ASAM Monthly Technical Assistance Series

Individualized Documentation Considerations: Part 2
Progress Notes and Discharge

1115 Waiver Demonstration for SUD

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Advanced Behavioral Health, Inc.

Department of Mental Health and Addiction Services

Department of Corrections

Department of Social Services

Judicial Branch -Court Support Service Division

Department of Children and Families

Reminders

- Questions related to the upcoming webinar should be submitted at least 7 days in advance of that webinar to 1115waiver@abhct.com. Please feel free to submit questions in the chat but note that they will not be addressed until after the presentation.
- This webinar is being recorded. Please remain on mute during the presentation and exit now if you do want to be recorded. You will be able to review the video in its entirety on the DSS webpage following this event.
- Suggestions for future webinar topics should be submitted to 1115waiver@abhct.com.

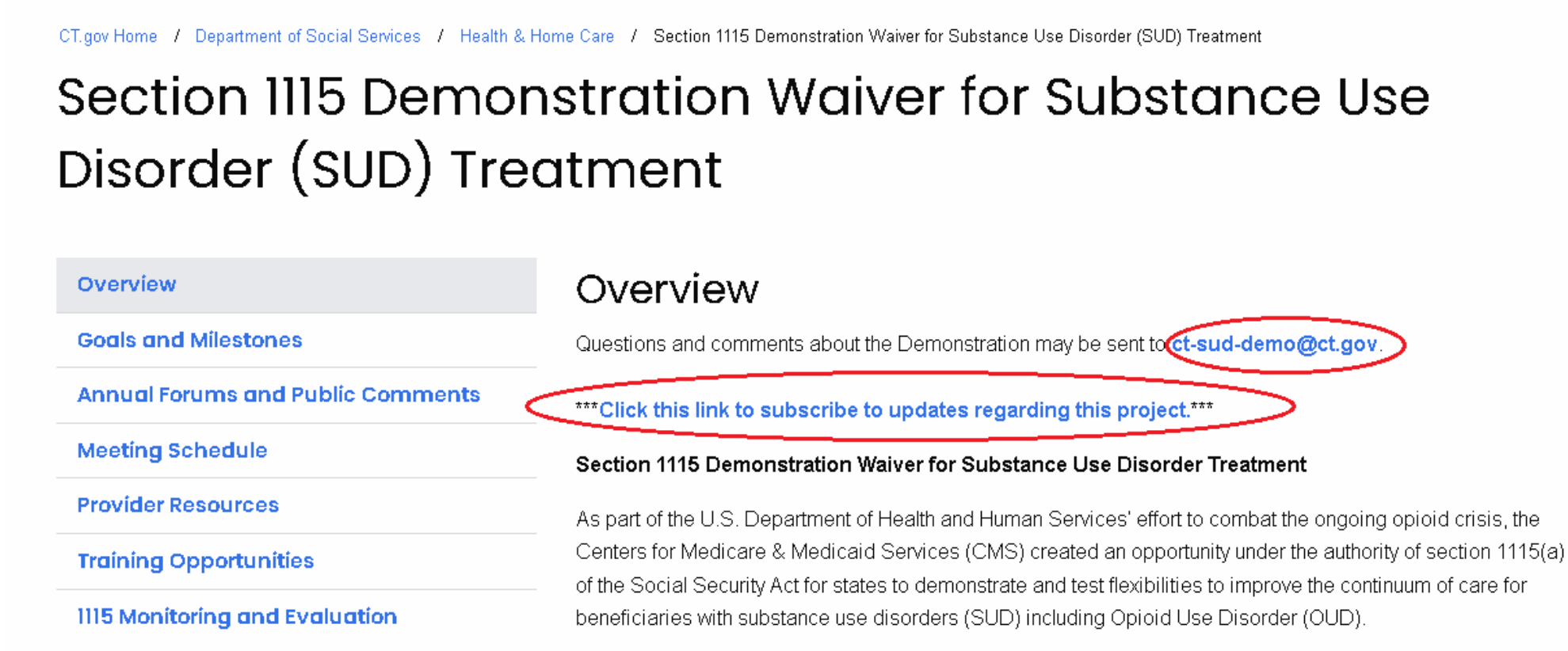
Disclaimers

- Please note, some information provided in this technical assistance series is purely informational as best practice and not to be interpreted as required or regulatory, unless otherwise stated as a requirement for credentialing under the 1115 Demonstration Waiver. Please refer to the 1115 Waiver website for requirements.
