|  |  |
| --- | --- |
|  **True North Recovery Inc, Client Needs Assessment** | **New CT? Yes □ No □ Follow up Yes □ No □** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Housing** | Independent | partially independent/ self-supporting w/ sober supports | Sober living/Dependent w/support | Housed unsafe w/ out support | Homeless |  |  |
| **Education** | College/trade school Grad | HSD/GED plus additional training | Highschool diploma/GED | Currently enrolled in GED/HSD classes | Lacking HSD/GED |  |  |
| **Employment** | Sustaining employment supportive environment | Sustaining Employed | Temporary/ part time/ still seeking outside employment | Unemployed/employed in unstable, not conducive to recovery | UnemployedNot seeking employment |  |  |
| **Transportation** | Self-sufficient | Has transportation with minor support | Has access to transportation with major support | Dependent on assistance for transportation needs | In need of transportation assistance |  |  |
| **Primary Care Provider** | Has primary care |  | Pending |  | No primary care |  |  |
| **Recovery oriented support groups** | Healthy consistent engagement with recovery-oriented support groups independently | Individual is appropriately engaging with recovery-oriented support groups without assistance | Individual is attending / exploring recovery-oriented support groups with minimal assistance | Individual is appropriately interacting, working on, or seeking assistance in attending recovery-oriented support groups | Individual in need of assistance with exploring recovery-oriented support groups |  |  |
| **Recovery oriented social supports** | Healthy open engagement with recovery support peers who offer major support of recovery independently | Individual is appropriately interacting with recovery support peers with minor support of recovery | Individual is appropriately interacting with recovery support peers with minimal assistance | Individual is appropriately interacting, working on, or seeking assistance building relationship with recovery support peers | Individual in need of assistance with relationships with peers in recovery. |  |  |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Sponsor/mentor** | Consistently engaging in healthy, open and trusting relationship with sponsor/mentor | Building relationship with sponsor/ mentor with consistent engagement without assistance | Individual is a seeking / exploring sponsorship / mentorship with assistance | Individual is appropriately exploring, working on, or seeking assistance in utilizing a sponsor / mentor | Individual in need of assistance with exploring sponsorship / mentorship |  |  |
| **Food** | Self-sufficient | Self-sufficient and working towards independence | Working towards self-sufficiency w/ major assistance of food stamps or food banks | Seeking assistance in meeting sustenance needs | In need of assistance in meeting sustenance needs |  |  |
| TOTAL |  |  |  |  |  | X3 | TOTAL: |
|  |  |  |  |  |  |  |  |
| **Clothing** | Has adequate clothing | Has majority of clothing needs met, needs minimal support acquiring | Receiving assistance getting clothing needs met | Seeking assistance meeting clothing needs | In need of support acquiring clothing assistance. |  |  |
| **Medicaid/ insurance** | Has private health insurance or Medicaid |  | Has presumptive insurance, receiving assistance acquiring long term Medicaid |  | In need of assistance acquiring health care |  |  |
| **Physical health** | In good health / currently addressing all health concerns independently | Currently addressing all health concerns with minimal assistance | Addressing/ working towards addressing health concerns with major assistance | Seeking assistance in addressing health concerns | In need of assistance addressing health concerns |  |  |
| **Medication adherence** | 100% | Occasional lapse- independent | Occasional lapse but utilizing assistance to gain independence  | Frequent missed doses, seeking support | Not adherent / in need of oversight |  |  |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Level of hope** | Extremely Hopeful | Significantly Hopeful | Somewhat Hopeful | Minimally Hopeful | No Hope |  |  |
| **Employment readiness** | Skilled/ satisfied | Working towards career goals | utilizing assistance with job readiness skills | Seeking assistance with job readiness skills | In need of job readiness skills and assistance |  |  |
| **Mental health** | In good health / currently addressing all MH concerns independently | Currently addressing all MH concerns with minimal assistance | Addressing/ working towards addressing MH concerns with major assistance | Seeking assistance in addressing MH concerns | In need of assistance addressing MH concerns |  |  |
| **MH treatment** | Completed TX | Enrolled in treatment utilizing minimal supports | Enrolled in treatment utilizing major supports | Seeking MH TX | In need of MH TX |  |  |
| **Detoxification****Clean UA** | Yes |  | partial |  | no |  |  |
| **Recovery milestones** | One year / multiple years | 6 months | 90 days | 30 days | 24 hours |  |  |
| **SUD Treatment** | Completed TX  | Enrolled in treatment utilizing minimal supports | Enrolled in treatment utilizing major supports | Seeking SUD TX | In need of SUD TX |  |  |
| **Do you feel supported** | Extremely supported | Significantly supported | Somewhat supported | Minimally supported | No support |  |  |
| **Education readiness** | Has meet educational goals | Currently working towards educational goals | utilizing assistance developing/ implementing educational goals | Seeking assistance developing educational goals. | Lacks educational goals |  |  |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Family relationships** | Healthy open engagement with family who offer major support of recovery with mutual contribution | Individual is appropriately interacting with family members whom offer minor support of recovery.  | Utilizing minimal assistance to interact appropriately with family members | Utilizing major assistance to build the skills to interact appropriately with family members. | Individual in need of assistance with relationship building skills |  |  |
| **Relationships with dependents** | Providing Healthy contributions, engaged with dependents, and offering major support / no dependents | Individual is appropriately interacting with dependents, providing major support, and engaging with minor outside assistance. | Utilizing minimal assistance to interact appropriately with dependents | Utilizing major assistance to build the skills to interact appropriately with dependents. | Individual in need of assistance with relationship building skills with defendants / not contributing/ not providing support |  |  |
| **OCS** | No involvement/ Completed Requirements | Currently under supervision/ in compliance, with dependents in home | Currently under supervision/ in compliance, with dependents out of home | Currently under supervision/ non-compliant. Seeking assistance | Currently under supervision/ non-compliant, in need of assistance |  |  |
| **Transportation to Visitations** | No involvement/ No transportation Needed | Access to transportation with minor assistance | Access to transportation with major assistance | Currently looking for transportation assistance  | No transportation |  |  |
| **Relationships with friends** | Healthy open engagement with friends who offer major support of recovery with mutual contribution | Individual is interacting with friends whom offer minimal support of recovery | Individual is appropriately interacting with friends with minimal assistance | Utilizing major support to build relationships with friends | Individual in need of assistance with appropriate friendship building skills |  |  |
| **Motivation for recovery** | Extremely motivated | Significantly motivated | Somewhat motivated | Minimally motivated | No motivation |  |  |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Criminal Justice** | No involvement, Completed Requirements | Currently under supervision, in compliance | Currently under supervision, in compliance with support | Under supervision, in need of support to maintain compliance | Currently under supervision, not in compliance |  |  |
| TOTAL |  |  |  |  |  | X2 | TOTAL: |
| **PAWS management** | No symptoms | Occasional symptoms | Minimalsymptoms | Moderatesymptoms | Significantsymptoms |  |  |
| **MAT** | Not on MAT | In compliance with program and collaborating with treatment team | Occasional lapse independent | Frequent missed dosing and seeking assistance to become independent | Not adherent / in need of oversight |  |  |
| **MH Assessment** | Completed following recommendations | Completed pending intake | Scheduled for assessment | Seeking assistance navigating providers | In need of assistance to begin assessment process |  |  |
| **SUD Assessment** | Completed following recommendations | Completed pending intake | Scheduled  | Seeking assistance navigating providers | In need of assistance to begin assessment process |  |  |
| **Financial****Resources** | Stable with savings | Stable | Adequate | Inadequate | None |  |  |
| **Financial Planning** | Currently utilizing financial planning skills | Utilizing financial planning with minimal assistance | Utilizing financial planning skills with major assistance | Occasionally following a financial plan or looking to establish one. | No financial planning |  |  |
| **Dimension** | 5 | 4 | 3 | 2 | 1 | **score** | **Notes** |
| **Housing Readiness** | Has means and ability to live independent, is currently transitioning towards independent housing with minimal assistance. | Utilizing minor support to transition towards independent housing. | Transitioning towards independent housing with major support | Seeking assistance gaining skills to transition towards housing readiness. | In need of housing readiness skills |  |  |
| **Vital records** | Has birth certificate, SS card, and ID | In need of some vital records but does not need assistance obtaining them  | Utilizing assistance to acquire vital records | In need of some or all vital records and seeking assistance to acquire them | In need of assistance obtaining vital records |  |  |
| **DL** | yes | Limited | Suspended  | Working towards with support | No license/ needs assistance |  |  |
| **Vehicle** | Yes-in good working order. Running and reliable with minor issues that require no assistance. | Running and reliable vehicle- minor issues  | Has vehicle, needs assistance to get it operational | Seeking vehicle with assistance | No vehicle |  |  |
| **Insurance** | yes |  |  |  | no |  |  |
| **Current Credit** | Good credit no past due accounts | Good credit with minimal past dues | Decent, some past due account and collection non-payment accounts | Fair credit, most accounts not current or in collections | Bad/none all accounts closed and in collections 120+ days past due |  |  |
| **Recreation Hobbies** | Engages in healthy hobbies /activities independently | Engages in healthy hobbies and activities with minimal support | Engaging/ exploring healthy hobbies / activities with major support | Seeking assistance exploring healthy hobbies and activities | In need of assistance exploring healthy hobbies / activities |  |  |
| TOTAL |  |  |  |  |  | X1 | TOTAL: |
| Overall Total |  |  |  |  |  |  | SUM: |

