cognitive impairments due to mental retardation, developmental disability, dementia, head injury, or other brain damage? NOTE: Impaired cognitive functioning may be due to a variety of factors and should be distinguished from limitations due to mental illness.</p> <p>1. Extremely impaired cognitive functioning 2. Markedly impaired cognitive functioning 3. Moderately impaired cognitive functioning</p> <p>4. Slightly impaired cognitive functioning 5. No impairments or does not apply</p>	
<p>3-THOUGHT PROCESSES: Did the person have impaired thought processes as shown by symptoms such as hallucinations, delusions, tangentiality, loose associations, response latencies, ambivalence, or incoherence?</p> <p>1. Extremely impaired thought processes 2. Markedly impaired thought processes 3. Moderately impaired thought processes</p> <p>4. Slightly impaired thought processes 5. No impairments</p>	
<p>4-MOOD: Did the person have impairments in the range, level, or appropriateness of mood as evidenced by symptoms such as pronounced mood swings, depression, rage, mania, or incongruence?</p> <p>1. Extremely impaired mood 2. Markedly impaired mood 3. Moderately impaired mood</p> <p>4. Slightly impaired mood 5. No impairments</p>	
<p>5-RESPONSE TO STRESS: Was the person's response to stress impaired? NOTE: Consider pronounced responses to stress; or no response to events that should be of concern; or symptoms such as agitation, perseveration, extreme anxiety, inability to problem-solve, etc.</p> <p>1. Extremely impaired response 2. Markedly impaired response 3. Moderately impaired response</p> <p>4. Slightly impaired response 5. No impairments</p>	
<p><b>SUMMED SCORE FOR SECTION ONE</b></p>	

<b>Section 2 Adaptability</b>	This section pertains to the person's functioning in daily life and how he/she has adapted to living with mental illness. Over the past 30 days:
6-ABILITY TO MANAGE MONEY: How often was the person successful in managing money and controlling expenditures? NOTE: rate from 1 to 3 if someone else managed the person's money. 1. Never or almost never managed money successfully      4. Often managed money successfully 2. Seldom managed money successfully      5. Almost always or always managed money successfully 3. Sometimes managed money successfully	
7-INDEPENDENCE IN DAILY LIVING: How often did the person independently perform activities of daily living? Examples include maintaining personal hygiene, meeting daily nutrition needs, cleaning personal living space, and managing daily tasks. NOTE: Rate from 1 to 3 if the person's living situation provided meals and cleaning services. 1. Never or almost never performed independently      4. Often performed independently 2. Seldom performed independently      5. Almost always or always performed independently 3. Sometimes performed independently	
8-ACCEPTANCE OF DISABILITY: How much of the time was the person able to accept (as opposed to deny) his/her psychiatric disability? 1. Never or almost never accepts accepted disability      4. Often accepts accepted disability 2. Seldom accepts accepted disability      5. Almost always or always accepts accepted disability 3. Sometimes accepts accepted disability	
<b>SUMMED SCORE FOR SECTION TWO</b>	
<b>Section 3: Social Skills</b>	This section pertains to the ability of the person to engage in interpersonal relationships and meaningful activity. Over the past 30 days:
9-SOCIAL ACCEPTABILITY: How did people in the general community react to the person? 1. Very negative reactions      4. Fairly positive reactions 2. Fairly negative reactions      5. Very positive reactions 3. Mixed reactions	
10-SOCIAL INTEREST: How often did the person initiate social interaction or respond to others' initiation of social interaction? NOTE: Do not consider the quality of the interaction, only the frequency. 1. Never or almost never initiated or responded      4. Often initiated or responded 2. Seldom initiated or responded      5. Almost always or always initiated or responded 3. Sometimes initiated or responded	
11-SOCIAL EFFECTIVENESS: How effectively did the person interact with others? NOTE: "Effectively" refers to how successfully and appropriately the person behaved in social settings, i.e., how well he/she minimized interpersonal friction, met personal needs, and achieved interpersonal goals in a socially acceptable manner. 1. Very ineffectively interacted      4. Effectively interacted 2. Ineffectively interacted      5. Very effectively interacted 3. Mixed effectiveness of interaction	

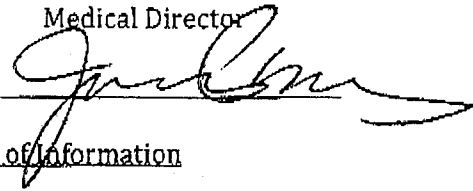


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July 23, 2010; Revised September 28, 2011, September 13, 2012

**MEDICATION PRESCRIPTION (N.J.A.C. 10:37E-2.3(d); CARF 2.E-7)**

Approved by: Janet Pisani, MD  
Medical Director

Signature: 

**Availability of Information**

It is the policy of PBHJ that minimally the following information is made available to those involved in medication management:

- Consumer's age and sex
- Past medication use
- History of Drug and alcohol use and abuse
- Diagnosis
- Co-morbidities and concurrent occurring conditions
- Relevant laboratory values
- Allergies and past sensitivities

As appropriate to the consumer, additional information may include weight, height, pregnancy and lactation status, and any other information necessary for safe medication management.

The above information is accessible to prescribing practitioners and appropriate behavioral health professionals whenever a consumer is seen for medication management or when prescriptions are renewed.

**Medications are to be prescribed:**

- In writing by a physician/APN member of the clinical staff
- For consumers who have a diagnosed disorder for which pharmacological agents are indicated
- Following a full psychiatric evaluation including past and current drug treatments and their efficacy, impact on current and future functioning, and side effects, including the consumer's and if appropriate, family members'/caregivers' perspectives on these issues
- In coordination with psychosocial interventions provided by other staff with attention to the medications' effects on the consumer's program participation
- Based on ongoing monitoring of the consumer's response and side effects of the medication, including the consumer's own perceptions, and observations made by other staff documented in the clinical record
- Each medication ordered has a documented diagnosis, condition or indication for use

For consumers being prescribed medications, the psychiatric evaluation is to be updated in the psychiatrist's/APN's progress notes minimally every six months.

The purpose and times of dose administration of any medications prescribed PRN are to be fully explained to the consumer and if appropriate, and with consent, family/caregivers.

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**Drug History (CARF 2.E-5e)**

Before initiating treatment with psychotropic medication(s), a comprehensive drug history will be obtained and documented with special emphasis on which drugs have, in the past, produced a positive response, and which drugs have caused allergic or toxic reactions. Unfavorable reactions shall be emphasized in the record and listed as individual risk factors. In cases where the consumer may have taken a combination of drugs prior to coming to PBHNJ, inquiries shall be made, especially with regard to alcohol, street and over the counter drugs. The Drug History is recorded in the Psychiatric evaluation. Release forms requesting medication history and/or communication with external prescribers may be requested at the discretion of PBH prescribers.

**Required Elements of Medication Orders (CARF 2.E-1b.1)**

A complete medication order shall include consumer's first and last name, date of birth, name of prescription, dosage, frequency, method of ingestion, and amount. The order will also include specification of refills, and whether generic brands are permitted.

**Generic/Brand Names (CARF 2.E-6e)**

Consumer prescriptions may be written in either trade (brand name) or generic form as best serves the consumer needs and preferences. The prescription order form utilized by PBH includes a "substitution permitted" check box. This may be checked off by the physician/APN if it is permissible to use generic medication.

**Indication for Use (CARF 2.E-2b)**

The prescriber shall denote any special circumstances for indication for use on the medication order when needed.

**Informed Consent (CARF 2.E-6d)**

Informed consent for all new prescriptions shall be obtained and documented by the consumer's signature on the Informed Consent for Medications form. At the time the new prescription is issued, the consumer will be provided with a medication information sheet, and the receipt of the information sheet will also be documented on the informed consent form and validated by the consumer's signature.

In the event a consumer enters treatment with a PBH prescriber and has existing prescriptions from an external provider, the PBH prescriber is required to obtain Informed Consent and provide medication information sheets with the first prescription issued.

**Previous Orders (CARF 2.E-8c)**

PBH prohibits blanket reinstatement of previous orders for medications.

**Special Precautions (CARF 2.E-4a)**

If working outside of the ECR, the prescriber will write medication orders clearly and legibly. If there is any question about the accuracy of a prescription name, such as when orders have look alike or sound alike names, incomplete, illegible, or unclear, staff will consult with the prescriber who wrote the medication order.

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*Special Orders*

***PRN; (CARF 5.E-5d (3))***

PRN orders are given when a consumer may need an additional dose of regular medication or to provide short-term relief in certain situations. Use of PRN, i.e., any type of pattern or regular use needs to be reported to the physician/APNP so the consumer can be seen and evaluated further (see *Residential Medication Use policy*.)