- Alignment with the ASAM Criteria is required of drug and alcohol treatment providers participating in the 1115 SUD Demonstration Waiver.
- The State Partners stress the importance of reviewing the ASAM criteria text in its entirety, attending the ASAM two-day training, completing the online ASAM training, and reviewing the resources available through State websites, which include trainings and documents.
- Please check with your administrator for any additional resources or trainings your agency may have.

Review of Resources

How to Subscribe to Updates

Clicking on the Overview Tab will bring you to where to subscribe for updates and also email any additional questions.



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Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

- Overview
- Goals and Milestones
- Annual Forums and Public Comments
- Meeting Schedule
- Provider Resources
- Training Opportunities
- 1115 Monitoring and Evaluation

Overview

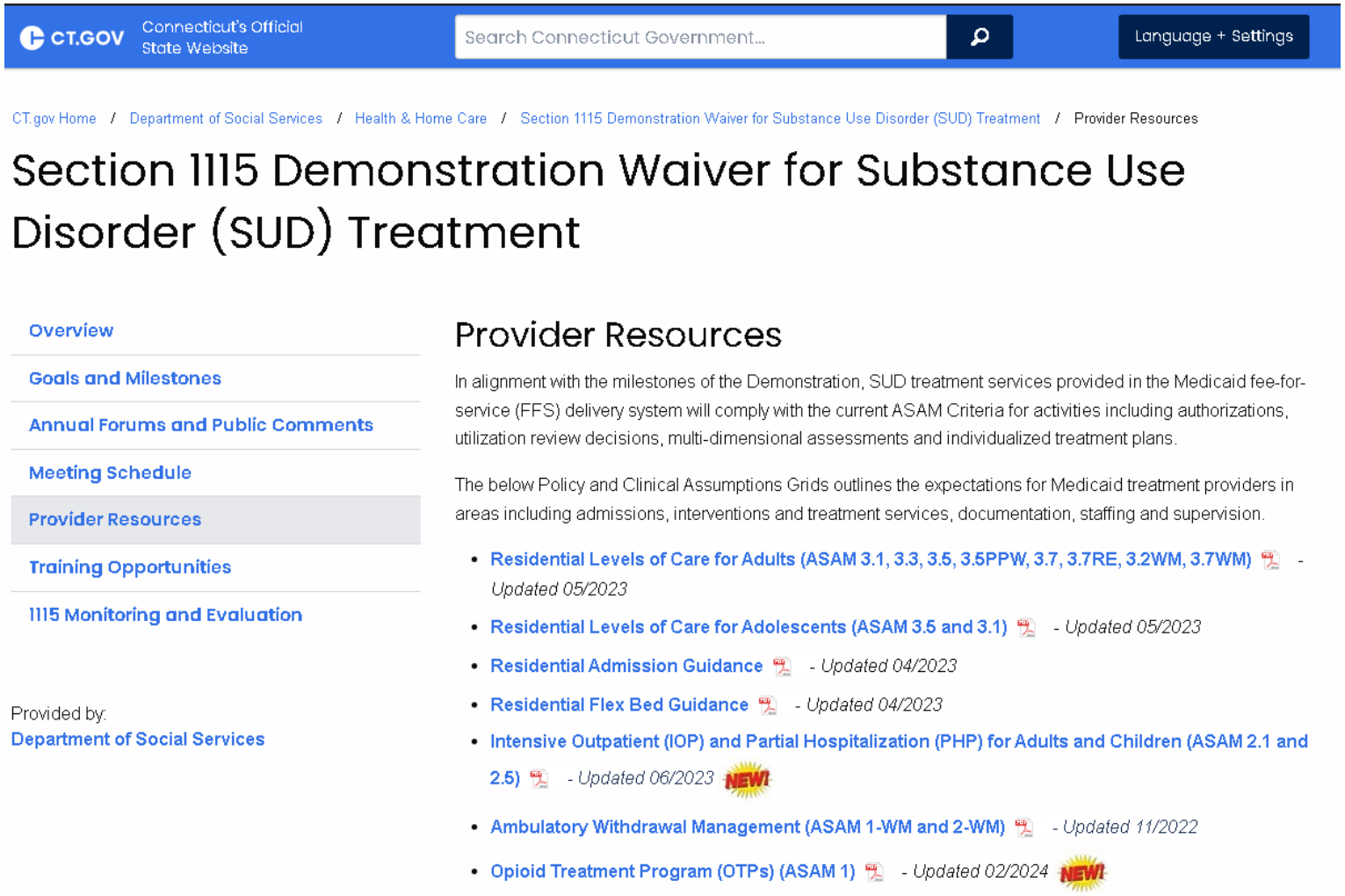
Questions and comments about the Demonstration may be sent to ct-sud-demo@ct.gov.

