**PAATHS**

 **Bureau of Addictions Prevention, Treatment and Recovery Support Services**

**Boston Public Health Commission**

**Treatment Care Plan**

Date of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials [] JB [] YC [] MC [] NO

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Goal (in own words): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Paperwork was faxed to the following programs:**

[] Transitions [] Men’s Stabilization [] Women’s Renewal

[] Arbour/Dorm [] Danvers CSS [] NBH Tewksbury

[] My Sister’s House [] John Flowers [] Salvation Army [] Spectrum Weymouth [] Women’s Hope [] Joelyn’s [] Sheppard House [] Victory Programs/ Men’s [] Casa Esperanza [] Latinos y Niños [] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intake information was given about the following outpatient programs:**

[] Arbour/Partial [] Mom’s Project/MORE Program [] Men’s Health & Recovery

[] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education/Support:**

[] Information on Medication Assisted Treatment [] Self-Help Meetings

[] Connected with Fran Velona [] Self Admit Program List

[] Sober Housing/Shelter List [] Connected with AHOPE

[] Completed Narcan Training [] Discussed Safety Plan

[] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asked to Return:** [] Yes [] No If yes, when/why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Brief Case Manager/Public Health Advocate II Summary:**

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