***Stat; (CARF 2.E-4c(3))***

Stat orders may be administered under the direction of the nurse practitioner or psychiatrist and documented in the ECR for such emergent situations as agitation, psychosis, or dystonic reactions.

***Titrating/Taper; (CARF 2.e-4a (4))***

When titrating or tapering medication orders, the prescribing practitioner will record the instructions provided to the consumer, in their ECR.

***Discharge; (CARF 2.E-6f)***

Medications will continue to be prescribed for a consumer who is in the process of terminating care here until follow up with the receiving psychiatrist is secured by the consumer being seen by the new doctor with a limit on the period of time this service may be provided.

**Verbal Medication Changes (CARF 2.E-5c)**

When the prescribing PBH psychiatrist/APN is out on leave or not on site for any other reason, every effort must be made to arrange for the Medical Director or another PBH prescriber to make needed medication changes or prescription renewals for consumers. If this is not possible, changes in medications prescribed and prescription renewals may be made verbally over the phone by the prescribing psychiatrist/APN.

Designated qualified personnel accept and transcribe verbal or telephone orders from authorized individuals. In the partial care programs, these changes and or renewals are to be communicated by the prescriber to the case manager. In the residential programs, these changes and renewals are to be communicated directly to the consumer when a nurse is not available. The prescribing psychiatrist/APN informs staff accordingly. The staff giving the order will request a verification "read-back" of the complete order or test result by the person receiving the order or test result.

Once medication changes are communicated verbally, the staff member to whom the changes have been communicated is to document the changes in a progress note in the consumer's ECR. The staff member is to also instruct the consumer in the medication changes. The prescriber is to call the consumer's pharmacy with the changes or renewal. All medication changes and renewals are to be documented in the ECR by the prescriber as soon as possible but not to exceed 7 calendar days of communicating these changes to staff.

**Telephone Prescriptions (CARF 2.E-5c)**

All telephone calls re: prescriptions telephoned in by pharmacies or calls from Boarding Homes or consumers or consumers families concerning renewals of medications shall be channeled to support staff trained to handle these calls. Messages with the name of the doctor involved, the

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consumer name, the caller and the phone number and the type of medication and pharmacy phone number are recorded.

These messages are sorted and if the physician is available that day, message is given to that physician.

If the physician is not in that day, the medical director or the covering physician or nurse practitioner receives the inquiry to establish if the inquiry demands immediate attention or if it can wait until the specified physician can deal with it. If the medical director is not available, the doctor in the center on that day will review all inquires to establish priority.

**Prescribing Practices (N.J.A.C. 10:37-4.5(h) 3; CARF 5.E-4)**

Agency physicians will refrain from prescribing narcotics (opiates) for pain relief.

Benzodiazepines and sedative hypnotics are prescribed only when indicated for treatment of anxiety disorders or sleep disturbance respectively, at the lowest effective dose, for the shortest time frame clinically indicated with ongoing attention to weaning consumers if possible. The use of these medications in the substance abusing population is to be avoided. In the event a request for renewal of benzodiazepines or sedative hypnotics is handled by a covering physician in the absence of the regular prescriber, the covering prescriber provides a supply until the regular prescriber is scheduled to be in the office next or until the next appointment subject to the covering physician's discretion as long as there is no indication of abuse.

The use of barbiturates is avoided due to the availability of safer medications.

Psycho-stimulants are prescribed for Attention Deficit Disorder when clinically indicated or for treatment resistant depression in the medically ill elderly with caution.

Poly-psycho-pharmacology is avoided unless clear indications are discussed in the record.

The prescriber shall document rationale for high dose pharmacotherapy.

**Laboratory Guidelines (CARF 2.E-2b (9))**

High risk medications such as Lithium carbonate, Depakote and Tegretol are prescribed according to accepted clinical practice with routine blood level monitoring and other diagnostic tests according to the following guidelines:

- Consumers on Lithium: Lithium level q 3-6 months (this may be performed more frequently subject to the prescriber's discretion in the event of concomitant use of diuretics or non-steroidal anti-inflammatory agents, etc.)  
Thyroid function testing q 6-12 months  
Electrolytes and renal function test q 6-12 months
- Consumers on Tegretol: Tegretol level q 6-12 months  
CBC q 6-12 months with differential  
LFT's and electrolytes q 6-12 months
- Consumers on Depakote: Depakote level in first 3 months and every 6-12 months thereafter; CBC with differential in first 3 months and every 6-12 months thereafter;



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LFT's in first 3 months and every 6-12 months thereafter.

- Consumers on atypical anti-psychotic medications should be periodically monitored for hyperlipidemia and hyperglycemia periodically.

Relevant laboratory results are reviewed for any potential problems related to the consumer's medication regimen. If staff receives a lab report with a notation that states it is a "critical" or "toxic" level, staff are to alert the ordering prescriber or any medical professional, if the prescribing doctor is not available, immediately via telephone.

**Consent (N.J.A.C. 10:37-6.53(b); CARF 2.E-6d)**

Psychotropic medication may be prescribed to an adult consumer only after he/she has given voluntary consent to that specific medication. A consumer is considered to have given consent to medication only after the physician (or APN) has discussed with the consumer the nature of his/her condition, the anticipated benefits of the medication prescribed, and the risks and side effects of such medication. A Medication Information Fact Sheet is provided to all consumers for each new medication prescribed (see Medication Education policy.)

The physician (or APN) documents discussion of indication, risks, benefits, and contraindications of medications with the consumer/family on the Psychiatric Progress Note. A signed Informed Consent for Medication must be secured from the parents or guardians for medications prescribed to children and adolescents under the age of 18. Signed informed consent for medications is obtained for all consumers prescribed medications referencing receipt of the Medication Information Fact Sheet.

**Medication Module (CARF 2.E-4a)**

The medication module in the ECR is used to document all current medications, medication changes, and ongoing provision of medication counseling/education. The Psychiatrist/APN is to update this whenever medications are renewed, added or changed.

For consumers residing in the agency's residential group homes and supportive housing residences, the Program Specialist or Residential Nurses will enter and maintain the ancillary medications in the ECR. With the exception of residential consumer's indicated above, no staff other than the Psychiatrist/APN is to write or make changes on the medication sheet.

Check off provision of medication counseling/education in the designated section of the ECR when educating the consumer about new medications, changes in medication dosage or type, and discontinuing medications.

**Medication Counseling (N.J.A.C. 10:37-6.53a; CARF 2.E-2)**

Medication counseling should occur whenever a different medication is prescribed, whenever a significant change in dosage is made or whenever there is a suspicion of alcohol or chemical abuse. Counseling may be provided by a physician, nurse, pharmacist, or APN. However, counseling should be coordinated with the practitioner prescribing the consumer's medication. Medication counseling shall address informing consumers about medication(s) and the potential interactions if combined with alcohol or non-prescribed drugs.

Medication counseling by a physician or APN shall be included in the service plan of each

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consumer for whom psychotropic medication has been prescribed. Counseling efforts shall be documented in the progress notes.

**Ancillary Medications (CARF 2.E-4a)**

Medications prescribed elsewhere for non-psychiatric conditions by other practitioners should be documented in the "active external medications" module in the ECR.

**Monitoring Effectiveness of Prescription (CARF 2.E-7b (1))**

The prescribing practitioner will monitor effectiveness of medications in response to targeted symptoms and record the assessment in the progress note each time medication is reviewed. If symptoms are not responding to medication, the prescribing practitioner will document rationale for change in medication or dosage or plan to continue same regimen.

Monitoring medication effects include eliciting the consumer's own perception about side effects and, when appropriate, perceived efficacy; and referring to information from the consumer's record, relevant laboratory results, clinical response, and medication profile.

The prescriber shall assess for any involuntary muscle movements of face, trunk or extremities in the prevention, identification, and management of tardive dyskinesia.

**Medication Recall (CARF 5.F-6a)**

When the organization has been informed of a medication recall or discontinuation by the manufacturer or the FDA for safety reasons, consumers who may have received the medication are identified and informed accordingly.

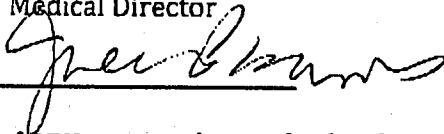
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**DATE: July 30, 2001; REVISED: September 24, 2001; August 15, 2006;  
May 29, 2007; March 4, 2010**

**Medication Training Curriculum for Staff N.J.A.C 10:37-6.53(e); CARF 2.E-2a (3)**

**Approved by:** Janet Pisani, MD  
Medical Director

**Signature:** \_\_\_\_\_



It is the policy of PBH to provide standardized, uniform training curriculum on medication use to staff providing supervision of self-administered medication. The curriculum is reviewed minimally on an annual basis and approved by the Medical Director and Consulting Pharmacist.