Click this link to subscribe to updates regarding this project.

Section 1115 Demonstration Waiver for Substance Use Disorder Treatment

As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUD) including Opioid Use Disorder (OUD).

Review of Resources

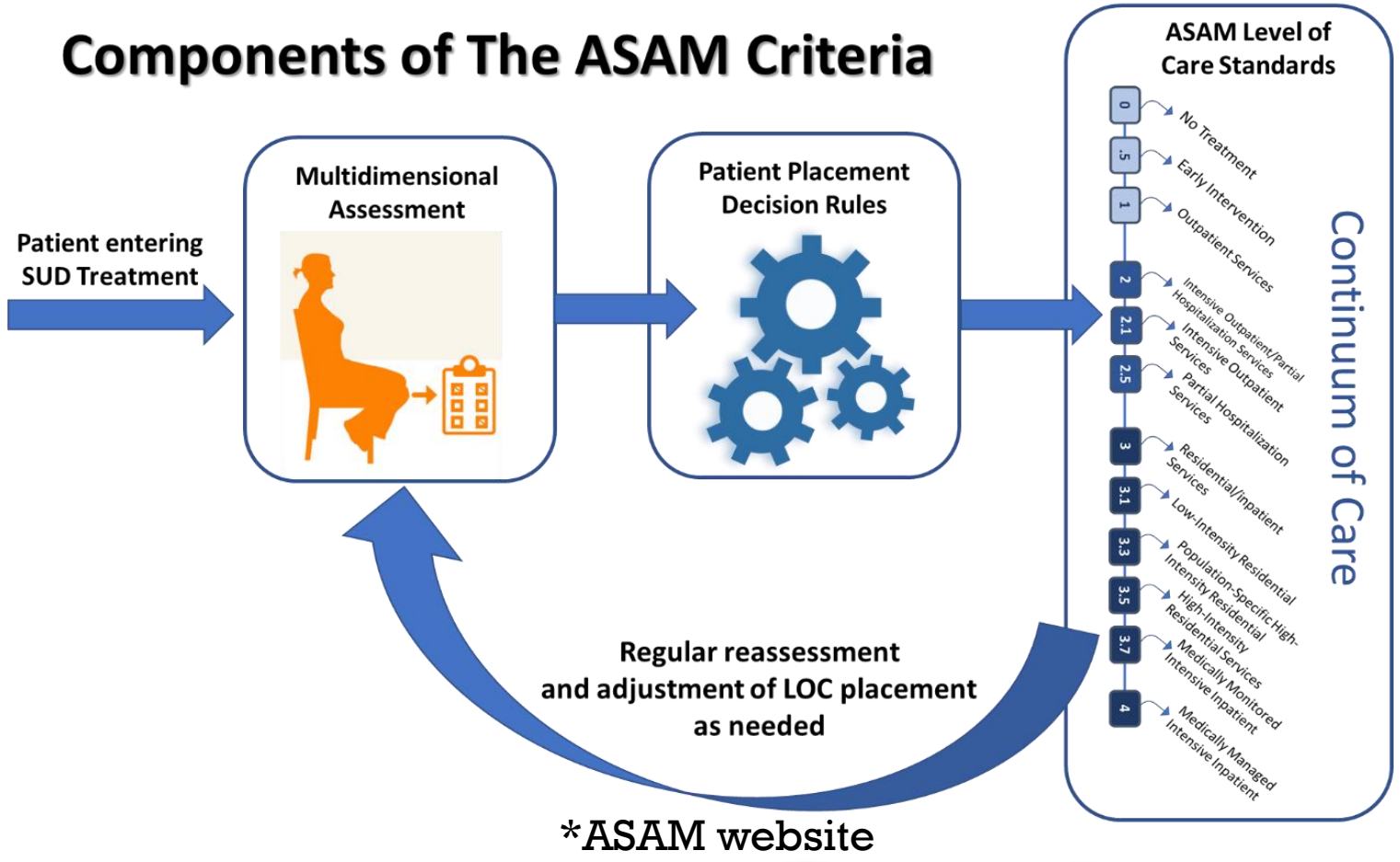


Additional Topics and Resources Listed:

- Fees by Level of Care
- Provider Bulletins
- State Plan Amendments (SPAs)
- Certification and Monitoring
- Frequently Asked Questions (FAQs) and Answers
- Important Documents
- Other Resources