|  |
| --- |
| **Significant Findings – Immediate or emergency goals** |
|  |

**Based on Client Recovery Capital Scale**

 **COMPREHENSIVE 🞏 SUPPORTIVE 🞏**

**Case Manager Initials \_\_\_\_\_\_\_\_\_\_ Assessment Date \_\_\_\_\_\_\_\_\_\_\_\_ CT’s Initials\_\_\_\_\_\_\_\_\_\_**

**SUPPORTIVE CASE MANAGEMENT ISSUES LIST**

**DATE:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**ISSUES IDENTIFIED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Issue** | **goal** | **Target completion date** | **Contact** | **Responsible Party** | **ROI** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

*The client and Case Manager have reviewed and agreed upon the above goals and objectives in the first THIRTY DAYS of service provision. Client and Case Manager will review every 30 days from date of signature. The goals and objective can be modified at any time to adjust to unforeseen circumstances and/or additional needs.*

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**SUPPORTIVE CASE MANAGEMENT ASSESSMENT**

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

Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of my Service Plan / Issues List has been offered to me. I do \_\_\_ / do not \_\_\_\_ want a copy.

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

Case Manager Has Reviewed Ct’s Treatment Plan: *CM INITALS* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**NEXT FOLLOW UP ASSESSMENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PSS/ Case Management Review**

|  |
| --- |
| **Date:****Name of PSS(s) / Case Manager/ Clinician that client has worked with:****Please rate your quality of service you have received Scale from 1-5 1 being the worst 5 being the best.** **Do you feel as though you are receiving all the support that you need?** **Do you have any concerns regarding any of the peer support or case managers that you have worked with?** **What as a team could we do to better support you?** |