Training on medication use is the responsibility of the immediate supervisor or designee to ensure timely provision upon time of hire and to assess competency through direct observation, monitoring documentation and staff interview. Staff will not be permitted to supervise self-administration of medication independently until trained and competency has been determined.

In addition, group home staff is trained on personal care information. An Adult Mental Health Rehabilitation (AMHR) resource manual is located at each residential group home site. It includes videos, DVDs, training quizzes, which are completed within the orientation time period for new hires.

Medication Fact Sheets are available for all psychotropic medications prescribed to their consumers.

Staff are informed at time of admission of medications consumers are taking and at time of changes in prescription through intake procedure, treatment team meetings, staff meetings and direct communication with prescribing physician.

Additional resources available on site include:

- Medscape
- Physician's Desk Reference (PDR)
- Epocrates.com

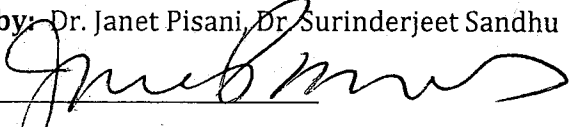
A psychiatrist is on call for emergent questions and consultation.

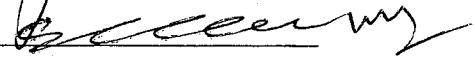
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DATE: November 15, 2009; Revised: March 4, 2010; December 7, 2010; Revised: September 28, 2011; August 6, 2013

VIVITROL PROGRAM (N.J.S.A. 10:161b-11.16)

Approved by: Dr. Janet Pisani, Dr. Surinderjeet Sandhu

Signature: 

Signature: 

VIVITROL is an injectable medicine for the treatment of alcohol dependence and Opioid Dependence in adults, who are unable to abstain from alcohol or Opioids in an outpatient setting prior to initiation of treatment. Treatment with VIVITROL can help people drink less alcohol or stop drinking altogether. It has been shown to reduce cravings in those addicted to Opioids. It should be part of a comprehensive treatment program that includes psychosocial support.

Inclusionary Criteria:

- 18 years or older
- Must meet ASAM PPC-2R criteria for Level 1 or Level 2 Treatment DSM IV-TR criteria for alcohol or opioid dependence
- Negative urine screen for opioid drug use. Consumer must be opioid free for a minimum of 7 days before treatment
- Consumers should not be actively drinking at time of initial VIVITROL administration
- Must have recently received detox.

Exclusionary Criteria:

- Use or have a physical dependence on opioid street drugs or prescribed opioids
- Consumers with liver failure or acute hepatitis
- Consumers receiving opioid analgesics
- Consumers with current opioid dependence
- Consumers in acute opioid withdrawal
- Consumers with positive urine screens for opioids
- Consumers with known previous allergic response to naltrexone or Vivitrol
- Consumers who fail a naloxone challenge test.

Intake Process:

At time of intake into program, the following documents will be completed and will be maintained in their clinical record.

- Pretreatment Screening ASAM PPC-2R
- Patient Enrollment Form
- Recovery Agreement
- Continuing Care Agreement
- Treatment Provider Recovery Agreement
- Urge to Drink Scale
- Brief Alcoholism Monitor (BAM)
- Medication Fact Sheet
- Consent for Treatment
- Consumer should be advised to carry medical alert card (bracelet, ect) advising they are taking VIVITROL in case of emergency intervention being needed.

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- All consumers must be referred for follow-up for primary medical conditions
- All consumers with major psychiatric diagnosis must be referred to a psychiatrist or licensed mental health facility.
- All consumer must receive primary and aftercare counseling.

Administration:

- Product to be prepared and administered by a licensed physician or licensed nurse.
- Prior to each injection, a rapid urine screen is conducted to detect opioid use.
- Prepare and administer the VIVITROL suspension using aseptic technique.
- The injection must be administered using the safety needle supplied in the carton. Do not substitute carton components.
- VIVITROL should be administered once a month or every 4 weeks as a gluteal IM injection, alternating buttocks with each injection. FDA approved and recommended dose is 380 MG (plus 4mg diluents).
- If a consumer misses a dose, instruct consumer to receive the next dose as soon as possible.
- Urge to Drink Scale and BAM completed at each injection
- **Pretreatment with oral Naltrexone is not required.**

For additional information on Administration of IM Injection, see Consumer Care Policy 5:3.

Warnings and Precautions

1. **Hepatotoxicity:** Naltrexone can cause hepatotoxicity when given in excessive dosages. It is contraindicated in patients in acute hepatitis and liver failure, and its use in patients with active liver disease must be carefully considered in light of its hepatotoxic effects.
2. **Injection Site Reactions:** Naltrexone injections may be followed by pain, tenderness, induration, swelling, and local erythema, bruising, or pruritus. Severe reactions such as ***prolonged induration, hematoma, cellulitis, abscess, sterile abscess, and necrosis may require a surgical consult and intervention.***
3. **Eosinophilic Pneumonia:** Eosinophilic pneumonia requires hospitalization and treatment with steroids and antibiotics.
4. **Hypersensitivity Reactions Including Anaphylaxis:** Cases of urticarial, angioedema, and anaphylaxis have occurred with Vivitrol injections. Patients should seek ***immediate medical attention and should not continue with Vivitrol therapy.***
5. **Unintended Precipitation of Opioid Withdrawal:** This can occur when providers are unaware of patient opioid use, or in instances where a naloxone challenge test was not performed.
6. **Opioid Overdosage:** Opioid overdoses can occur after patients attempt to use (abuse) opioids after being on Vivitrol following an injection period, or immediately thereafter.
7. **Depression and Suicidality:** Alcohol and opioid dependent patients should be screened and monitored for the development of depression or suicidal thinking. These patients require psychiatric evaluations and treatment for their depression.
8. **Reversal of Vivitrol Blockade for Pain Management:** In emergency situations when Vivitrol treated patients develop pain, ***regional analgesia or use of non-narcotic analgesics*** is recommended. If opioid medication is required, the patient should be managed in a ***hospital setting*** or a setting that can provide ***cardio-pulmonary resuscitation services.***

Special Populations

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1. **Pregnancy:** Vivitrol is a *Pregnancy Category C* drug. There are no adequate or well controlled studies or either naltrexone or Vivitrol in pregnant women. *Patients should sign a waiver* documenting that they have been informed of Vivitrol's pregnancy category status.
2. **Labor and Delivery:** The potential effects on labor and delivery are unknown.
3. **Nursing Mothers:** Naltrexone has been reported to be found in the milk of nursing mothers. A decision needs to be made regarding avoiding breast feeding or discontinuation of Vivitrol. Tumorigenicity has been found in animal studies.
4. **Pediatric Use:** The efficacy and safety has not been established for any individuals under the age of 18.
5. **Geriatric Use:** Vivitrol has not been evaluated in the geriatric population (>65 years old).

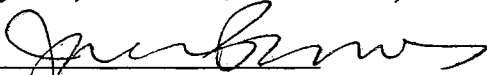
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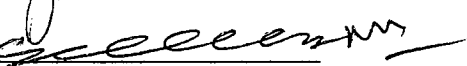
- The entire carton should be stored in the refrigerator (36-46°F).
- Unrefrigerated, VIVITROL Microspheres can be stored at temperatures not exceeding 77°F for no more than 7 days prior to administration.
- Do not expose unrefrigerated product to temperatures above 77°F.
- VIVITROL should not be frozen
- VIVITROL must be given on the premises and should not be stored at home by consumers.

DATE: February 9, 2010; March 11, 2010; September 28, 2011; March 18, 2013

**SUBOXONE PROGRAM (N.J.S.A. 10:161b-11.5)**

Approved by: Dr. Janet Pisani, Dr. Surinderjeet Sandhu

Signature: 

Signature: 

The Preferred Behavioral health Suboxone Program utilizes medically supervised induction/detoxification and/or maintenance treatment using Suboxone structured to safely suppress opiate withdrawal symptoms as rapidly as possible from opiate addiction. Each consumer has a comprehensive assessment utilizing the NJSAMS, ASAM PPC II, LOCI, DMS-V, and a focused clinical interview. An evaluation of mental status, medical history and baseline vital signs will be taken. Upon initial assessment consumers are assigned a case manager. All consumers receive Drug Screens upon induction and every medication maintenance visit. Individual and/or group counseling sessions/group and/or group counseling sessions/group are provided to assist consumers in sustaining abstinence. Information is provided about 12-step meetings and consumers are encouraged to utilize AA/NA. Consumers are provided the website and phone numbers for the "Here to Help" program that offers a 24 hour assistance helping guide regarding Suboxone through phases of Suboxone. Upon acceptance into treatment, consumers are referred to our on-site pharmacy to fill prescriptions.