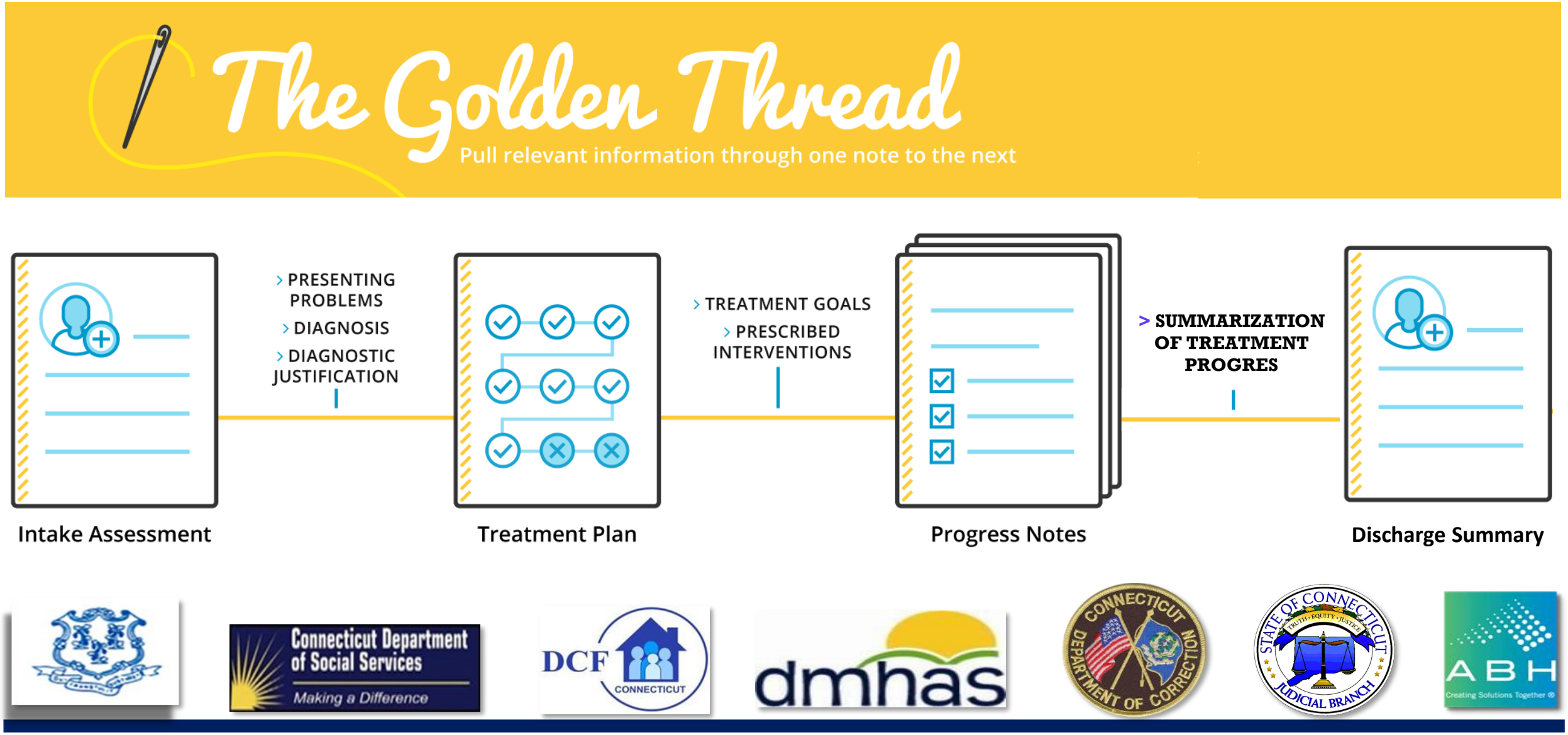
Learning Objectives: Part 2

- Quick review of the Golden Thread
- Progress Notes
  - Overview of notes
  - How is ASAM included?
- Discharge Summary
  - Overview
  - How is ASAM included?



*ASAM website

Review: The Golden Thread of Documentation



Progress Notes

Progress Notes

What are they?

- A documented record of each service and event that transpired during course of treatment
- Different formats include SOAP, DAP, BIRP, PIRP, GIRP, etc
- Progress notes make up part of a clinical record

What is its purpose?

- Progress notes detail a client's clinical status, including progress (or lack of) during the course of treatment in response to the treatment plan goals, objectives, interventions

Who can write progress notes in CT?

- Everyone! All services the client receives needs to be documented by the person who provided the service, with credentials and co-signatures as needed
  - That includes medical staff, recovery support staff, case manager, certified peers, therapist, service coordinators, etc.


Progress Notes – What about ASAM?

- All programs:
  - "Documentation standards…include individualized progress notes in the…record that clearly reflect implementation of the treatment plan and the patient's response to the therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan." (pg 201-2.1; 212-2.5; 227-3.1; 239-3.3; 254-3.5; 271-3.7; 285-4.0)

- For co-occurring:
  - "…document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning." (pg 201-2.1; 212-2.5; 227-3.1; 239-3.3; 254-3.5; 271-3.7)

Progress Notes – What about ASAM?

- Progress notes support the progress (or lack of) in the treatment plan updates and reviews
- Information in progress notes is used in ASAM continued stay reviews (pg 299-303) and ASAM discharge assessment (pg 303-306)
