


## COBB COUNTY COMMUNITY SERVICES BOARD

<b>Policy # 8082</b>	<b>Substance Abuse Admission Process</b>	<b>Service Delivery</b>
<b>Origination Date: May 1998</b>		
<b>Revision Date: June 2004; March 24, 2006; October 3, 2007; February 24, 2009; April 1, 2009; May 28, 2010, March 27, 2013, December 17, 2013, July 14, 2016, February 19, 2019</b>		
<b>Reviewed Date: March 2005; June 14, 2007</b>		
<b>Approved:</b>  Foster Norman, Executive Director		

### **POLICY:**

It is the policy of the Cobb County Community Services Board (the Board) to ensure that individuals entering Substance Abuse services receive a comprehensive assessment to identify needs in order to provide appropriate care and follow a standard admission process.

### **PROCEDURE:**

1. Individuals will be screened by the Intake assessor and/or designated staff within the Outpatient/Residential department to determine if individual meets the program's admission criteria for care.
2. All individuals who are admitted to substance use treatment will receive a full intake assessment, which includes substance use components.
3. During the process, the assessment collects significant data from the individual, and if appropriate, family members and collateral sources, relevant to the individual's substance use history. Data includes:
  - a. history of alcohol and other drug use including age, of onset, duration, patterns and consequences of use;
  - b. history of physical problems associated with dependence;
  - c. use of alcohol and other drugs by family members;
  - d. type of previous treatment and responses to treatment;
4. The data is collected and analyzed and integrated to develop the individual's service plan based on identified needs
5. Assessments of needs will be ongoing during the treatment process and updated as clinically indicated. Any data collected will be integrated, as appropriate, in the individual's service plan.
6. As part of the admission process, individuals entering a substance use program receive the following:
  - a. Nursing Assessment, including documentation of vital signs, will be done on day of admission for residential and prior to the start of services for outpatient services.
  - b. TB testing must be completed (administered and read) prior to beginning group or entering residential services.

- c. A Urine drug screen also is administered on the day of intake and assessment.
  - d. The nurse will complete an RPR during the Nursing assessment.
  - e. For individuals entering residential services a physical examination will be requested by the nurse if the individual's medical condition indicates the need. If a physical examination has been completed at another facility within six months of admission to Cobb County Community Services Board, a copy of the physical examination and/or documented results of the examination may be placed in the medical record and serve as the examination. Physicals are completed by the doctor within seven (7) days of admission.
  - f. Individuals requesting treatment at the Hartmann Center will have an initial screening assessment to determine their appropriateness for treatment at the Center. The treatment team reviews the information and will make the final determination as to whether or not the individual will be accepted into the program. Individuals who are not accepted will be given a referral to another treatment provider.
7. Prior to admission into the Hartmann substance use residential program individuals are required to have the listed documents (Attachment A).
8. During the initial screening assessment Hartmann individuals will have an AWOL risk assessment completed to determine his/her runaway risk level. The risk assessment (Attachment B) will generate a score of low, moderate and high. Those individuals who score high may be referred to a more secure program. Every individual regardless of runaway risk level, will work with a counselor to develop a safety plan upon admission, but no more than within 7 days of admission.

George W. Hartmann Center  
 770-971-7801 (Phone)  
 770-509-1225 (Fax)  
**ADMISSION CHECKLIST**

Due to the requirements to operate, the following list of completed materials is required to be sent to the program **PRIOR to an admission.**

- \_\_\_ 1. Physical examination (*done within 30 days*) check for head lice
- \_\_\_ 2. Complete blood count (*within 6 months*)
- \_\_\_ 3. Serologic test(s) for syphilis (*good for 30 days*)
- \_\_\_ 4. Urinalysis (*routine and microscopic; good for 30 days*)
- \_\_\_ 5. T.B. skin test (*good for 1 year*); if positive, a chest x-ray is needed
- \_\_\_ 6. Hepatitis B-screening (*good for 30 days*) unless started shot series
- \_\_\_ 7. Pregnancy testing, if applicable (*good for 30 days*)
- \_\_\_ 8. Certificate of immunization (*must be current*) tetanus booster ages 12-16
- \_\_\_ 9. Hearing, vision and dental check (*good for 30 days*)  
**\*\*\*must be on a GA form 3300 (from Health Dept.)**
- \_\_\_ 10. Copy of a Birth Certificate
- \_\_\_ 11. Copy of Social Security card
- \_\_\_ 12. Psychological (*done within last 2 years, if available*) Psychiatric Eval)
- \_\_\_ 13. DJJ/DFCS Level Assessment (*if committed*)
- \_\_\_ 14. Complete school records to **include transcript**, special education placement records, discipline records, a valuable attendance record, history of school performance/behaviors, and **withdrawal form.**
- \_\_\_ 15. Copy of court order/charges
- \_\_\_ 16. Copy of Insurance Card
- \_\_\_ 17. Proof of Household Income
- \_\_\_ 18. \$30 for Pharmacy Account (*due day of admission*) **CASH ONLY**
- \_\_\_ 19. 30 day supply of medication or prescription (*due day of admission*)

**Please submit information within 2 weeks for review and admission date.**

# RUNAWAY RISK ASSESSMENT

## PART I - GENERAL INFORMATION

<b>Date of Assessment:</b>	<b>Name:</b>	<b>CID #:</b>
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**Referral Source:**

Probation     
  DJJ Committed     
  DFCS     
  Parent     
  Other

## PART II - VARIABLES

	Score	
<b>1. Age at first referral for substance abuse:</b> 10 Years of Age.....2 11-14 Years of Age.....1 15 Years of Age or Older.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Notes/Comments <hr/> <hr/> <hr/>
<b>2. Prior runaways within last 12 months:</b> 2 or more prior runaways.....2 1 prior runaway.....1 No prior runaway.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	How long was AWOL: Where did he/she go: With whom:
<b>3. Prior runaway attempts within 12 months:</b> 1 or more runaway attempts.....1 No prior runaway attempts.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	How many:
<b>4. Is youth easily influenced/exhibit impulsive behaviors:</b> Always.....2 Sometimes.....1 None of the time.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<hr/> <hr/> <hr/>
<b>5. Is the youth interested in entering treatment:</b> Not at all.....2 Somewhat.....1 Completely.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Is family supportive:
<b>6. Prior residential placements:</b> 1 or more prior residential placements.....1 No prior residential placements.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	# of placements: Reason for discharge:
<b>7. Is youth able to form positive connections with staff or peers:</b> Yes.....1 No.....0	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	Gang affiliation:

Total Score	Risk Level
0-1 Low Range	1
2-3 Moderate Range	2
4-11 High Range	3

0.00
**Total Score**

**Assigned Risk Level**

\_\_\_\_\_  
Signature of Assessor

\_\_\_\_\_  
Date