**Inclusionary Criteria**

1. Meets diagnostic criteria for Opioid Dependence and active Opioid Withdrawal as defined in the current DSM-V of the American Psychiatric Association.
2. Meets criteria according to the Clinical Opiate Withdrawal Scale (COWS) of the Journal of Psychoactive Drugs and as determined by the Physician or the Suboxone prescriber.
3. Drug screen verifying recent use of opiates.
4. Ages 18 or older.

**Exclusionary Criteria**

1. Need for pain management.
2. Any medical condition that warrants medical clearance prior to admission as per case conference with medical director.

**Loss of Prescription Policy**

If a consumer loses a prescription for Suboxone, it will not be replaced and the consumer will be terminated from the program without any other further notice.

**Intake Process**

The consumer will be given a comprehensive Substance Abuse Evaluation as well as a mental status exam and vital signs. Information on the prescribed medications(s) will be provided to the consumer by their prescriber. Documentation of the assessment and subsequent appointments will be documented in the Electronic Clinical Record.

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At time of Intake, the following documents will be completed and will be maintained in their clinical record:

- Pretreatment Screening
- Prescription Replacement
- Community Support Services
- HIV Referral
- TB Referral
- Confidentiality Policy
- Income Verification
- Consent for Drug Screening
- Bill of Rights
- Medication Fact Sheet
- Consent for Treatment

If client begins treatment at Preferred Behavioral Health from the beginning, and is in need of psychiatric medication, it will be provided. If client is currently in treatment with external prescriber, the client will remain in treatment and be provided their medications from that prescriber so there is no disruption in psychiatric care.

### **Induction**

At the time of induction, the consumer will be asked to provide a Drug Screen to confirm that presence of opioids and other illicit substances. The consumer must arrive for the first visit experiencing mild to moderate opioid withdrawal symptoms. Arrangements will be made for the consumer to receive their first dose onsite. The consumer's response to the initial dose will be monitored by physician/counselor.

Since an individual's tolerance and reactions to Suboxone vary, daily appointments may be scheduled and medications will be adjusted until the consumer no longer experiences withdrawal symptoms or cravings. Drug screening is required for all patients at every visit during every phase.

Intake and Induction may both occur at the first visit, depending on the consumer's needs and the doctor's evaluation.

For consumers that present at intake and are taking Suboxone from another physician, we will obtain:

1. Medical records
2. Require consumer to bring in empty prescription bottle(s)
3. Call pharmacy for verification

### **Maintenance**

Treatment compliance and progress will be monitored. Participation in Substance Abuse Treatment is mandatory to ensure the best chance of treatment success. The consumer is likely to have scheduled appointments on a weekly basis however, if treatment progress is good and goals are met, medication monthly visits will eventually be considered sufficient. The length of treatment will be determined by the consumer, their treating physician, and clinical treatment team. All clinical documentation, including medications, dosages, and progress notes, will be entered into our Electronic Clinical Record.

### **Medically Supervised Detoxification**

As treatment progresses, the consumer and their physician may eventually decide that medically supervised detoxification from Suboxone is an appropriate option for the consumer. In this phase, the physician will gradually titrate the consumer's Suboxone dose over time.



**Consumer Agreement 2014**  
**NJ Division of Mental Health & Addiction Services (DMHAS)**  
**Rental Subsidy**

**Introduction**

You are receiving a

tenant based DMHAS rental subsidy     sponsor/tenant based DMHAS rental subsidy  
 project based DMHAS rental subsidy     sponsor/project based DMHAS rental subsidy

The subsidy will be paid through your Community Mental Health Provider Agency (PA). You accept the subsidy by reading/signing this agreement prior to being subsidized, and annually thereafter. Individuals receiving tenant based or sponsor/tenant based rental subsidies are required to pay 40% of their adjusted gross income towards the rent. Individuals receiving project based or sponsor/project based rental subsidies are required to pay 30% of their adjusted gross income towards the rent.

If you do not understand any part of this agreement, please ask a family member/friend or someone in your PA to assist you before you sign it.

**Participant Requirements**

1. You must notify your PA when **renewing a lease, moving to a different unit, or within one month when there is a change in income** so the provider agency can complete a revised subsidy Application. If you do not notify the agency about rental increases, you will be responsible for paying the difference for the remainder of the lease year.
2. You are required to pay your portion of the rent directly to the landlord. In addition, you are required to pay and maintain all utilities. If you do not pay your portion to the landlord, or fail to maintain utilities, you will be removed from the subsidy program, and you may be evicted for nonpayment of rent.
3. You must apply for General Assistance, Unemployment Benefits, Supplemental Security Income, and/or Social Security Disability benefits in order to obtain the highest benefit possible. If your application for any of those programs is denied, you must appeal the denial until your administrative appeals are exhausted or the issue is resolved. You must submit documentation indicating the status of any applications and appeals to the PA as they are communicated to you.
4. You are required to apply for all permanent rental assistance opportunities when waiting lists open or applications are published in local newspapers. The PA will assist you in staying aware of these opportunities. If you refuse to apply when the local waiting list opens, refuse to comply with subsidized housing requirements for acceptance, or refuse the subsidy when awarded, you will be terminated from the DMHAS rental subsidy program.
5. You must give the PA 30 days written notice before you intend to move out of a unit. If you receive a tenant based subsidy and you move to a county not served by the PA, there is no guarantee that the subsidy can continue to be paid. If you receive a project based

subsidy and you move out of the unit, you will no longer have a rental subsidy. Sponsor based subsidies of either kind remain with the programs. If you no longer receive services from the Sponsor based program, you will not be covered by the associated subsidy. No subsidy will be paid if you move outside the state of NJ.

6. You must demonstrate an ongoing ability to meet the terms of the lease and occupancy agreement. You must not commit any serious or repeated violation of the lease after you are notified to cease the violation. Repeated lease violations or eviction may result in loss of the rental subsidy.
7. You must allow the PA to inspect the unit prior to occupancy, once per quarter in your presence, and up to 30 days before the end of each lease year. Thirty days will be allowed for corrections (twenty-four hours for life safety issues). Division of Mental Health and Addiction Services staff may accompany the PA during these inspections. If you refuse services while receiving a DMHAS subsidy, you must allow the PA to visit the residence on a monthly basis in order to inspect the premises and must discuss with the provider progress toward wellness and recovery goals.
8. You cannot receive a DMHAS Rental Subsidy while receiving another housing subsidy, or if you own (alone or with anyone else) any residential property. By signing this agreement, you confirm that you do not receive any other subsidy and that you do not own or co-own any residential property.
9. You must tell the PA about all persons living in the apartment, and you may not permit any other people to live in the apartment without permission from DMHAS.
10. You must reimburse the PA for any amount it pays to your landlord for rent, damages to the unit, or other amounts you owe under terms of a loan agreement with the PA.
11. You must provide current and accurate annual income documentation at the time of application, any time your income changes, and at the time of subsidy renewal.
12. You must tell the PA if you are or are going to be incarcerated for more than 90 days or convicted of a criminal offense for which incarceration for more than 90 days has been imposed. Incarceration for more than 90 days will result in termination of the subsidy.
13. You must tell the PA when you hospitalized. The subsidy will be covered for a period of up to six (6) months during hospitalization.

#### **Complaint/Grievance Procedure**

You have the rights set out at N.J.A.C. 10:37-4.6 and the PA's grievance and complaint policies which will be given to you if you are in danger of losing your subsidy, or if you request them from PA staff.

#### **Signature**

I have received and reviewed the 2013 New Jersey Division of Mental Health & Addiction Services Rental Subsidy Program Policy, as well as this Consumer Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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2014

**N.J. DIVISION OF MENTAL HEALTH & ADDICTION SERVICES  
RENTAL SUBSIDY PROGRAM POLICY**

**Introduction:**

The N.J. Division of Mental Health & Addiction Services (DMHAS) currently funds four (4) types of rental subsidies. These are defined as follows:

1. Tenant Based – These rental subsidies travel with the consumer from unit to unit within the state of New Jersey and “belong” to the consumer as long as a DMHAS contracted provider is willing to administer the subsidy on their behalf. Should the consumer choose a different provider while subsidized, and the second provider agrees to handle the subsidy, that subsidy will be re-allocated to the second agency. Should the consumer no longer require the subsidy, the subsidy will return to DMHAS for redistribution.
2. Project Based – These subsidies cover a specific housing unit, and subsidizes the rent for any consumer living in the unit. Should the consumer leave the unit, the subsidy remains with the unit.
3. Sponsor/Tenant Based – These subsidies remain with a specific provider agency program (RIST, PACT, etc.) but can travel from unit to unit with the consumer – as long as the consumer remains in the provider agency service area, and continues to receive services from that particular program element.
4. Sponsor/Project Based – These subsidies remain with a specific provider agency program (RIST, PACT, etc). They also subsidize and remain with a specific housing unit that is leased or owned by the provider agency. In order for the unit to continue to be subsidized, the consumer must remain in the specific provider agency program. They can refuse program services and remain in the unit based on the lease agreement, but the unit will not be subsidized by DMHAS.