- If the treatment plan is informed by ASAM, the progress notes will target ASAM dimensions seamlessly
- Documents evidenced based practices and interventions used

Progress Notes Considerations

- Evidence of coordination of care with multidisciplinary team
- Specific interventions used in sessions
- Individualized client responses to interventions; quotes when possible
- Interventions are tied to the assessment, treatment plan, and ASAM dimensions
- Therapist's assessment of how the client is progressing and responding to the treatment plan; specific examples that support the assessment, using "as evidenced by…"
  - Supports adding new goals and/or modifications made to the treatment plan
  - Documents evidenced based practices and interventions used

Progress Notes Considerations, cont'd

- Homework or other action steps that are agreed upon are clearly documented with due dates
- Discharge planning
- Documenting missed groups, sessions, appointments
  - Includes documenting outreach attempts and outcome of the attempts with next steps (if applicable)
  - Assessment instruments completed and results/scores
- If it's not documented…IT DIDN'T HAPPEN!
- Remember to follow state and federal guidelines in conjunction with your agency and ASAM guidelines

Progress Notes…ask yourself:

- Does my note relate to/address areas of the treatment plan?
- Are my interventions documented clearly?
- Is the client's response to interventions noted? Did I use client quotes?
- Do my interventions noted relate to the assessment, treatment plan, and ASAM dimensions?
- Did I document my clinical assessment of the client's response to the treatment plan; did I make sure to not include my own personal feelings, thoughts, opinions?
- Did I document the assigned homework or action steps?
- Is my note individualized or did I copy/paste the information from another note?

