

**TREATMENT SERVICES
PROGRAM PLAN**

Client: _____
Agency: _____
Officer: _____
BPA No: _____

Pretrial Client: **Yes** **No**
Counselor: _____
Date: _____
PACTS No: _____

SERVICES TO BE PROVIDED

URINE COLLECTION, TESTING AND REPORTING

_____ (1010) Collection Only
_____ Phase I _____ Phase II _____ Phase III

INTAKE

_____ (2011) Intake Assessment and Report

SUBSTANCE ABUSE COUNSELING

_____ (2010) Individual
_____ Session/week/month
_____ (2020) Group
_____ Session/week/month
_____ (2030) Family
_____ Session/week/month
_____ (2040) Group Family
_____ Session/week/month
_____ (2080) Intensive O/P
_____ Session/week/month

PHYSICAL EXAMINATION

_____ (4010) Physical Exam
_____ (4020) Lab Studies (Blood/Urine)

PSYCHOLOGICAL/PSYCHIATRIC WORK UP/EVALUATION AND REPORT

_____ (5010) Psychological Evaluation/Report
_____ (5020) Psychological Testing and Report
_____ (5030) Psychiatric Evaluation/Report

MENTAL HEALTH

_____ (6010) Individual Counseling
_____ Session/week/month
_____ (6020) Group Counseling
_____ Session/week/month
_____ (6030) Family Counseling
_____ Session/week/month
_____ (6040) Psychotropic Meds
_____ (6050) Admin. of Meds
_____ (6060) Clinical Consultation

OUTPATIENT DETOXIFICATION/ ANTAGONIST TREATMENT

_____ (7010) Physician's Exam
_____ (7020) Medication
_____ (7030) Lab Studies

INPATIENT DETOXIFICATION

_____ (8010) Detoxification
_____ (8020) Physician's Exam
_____ (8030) Medication
_____ (8040) Lab. Studies
_____ (8050) Non-Medical Detox.

METHADONE MAINTENANCE

_____ (9010) Physician's Exam
_____ (9020) Medication
_____ (9030) Lab. Studies

RESIDENTIAL PLACEMENT

_____ (1001) Therapeutic Comm.
_____ (2001) SHort-Term Residential
_____ (1101) Temporary Housing

EMERGENCY TRANSPORTATION

_____ (1201) Administration Fee
_____ (1202) Transportation Expenses

EMERGENCY FINANCIAL ASSISTANCE

_____ (1301) Administrative Fee
_____ (1302) Direct Assistance

CONTRACTOR'S LOCAL TRAVEL

_____ (1401) By Contractor's Vehicle
_____ (1402) By Common Carrier

CLIENT PAYMENTS TO CONTRACTOR

Amount to be paid \$ _____ per _____

For Services _____

_____ (1501) Administration Fee

OTHER SERVICES/LOCAL SERVICES

Attach pages as needed

INSTRUCTIONS TO CONTRACTOR REGARDING CLIENT NEEDS AND GOALS OF TREATMENT

OFFICER

REFERRAL AGENT

CLIENT

ORIGINAL

YELLOW COPY-OFFICER

PINK-COUNSELOR

GOLDENROD-CLIENT