**Eligibility for DMHAS rental subsidies:**

- (a) Rental Subsidies may be provided to individuals with serious mental illness served by DMHAS contracted community provider agencies. Tenant based consumers will be required to pay 40% of their adjusted gross income towards the rent. Project based consumers will be required to pay 30% of their adjusted gross income toward the rent. Consumers may maintain their subsidies for a period of up to six months if hospitalized.
- (b) Provider agencies are responsible for ensuring that all individuals receiving the DMHAS Rental Subsidy apply for mainstream Section 8 vouchers, State Rental Assistance Programs, and other permanent subsidized housing opportunities when these waiting lists open. Consumers who refuse to apply or participate in these programs will be removed from the DMHAS rental subsidy program.
- (c) Consumers must agree to be present for a minimum of one apartment visit quarterly by the community provider agency. DMHAS staff may accompany provider agency staff during these inspections. **If a consumer is refusing services, they must allow monthly apartment visits and discuss progress toward wellness and recovery goals.**

- (d) **Consumers shall be given a copy of this Program Policy** and sign the current DMHAS Rental Subsidy Client Agreement at initiation of the subsidy and also when the annual subsidy application is being completed. Copies of these documents shall be kept in the consumer's record.

**Securing apartments and submitting applications:**

- (a) Apartments must be leased and a rental subsidy application submitted to DMHAS within 90 days of a tenant-based subsidy award or the subsidy will return to DMHAS for use by another agency.
- (b) Consumers are entitled to a one-bedroom apartment. There are no exceptions, including two-bedroom apartments under the one-bedroom FMR. No consumer may be placed into an apartment which exceeds the current Fair Market Rent (FMR) schedule used by the DMHAS Housing & Homeless Services Unit (included in this package). No exceptions will be made. DMHAS will not pay any rent amount over the FMR. DMHAS rental subsidies cannot be used to rent from family members. DMHAS rental subsidies cannot be used in level A+, A, B, C, RHCF's, Boarding Homes or Rooming Houses. DMHAS does not pay additional "fees" for having pets in the unit.
- (c) If the tenant based consumer moves out of the provider agency service area, the agency shall attempt to find another provider to administer the rental subsidy and provide necessary services. Tenant based consumers must be informed that there is no guarantee that they can keep their subsidy if they move out of county/service area. DMHAS subsidies cannot be used outside the State of N.J. Project and Sponsor based subsidies stay with the provider agency and do not move with the consumer.
- (d) Applications shall be submitted: (1) after a new apartment is inspected and leased; (2) annually (on the first of the month) based on the original lease date, and; (3) when there is a change in income (more than \$100 per year). **If a consumer refuses to provide required documents or comply with completing the application, a "Warning of Termination" letter must be sent within 30 days and copied to DMHAS. If a consumer fails to comply or provide required documents for 60 days, a "Termination of Rental Subsidy" letter should be sent, and the consumer is given thirty (30) days from date of termination letter and copied to DMHAS.**
- (e) Security deposits paid by DMHAS may be used by the agency for one-time purpose only. If the consumer relocates with the subsidy, returned deposits shall be supplied as part of the new deposit required. Consumers shall be required to pay the difference. If the security deposit is lost due to eviction, damage, etc. the consumer shall pay the entire deposit on any new apartment.

### **Loss of Rental Subsidy**

- (a) Agency staff may **not** stop paying a consumer's subsidy. If there is a concern, the PA shall contact the DMHAS Housing & Homeless Services Unit for guidance, and a copy of the "Warning of Termination of Rental Subsidy" template.
- (b) Failure to submit a renewal application within **30** days following original lease month will result in subsidy funding for the consumer being removed from the provider agency budget. Failure to submit a renewal application within **60** days will result in the consumer being removed from the subsidy program.
- (c) If the consumer refuses to provide current income documentation, and/or refuses to allow housing inspection or visit, and refusal continues after written "Warning of Termination of Rental Subsidy" indicating that the subsidy is in jeopardy, the PA shall contact the DMHAS Housing & Homeless Services Unit for further instructions.
- (d) Both Tenant Based and Project Based Rental Subsidies are based on the Gross Annual Household (combined marital or domestic partner) Income. Therefore, "significant others sharing the bedroom" are not allowed to live in the unit unless they pay half (½) the full rental cost. Other individuals are not allowed to live in the unit without consent from DMHAS.

### **Apartment Inspections, Annual Re-inspections and Renewal Applications:**

- (a) Rental units must meet Housing and Urban Development (HUD) Quality Standards. Agency staff must inspect the unit for appropriateness prior to leasing the apartment. The agency must re-inspect up to 30 days before the end of each lease year to ensure these standards continue to be met, and visit at least quarterly in the consumer's presence. Inspection forms are to be completed for the initial and annual inspections and placed into the consumer's chart.
- (b) Consumers refusing inspection or apartment visits shall be given the "Warning of Termination of Rental Subsidy" indicating that the subsidy is in jeopardy, and the PA shall contact the DMHAS Housing & Homeless Services Unit for further instructions. Should a "Warning of Termination of Rental Subsidy" be sent, a copy of the "Warning of Termination" must be "cc'd" to the DMHAS Housing Office.
- (c) The process for renewal is the same as a new application. The PA shall confirm rent is within the Fair Market Rent (FMR) per county. DMHAS will not pay a subsidy in which the rent is above the FMR, and this should be discussed with the landlord if necessary. Any municipality within the State of New Jersey may adopt an ordinance controlling rent increases. If you feel the rent increase is excessive, your municipal clerk can tell you if a rent control ordinance exists, and if there is a rent increase limit.

## **CHILDREN:**

The Provider Agency must request an exception, to the one (1) bedroom subsidy, in writing to DMHAS. No consumer may be placed into a larger apartment without prior written approval from DMHAS.

i. A copy of birth certificate(s) or legal documents must be submitted to DMHAS in order to verify parentage/legal guardianship. Documents submitted must include sex and ages (or birthdates) of children.

ii. If a child age 18 or older has permanent residence with their parent/guardian, that child must be a full-time High School student or enrolled full-time in college, in order for the family to be considered for an extra bedroom for that child. Documentation of current, full-time high school/college education must be submitted to the DMHAS in order to be considered for a separate bedroom.

iii. Once the child reaches the age of 18, the agency shall provide documentation proving the child continues to be a full-time high school/college student.

a. If the child is not a full-time high school/college student, agency staff must notify the subsidy recipient that the subsidy will be lowered to the maximum one-bedroom FMR rate at the time of lease renewal. (If the consumer is in a three-bedroom apartment due to the presence of other younger children, the subsidy will be lowered to the two-bedroom rate.)

b. When adult children move out, or minor children are permanently removed from the home, the consumer shall be required to locate a one (1) bedroom apartment at the end of the lease period.

## **Evictions:**

(a) The Provider Agency shall intervene to avoid evictions of subsidy recipients whenever possible. Agencies shall be monitored for evictions in order to assist DMHAS in making decisions regarding the allocation of future subsidies.

(b) An eviction may cause the consumer to forfeit their DMHAS rental subsidy. If a consumer is being evicted, the PA shall call the DMHAS Housing & Homeless Services Unit to discuss the case and receive further instructions. On a case-by-case basis, a decision may be made to allow the consumer to use the subsidy in another apartment.

(c) When a "Termination of Rental Subsidy Letter" (template available from DMHAS Housing Unit) is sent, the agency must allow 30 days between termination letter and the date of termination. The consumer shall be provided with the agency Complaint/Ombudsmen Procedure as per N.J.A.C. 10:37-4.6, and shall be given time to grieve the termination accordingly before subsidy payments are discontinued. Copy of Termination Letter should be sent to the DMHAS Housing Office.

- (d) Sponsor and Project Based Subsidies stay with the agency, and if the consumer leaves the program or unit for any reason, they will be automatically removed from the subsidy program.

**Re-use of vacated Rental Subsidies:**

- (a) With the exception of Sponsor and Project based subsidies, all other DMHAS rental subsidies belong to the individual for whom the initial application was submitted and processed. Should that individual no longer require/receive the DMHAS subsidy (he/she received a Section 8 voucher, moved out of state, etc.) the agency shall contact the DMHAS **immediately** to "return" the subsidy.
- (b) If the agency serves a client in emergent need of a rental subsidy, a written request for a subsidy should be submitted to the agency's program analyst in the appropriate DMHAS Regional office. Requests for rental subsidies must be submitted using the DMHAS Subsidy Request Form.
- (c) Decisions regarding the re-use of rental subsidies will be made by the Division within the month of request. If a subsidy is not awarded in writing during that time, the consumer will not receive a subsidy. No waiting list for rental subsidies is maintained, and requests should be updated and resubmitted if the need for a subsidy remains.

