IMPLEMENTED: 2019	REVISED: NA	CPC BEHAVIORAL HEALTHCARE
		POLICY & PROCEDURES
SUBJECT: OPIOID USE I	DISORDER CASE	
MANAGEMENT PROGRAM REFERRAL		
PROCESS		

PURPOSE:

To establish a referral process for CPC Behavioral Healthcare's Opioid Use Disorder Case Management Program.

POLICY:

CPC Behavioral Healthcare's Opioid Use Disorder Case Management Program admits eligible individuals who are referred from the Monmouth County service providers, other referral sources, as well as self-referrals.

PROCESS:

- The Opioid Use Disorder Case Management Program creates new permanent housing
 opportunities for individuals who are homeless or at risk for homelessness who are in
 recovery or opioid dependent by working quickly to connect them to housing without
 preconditions and barriers to entry, such as sobriety, treatment or service participation
 requirements.
- There are no treatment prerequisites associated with entry into the program or permanent housing.
- Program staff prioritize individuals with the greatest barriers to housing including those
 with no or very low income, poor rental history and past evictions, and/or criminal
 histories.
- Interested referral sources can submit the completed Opioid Use Disorder Case Management Program referral form to the attention of the Program Manager or designee. Following is the Program Manager Contact information:
 - Ayla Fleming, Program Manager
 Monmouth County Opioid Use Disorder Housing
 & Case Management Program
 CPC Behavioral Healthcare
 Industrial Way West
 Eatontown, New Jersey 07724
 Phone: 732-982-3019

Fax: 732-389-2121 afleming@cpcbhc.org

OUD HOUSING & CASE MANAGEMENT REFERRAL FORM

PLEASE SEND PSYCHIATRIC EVALUATION, ASSESSMENTS AND MEDICATIONS WITH THIS REFERRAL

Reply to:	Monmouth County Opioid Use Disord Housing & Case Management Program CPC Behavioral Healthcare 6 Industrial Way West Eatontown, New Jersey 07724 Phone: 732-982-3019 / Fax: 732-389-21	n	
Referral Source:(Ag	ency & Individual)	Referral Source Phone #:	
Client Information:			
Name:	DOB:	SS#:	
Is client homeless on If Yes, Explain:	at risk of homelessness? Yes No (Circle	One)	
		Apt. #	
Phone:	Type of Residence:		
Insurance Type:	ID#:	Monthly Income:	
Name of Next of Ki	n/Significant Other:	Phone:	
Diagnoses (Not C	odes)	Risk Factors and Dates	
SUD & Behavioral	Health:	Homicidal/Assaultive Behavior Suicidal Behavior	
Medical Conditions:		Substance Abuse	
	Action to the second se	Medical Problems	
Functional Assessment (GAF Score):		Legal Problems	
		Other Stressors	
	r (in the Community)	· · · · · · · · · · · · · · · · · · ·	
Agency:		Phone :	
Coop Man /Copiel \	Vorker:	Psychiatrist:	