**Contracts:**

- (a) Rental subsidy funds are awarded based upon the amount of funding needed to support the actual rental subsidies awarded to each contract, and then are adjusted throughout the contract year as the number of approved rental subsidies and/or the amount of each subsidy fluctuates. Each provider that is awarded rental subsidies is required to keep specific records showing the amount of rent paid per approved consumer per month. Changes to rental subsidy amounts awarded in contracts will be made after contract staff reviews the back-up documentation kept by the provider agency to validate the need for a change in funds.
- (b) Subsidies in the provider agency contract must be included within the "specific assistance to consumers" – E category. **The line item shall be specific and separate out tenant based, project based, Sponsor-tenant based, or Sponsor-Project based subsidy amounts.** The budgeted amount shown in each line item must match the footnote in the contract award summary.
- (c) New subsidy recipients may be entitled to one-time funds in the amount up to \$3000 for furnishings, up to \$300 for utility start-up costs and a security deposit equal to one and a half months rent. Consumers are not to be given checks, cash, credit or gift cards for the one-time start-up purchases. Providers and consumers should shop together to purchase the following minimum furnishings if needed: bed, chest of drawers, couch, living room table(s), bathroom accessories/towels, bedding, kitchen table and chairs, cooking items, vacuum, alarm clock, lamp(s). Within the \$3000 allowance, entertainment items (TV, radio, stereo, etc.) can be purchased up to a total of \$300; computer equipment up to

\$400; and bicycles up to \$150. An itemized list of purchases and costs must be kept in the consumer's record.

- (d) In most cases, the agency managing the rental subsidy has accruals in the course of the year which can cover the above mentioned start-up expenses. If, however, accruals are not realized, DMHAS will provide one-time funds as enumerated above.
- (e) Rental subsidy funds are clustered in the contract. Budgeted rental subsidy funds that are not needed for subsidies within the contract term shall be returned to DMHAS and cannot be transferred to pay for other costs within the budget.

**Documentation:**

- (a) The appropriate one-page Rental Subsidy Application form and the consumers' current income and/or appeal documents shall be submitted to the DMHAS Housing & Homeless Services Unit.
- (b) The PA shall assist consumers in applying for General Assistance, Unemployment Benefits, Supplemental Security Income, and Social Security Disability benefits in order to obtain the highest benefit possible. **In cases of denial, appeal paperwork shall consistently be submitted until the issue is resolved. Documentation indicating these applications and appeals have been made shall be submitted with subsidy applications in order to continue on the subsidy program.**
- (c) A copy of the current year's Rental Subsidy Application, consumer's current income documents, lease agreements, housing inspection form, and signed Rental Subsidy Program Consumer Agreement must be kept in the consumer record/file.



### Residential Program Referral Form

Please check one:

Supportive Housing     Level C apartment program     Super Storm Sandy RFP Referral

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ ECR#: \_\_\_\_\_

Current Address and Living Situation:

\_\_\_\_\_

For SSS RFP Only: Residence occupied during Super Storm Sandy:

\_\_\_\_\_

Referred By: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Monthly Income Amount: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Other Insurance Name and #: \_\_\_\_\_

Emergency Contact Name/Phone #: \_\_\_\_\_

Is family supportive of the referral? \_\_\_\_\_

Other Social Support System: \_\_\_\_\_

Current Medication Regime: \_\_\_\_\_

\_\_\_\_\_

Medication Compliance Hx: \_\_\_\_\_

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Allergies: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

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Current GAF: \_\_\_\_\_

Current Treatment Providers: \_\_\_\_\_

Brief Psychiatric Hx: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hx of Suicide Attempts: \_\_\_\_\_

Hx of Arson: \_\_\_\_\_

Date/Place /Rationale for Last Hospitalization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hx of Substance Use and or Abuse:

\_\_\_\_\_

Substance of Choice:

\_\_\_\_\_

\_\_\_\_\_

Substance Abuse Tx: \_\_\_\_\_

Legal Hx: Include Arrests, Convictions, Restraining Orders, Divorces, Probation, Bankruptcy, Child Custody Issues, etc:

\_\_\_\_\_

\_\_\_\_\_

Please check off what the client has identified as areas where supportive housing could be beneficial:

- Cleaning skills
- Banking skills
- Budgeting skills
- Linkage to entitlements
- Increase awareness of community supports
- Coach clients on communication skills with community partners

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- Food shopping skills
- Household maintenance
- Establishing or maintaining linkages to community resources (medical, psychiatric, co-occurring care, pharmacy)
- Medication management assistance
- Developing a support network other than professionals
- Linkage to Substance Abuse Services
- Other: \_\_\_\_\_

Please attach copies of birth certificate, SS card, NJDL

Client Strengths:

Additional Comments:

Client Signature: \_\_\_\_\_

Program Staff Signature: \_\_\_\_\_

Program Specialist Signature: \_\_\_\_\_

Treating Psychiatric Medication Provider Signature: \_\_\_\_\_

\_\_\_\_\_  
Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supportive Housing Staff

\_\_\_\_\_  
Date

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Linkage Agreement between  
THE OCEAN COUNTY HEALTH DEPARTMENT'S  
HIV COUNSELING & TESTING PROGRAM  
&  
Preferred Behavioral Health of New Jersey

**Intention of Agreement**

The Ocean County Health Department provides free HIV counseling and testing, education and referrals. These services are free to at-risk individuals within the community. In order to better serve prevention interests of high risk clients, the Ocean County Health Department's HIV Counseling and Testing program seeks to enter into a linkage agreement with:

**Preferred Behavioral Health of New Jersey**

**Agreement**

By accepting this agreement Preferred Behavioral Health of New Jersey agrees to:

- Accept referrals from the Ocean County Health Department's HIV Counseling & Testing program and provide or refer services in accordance with the client's needs.
- Comply with all the requirements of the Department of Health and Senior Services of the State of New Jersey and all other federal, state, and local laws, rules, and regulations, including, but not limited to: confidentiality, federal and state anti-kickback and self referral prohibitions, regulatory and accreditation organizations, relating to the services provided pursuant to this Agreement.
- Provide a contact person to the Ocean County Health Department's HIV Counseling and Testing program for the purposes of confirming successful client referrals.

By accepting this agreement THE OCEAN COUNTY HEALTH DEPARTMENT'S HIV COUNSELING & TESTING PROGRAM agrees to:

- Provide appropriate referrals to PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY in accordance with the clients needs.
- Comply with all the requirements of the Department of Health and Senior Services of the State of New Jersey and all other federal, state, and local laws, rules, and regulations, including, but not limited to: confidentiality, federal and state anti-kickback and self referral prohibitions, regulatory and accreditation organizations, relating to the services provided pursuant to this Agreement.
- Provide a contact person to PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY for the purposes of confirming successful client referrals. The client's test results will not be released to the any representative from PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY without consent to release form being completed by the client.

This agreement shall be in effect upon signature by both parties to June 30, 2014, unless terminated by either program/institution in accordance with the terms below.

This agreement may be modified or amended, at anytime, by mutual written agreement of authorized persons of both programs/institutions. This agreement may be terminated by either program/institution upon written notice given no later than thirty (30) days prior to the termination date.

There is no cost to the municipality, PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY, or OCEAN COUNTY HEALTH DEPARTMENT associated with the provision of services under this agreement.

Confirmation of successful referrals may also be done by:

- Patient self-report; or
- Review of visit documentation presented by the client.

Preferred Behavioral Health of New Jersey

*[Handwritten Signature]*

Authorized Signature

*[Handwritten Signature]*

Title

5-28-13

Date

Ocean County Health Department

*[Handwritten Signature]*

John J. Mallon

Chairman

6-5-13

Date



# PREFERRED BEHAVIORAL HEALTH of New Jersey

## Affiliation/Referral Agreement

This agreement is entered into on this 22nd day of July, 2013 between JERSEY SHORE ADDICTION SERVICES (JSAS) and PREFERRED BEHAVIORAL HEALTH (PBH). This agreement will remain in effect until on party terminates this agreement.

### Affiliate Agrees to:

1. Accept those clients in treatment with JSAS, support their Medication Assisted Treatment (Methadone), and provide follow up care for Co-Occurring issues including when referred to PBH. JSAS agrees to accept clients who meet their criteria for Medication Assisted Treatment (Methadone) referred by PBH.
2. Promote responsible sharing of case information and a commitment to overcome confidentiality barriers in accordance with State and Federal Statutes governing the rights of confidentiality.
3. Adhere to all laws concerning client's rights and confidentiality.
4. Provide services without regard to race, creed, sex, national origin, or sexual preference.
5. Adhere to the policies and procedures of their respective agency.

This Affiliate/Referral Agreement may be modified or amended at any time by mutual agreement of authorized persons of both Organizations. Any modifications or amendments shall be attached to and become part of this agreement and shall be kept in the administrative file of each institution for reference.

This agreement may be terminated by either organization upon thirty (30) days written notice and shall automatically terminate should either Organization fail to maintain its present authority standards.

Anthony Castellano 7/19/13  
Signature Date

Anthony Castellano, Dir. SAS

Print name and title

Preferred Behavioral Health of NJ

Organization

700 Airport Road

Address

Lakewood, NJ 08701

732-367-4700 x 7118 Fax: 732-364-4190

Phone and Fax

Edward J. Higgins 7/22/13  
Signature Date

Edward J. Higgins - Executive Director  
Print name and title

JSAS HEALTHCARE, INC.  
Organization

685 NEPTUNE BLVD, STE 101  
Address

NEPTUNE, N.J. 07753

732-988-8877/988-2572  
Phone and Fax



# Maryville

Addiction Treatment Centers Since 1949

## Affiliation/Referral Agreement

This agreement is entered into on the 19<sup>th</sup> day of June, 2012 between **Maryville, Inc.** and Preferred Behavioral Health. The agreement will remain in effect until one party terminates the agreement.

### Affiliate Agrees to

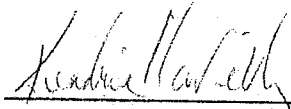
1. Accept those clients with prior acceptance in the DMHAS Vivitrol Pilot and support their medication assisted treatment and follow up as out specified by DMHAS Vivitrol Pilot guidelines.

### Both Parties Agree to

1. Facilitate effective written and verbal communication with each other, in accordance with State and Federal Statutes governing the rights of confidentiality.
2. Promote responsible sharing of case information and a commitment to overcome confidentiality barriers, in accordance with State and Federal Statutes governing the rights of confidentiality.
3. Adhere to all laws concerning client's rights and confidentiality.
4. Provide services without regard to race, creed, sex, national origin, or sexual preference.
5. Adhere to the policies and procedures of their respective agency.

This Affiliate/Referral Agreement may be modified or amended at any time, by mutual agreement of authorized persons of both Organizations. Any modifications or amendments shall be attached to, and become part of, this agreement and shall be kept in the administrative file of each institution for reference.

This agreement may be terminated by either organization upon thirty (30) days written notice and shall automatically terminate should either organization fail to maintain its present authority standards.

  
\_\_\_\_\_

Signature

Kendria McWilliams  
\_\_\_\_\_

Print Name

CEO  
\_\_\_\_\_

Title

  
\_\_\_\_\_

Signature

Wm J. Sette  
\_\_\_\_\_

Print Name

President/CEO  
\_\_\_\_\_

Title

6/19/12

Date

Maryville, Inc  
1903 Grant Avenue  
Williamstown, NJ 08094

6-25-12

Date

Preferred Behavioral Health  
Name of Agency

1500 Rte 88W

Address

Brick, N.J 08724

City, State

732 458 1700 X 1102

Telephone Number

Fax Number

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**Qualified Service Organization  
Business Associate Agreement**

Preferred Behavioral Health of New Jersey and the New Hope Foundation hereby enter into a qualified service organization / business associate agreement, whereby both agencies agree to make and receive referral appropriate to the services provided by each agency and to collaborate in the best interests of the patients that are being, or are being served by both agencies. Both agencies further agree to admit within 72 hours of referral whenever possible.

Furthermore, the center:

- (1) acknowledges that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from the Program identifying or otherwise relating to the patients in the Program ("protected information"), it is fully bound by the provisions of the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. Parts 160 & 164, and may not use or disclose the information except as permitted or required by this Agreement or by law;
- (2) agrees to resist any efforts in judicial proceedings to obtain access to the protected information except as expressly provided for in the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2.
- (3) agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information;
- (4) agrees to report to the Program any use or disclosure of the protected information not provided for by this Agreement of which it becomes aware;
- (5) agrees to ensure that any agent, including a subcontractor, to whom the Center provides the protected information received from the Program, or created or received by the Center on behalf of the Program, agrees to the same restrictions and conditions that apply through this agreement to the Center with respect to such information;
- (6) agrees to provide access to the protected information at the request of the Program, or to an individual as directed by the Program, in order to meet the requirements of 45 C.F.R. § 164.524 which provides patients with the right to access and copy their own protected information;
- (7) agrees to make any amendments to the protected information as directed or agreed to by the Program pursuant to 45 C.F.R. § 164.526;
- (8) agrees to make available its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of protected information received from the Program, or created or received by the Center on behalf of the Program, to the Program or to the Secretary of the Department of Health and



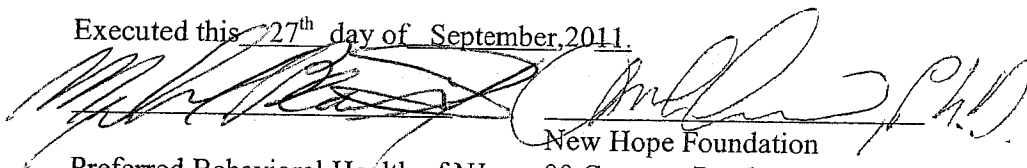
Human Services for purposes of the Secretary determining the Program's compliance with HIPAA.

- (9) agrees to document disclosures of protected information, and information related to such disclosures, as would be required for the Program to respond to a request by an individual for an accounting of disclosure in accordance with 45 C.F.R. § 164.528.
- (10) agrees to provide the Program or an individual information in accordance with paragraph (9) of this agreement to permit the Program to respond to a request by an individual for an accounting of disclosures in accordance with 45 C.F.R. § 164.528.

Termination

- (1) The program may terminate this agreement if it determines that the Center had violated any material term;
- (2) Upon termination of this agreement for any reason, the Center shall return or destroy all protected information received from the Program, or created or received by the Center on behalf of the Program. This provision shall apply to protected information that is in the possession of subcontractors or agents of the Center. The Center shall retain no copies of the protected information.
- (3) In the event that the Center determines that returning or destroying the protected information is infeasible, the Center shall notify the Program of the conditions that make return or destruction infeasible. Upon notification that the return or destruction of the protected information is infeasible, the Center shall extend the protections of this Agreement to such protected information and limit further uses and disclosures of the information to those purposes that make the return or destruction infeasible, for so long as the Center maintains the information.

Executed this 27<sup>th</sup> day of September, 2011.



Preferred Behavioral Health of NJ  
PO Box 2036  
Lakewood, NJ 08701

New Hope Foundation  
80 Conover Road  
Marlboro, NJ, 07746



**PREFERRED BEHAVIORAL HEALTH**  
*of New Jersey*

**AFFILIATION AGREEMENT**

In an effort to improve the quality of services for clients with Substance Abuse and/or Mental Illness,

**PREFERRED BEHAVIORAL HEALTH of NJ**

and

**TURNING POINT, INC.**

hereby enter into an agreement whereby Preferred Behavioral Health and Turning Point agree to collaborate in the provision of educational services for identified clients of the school who are receiving residential addiction treatment services at Turning Point.

Preferred Behavioral Health and Turning Point further agree:

1. To treat all staff, clients, family, and visitors with dignity and respect and to uphold, at all times, the person's civil and human rights.
2. To provide appropriate referral information and advance notice for proper appointment scheduling.
3. To coordinate continuity of services for clients in the event of an emergency.
4. To provide advance and/or oral notice whenever possible regarding changes in schedules, programs, services, or policies.
5. To communicate reciprocally regarding client issues that are relevant to their ongoing addiction treatment.
6. Reciprocally refer clients for participation in the DUII Vivitrol Project.

Furthermore, Preferred Behavioral Health and Turning Point:

1. Acknowledge that in receiving, transmitting, transporting, storing, processing, or otherwise dealing with any information received from either program, identifying or otherwise relating to the patients, clients, and consumers served in the programs, the programs are fully bound by the provisions of the Federal Regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2; and the Health Insurance Portability and Accountability Act (HIPPA), 45 CFR Parts 142, 160, and 164, and may not use or disclose the information except as permitted or required by this Agreement or by law.
2. Agree to instruct all subcontractors in the confidentiality requirements above and assure compliance with these.
3. Agree to resist any efforts in judicial proceedings to obtain access to the protected information except as expressly provided for in the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2.



4. Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
5. Agree to report any use or disclosure of the protected information not provided by this Agreement of which it becomes aware.
6. Agree to ensure that any agent, including subcontractor to which either program provides protected information, agrees to the same restrictions and conditions that apply through this Agreement with respect to such information.
7. Agree to provide access to the protected information upon request from the other program, or to an individual as directed by either program, in order to meet the requirements of 45 CFR 164.524 which provides the patient, client, or consumer with the rights to access and copy their own protected information.
8. Acknowledge that each agency shall be responsible for charges incurred in each institution, or for services contracted by the agency. The referring institution shall not be responsible for charges incurred by the client. Any charges shall be collected directly from the client, third party payer, or other sources usually responsible.
9. *It is understood that client referred by either institution shall not be denied treatment or be discriminated against on the basis of race, creed, sex, national origin, or sexual orientation.*

This Agreement can be terminated by either party with thirty (30) days written notice; otherwise the Agreement will remain in effect for two (2) years from final dated signature.



Anthony Castellano, MSW, LCSW, LCADC, CCS  
Director Substance Abuse Services  
Preferred Behavioral Health of NJ



Manuel Guantez, Psy.D., LCADC  
CEO  
Turning Point, Inc.

9/5/13

Date

9/19/13

Date

## WELLNESS ASSESSMENT

Wellness Dimension	Where are you now?	Where would you like to be?	“X”
<b>Housing/Environmental:</b> <i>Occupying pleasant, stimulating environments that support well-being</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Emotional:</b> <i>Coping effectively with life and creating satisfying relationships</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Financial:</b> <i>Satisfaction with current and future financial situations</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Intellectual:</b> <i>Recognizing creative abilities and finding ways to expand knowledge and skills</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Occupational:</b> <i>Personal satisfaction and enrichment from one's work</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Physical:</b> <i>Recognizing the need for physical activity, healthy foods and sleep</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Social:</b> <i>Developing a sense of connection, belonging, and a well-developed support system</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			
<b>Spiritual:</b> <i>Expanding our sense of purpose and meaning in life.</i>	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
To improve my wellness in this area I will:			

**PREFERRED SERVICES  
CONSUMER CARE MANUAL**

**DATE: June 18, 2002; Revised December 13, 2002, September 22, 2005,  
April 11, 2007; March 11, 2010**

**CULTURAL COMPETENCY (N.J.A.C. 10:37D - 2.3(a) 3; CARF 1.A - 4a)**

It is the policy of Preferred to support and promote activities that are culturally sensitive and competent in addressing the needs of persons served. Preferred shall strive to ensure that all consumers have access to services that take into account their ethnicity, cultural and linguistic needs.

***Intent***

The intent of the Cultural Competency Policy is to describe the role of leadership and the processes that Preferred deploys in responding to the ethnic, cultural and linguistic needs of persons served.

***Procedures***

***A. Needs Assessment***

Reviews of census data for the geographic areas served by preferred identify a significant Spanish speaking population. In addition, the Township of Lakewood has one of the highest concentrations of Orthodox Jewish populations in the US. The unique needs of the Orthodox Community are served by Preferred staff from the Community. Preferred has been working with providers in the Orthodox community since 2006 on collaborative efforts to better serve the mental health needs of the Community.

Leadership is represented in community committees and associations for purposes of needs assessment, planning, budgeting and or coordinating of multi-cultural and ethnic services. Committees include the Ocean County Professional Advisory Committee, Ocean County Planning Committee, the Ocean County Mental Health Board and the Hispanic Latino Focused Group.

***B. Consumer Rights***

All documents pertaining to consumer rights are made available in Spanish. If written material in the consumer's language is unavailable, the staff shall determine if interpretation is necessary for the consumers' understanding.

Consumer Rights, Consumer Grievance and Ombuds Procedure, Informed Consent and Consent to Treatment documents are made available in Spanish.

***C. Admission***

All applicants identified as non-English speaking, hearing impaired or disabled are assessed as whether requiring bi-lingual, interpretation services and or special accommodations. Preferred employs bi-lingual Spanish speaking, Masters level clinicians for assessment and psychotherapy services, a bi-lingual, Spanish speaking psychiatrist for medication evaluation and treatment, and Masters level therapists from the Orthodox Community.

Preferred accesses "Signs for Sobriety Association" for those hearing impaired individuals presenting with substance abuse requiring sign language. We refer hearing-impaired consumers with mental health needs to "ACCESS" at 609-953-5714. ACCESS provides translation for a fee or can provide the mental health services directly through referral. Callers who are hearing or speech impaired are also referred to TTY/TDD for

**PREFERRED SERVICES  
CONSUMER CARE MANUAL**

**DATE: June 18, 2002; Revised December 13, 2002, September 22, 2005,  
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text telephone messaging and the New Jersey Relay Service for telephone communication relay.

Our Human Resources Department maintains a central index of staff speaking other languages in the event translation for a language other than Spanish is needed.

Preferred will refer those non-speaking English consumers to community resources for treatment when we do not have qualified staff who speaks the language of that individual.

**D. Treatment**

PBHNJ takes into consideration the consumer's cultural and ethnic identity and level of involvement in his/her culture of origin during assessment. Role of religion in terms of values and beliefs, provision of support and impact upon treatment is assessed. Staff addresses attitudes about mental health and or substance abuse that are culturally and ethnically driven and respect the differences that role, gender, authority figures and family involvement may play regarding the therapeutic relationship.

Preferred has the capability through the MedlinePlus service to produce Medication Information Fact Sheets in Spanish. Translation in other languages is obtained through contacting the Office of Multicultural Services, Division of Mental Health Services at (609) 777-0654.

**E. Special Events**

In respect to and in celebration, Preferred plans various activities surrounding cultural and ethnic events and traditions. Examples include special meal plans and holiday celebrations representing different ethnic groups in the partial care programs, decorations in our facilities, and special programming.

**F. Staff Orientation and Training/Recruitment/Performance Assessment**

All new employees complete a mandatory online training program on Cultural Competency during orientation. An annual online training on Cultural Competency is required for all staff. The post-test for the online training provides a mechanism for assessing cultural competency of staff, which becomes part of the annual evaluation.

Preferred makes every effort to recruit qualified, bilingual and or multicultural professional staff.

**G. Performance Improvement**

Quality Improvement monitors compliance to regulatory and licensing standards pertaining to cultural competency and oversees the implementation of the Cultural Competency Policy. Specific measures for which performance improvement monitors include: percentage of staff trained annually, percentage of staff attending orientation, identification of barriers to services for different ethnic and multicultural individuals, review of utilization patterns, and competency trends of staff performance.

The QI Department provides teams the MHCA consumer satisfaction survey in English and Spanish. Direct care teams at a minimum conduct consumer satisfaction surveys annually, on a rotating schedule.

## INDEX OF ATTACHMENTS

Question V. Format of proposal must follow requirements for submission set for in Section XI, and include a Statement of Assurances signed by Chief Executive Officer (Attachment C) and Signed Debarment Certification (Attachment D) (3 Points)

Also attached is signed Request for Proposal for Social Service and Training Contracts Signed by CEO (B)

	Page #
<i>Statement of Assurances Attachment (C) signed by CEO</i>	77-78
<i>Debarment Certification Attachment (D) signed by CEO</i>	79-81
<i>Addendum to Request for Proposal for Social Service and Training Contracts Attachment (B) signed by CEO</i>	82-83

## Attachment C

### Department of Human Services

#### Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

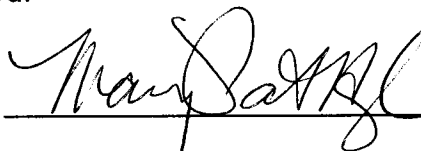
- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).



- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

PREFERRED BEHAVIORAL HEALTH OF NJ

\_\_\_\_\_  
Applicant Organization

  
\_\_\_\_\_

Signature:  
Chief Executive Officer or Equivalent

4-1-14

Date

\_\_\_\_\_  
MARY PAT ANGELINI, PRESIDENT/CEO

Typed Name and Title

**Attachment D**

PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.

THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

**Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion**

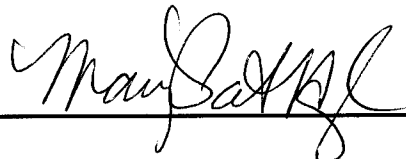
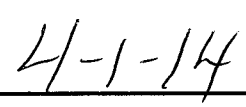
**Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department, or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

MARY PAT ANGELINI, PRESIDENT/CEO

---

Name and Title of Authorized Representative

---

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

**Certification Regarding Debarment, Suspension, Ineligibility, and  
Voluntary Exclusion  
Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the

certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Attachment B**

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**Addendum to Request for Proposal  
For Social Service and Training Contracts**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special

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State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Authorization: Chief Executive Officer: MARY PAT ANGELINI

Signature:  Date: 4-1-14