Progress Notes…ask yourself:

- Am I in the correct client file?
- Are the pronouns correct?
- Is my note complete and accurate?

  Double check:
  - Was the client present or absent? If s/he was absent, did I document the reason why and remove all other unnecessary information?
  - Did I use the correct dates and times of services?
  - Is the correct provider for the service listed?
    - Clinical vs non-clinical staff
  - Is the service labeled correctly?
    - Non-clinical service noted vs clinical
  - If I was not present for the group, I do not write the note. The person who facilitated/present for group writes the note.
  - Did I sign and route the note?

Progress Notes – Format Examples

Common Case Notes Documentation Formats

S.O.A.P.

Subjective: Client's description of issue
Objective: Your own observations
Assessment: Evidence-based conclusions
Plan: Next steps for treatment

D.A.P.

Data: What did you observe? What was said during the meeting?
Assessment: What is going on? What you do you feel needs to be done about it?
Plan: Future steps

B.A.R.

Behavior: record what occured during the session
Action: what actions were taken
Response: How did the client respond?

G.I.R.P.

Goal: What is the objective of the session?
Intervention: What was done, how was client coached or assisted?
Response: How did the client respond?
Plan: Next steps

Progress Notes – Service Examples

- Individual sessions
- Groups
  - Psychoeducational
  - Clinical
  - Support groups
  - Relapse prevention
- Family sessions
- Peer support services
- Medical (e.g. health education, medication management)
- Case management/service coordination
- Miscellaneous/collateral notes (e.g. phone calls, emails)

If it's not documented, it didn't happen!

Progress Notes – Therapy (clinical)

Per the State Amendment Plan (SPA), therapy services are conducted by appropriately licensed staff (e.g. intern, associate, or independently licensed)

- Therapy services include individual, group, couples, family
- "…focuses on the symptom reduction associated with the individual's diagnoses(es), stabilization and restoration to the person's best possible functional level, including use of appropriate evidence-informed practices"

Progress Notes – Psychoeducation + Skill Building

Per the SPA, psychoeducational and skill building are defined as:

- Psychoeducation
  - "assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan"
- Skill Building
  - "directed to decrease problem behavioral and increase appropriate pro-social behaviors and promote integration with community resources"

Qualified Practitioners:

- Independently licensed, associate licensed; certified alcohol and drug counselors, registered nurses; licensed practical nurses; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. *

  *All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner

Progress Notes – Additional services

Check the SPA for details on these services:

- Health services and medication management
- Peer Support Services
- Service Coordination

[Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment--Provider Resources]

State Plan Amendments (SPAs): The following approved State Plan Amendments (SPAs) have impact to or are related to the work under the Demonstration.

- SPA 22-0020 - This SPA establishes coverage and reimbursement for substance use disorder services provided in outpatient and residential settings within the rehabilitative services benefit category. For applicable levels of care, this SPA implements and is consistent with the state's approved SUD Section 1115 Demonstration waiver.
- SPA 22-0021 - This SPA updates the Alternative Benefit Plan (ABP) to implement to add coverage for substance use disorder services under the rehabilitative services benefit category for services provided in outpatient and residential settings.

Progress Notes

Individual Session Notes

- Documents client's symptoms/behaviors
- Client strengths
- Documents which goal is being addressed and progress towards that goal
- Evidenced based practices and interventions are documented
- Therapist intervention and client response to the intervention, ideally using client quotes
  - "As evidenced by, …"
- Barriers and interventions to address barriers, if applicable
- Plan of subsequent services

Progress Notes

Group Session Notes

- The same as individual progress notes, but the "data" or the "subjective" section would detail what occurred in group that day
    - The "data" or "subjective" could be the same for all clients attending group
    - The rest of the note is individualized by client and looks very similar to individual session progress notes
- Client's interactions with group members is assessed and noted
- If a client presented an assignment, or offered feedback to group members, or shared examples of how they could relate (or not relate) to what a group member presented, this would be noted
- Therapist assessment of the client's overall response to the group is noted
- Evidenced based practices and interventions are documented
- Documenting the date, time, length of service, type of service, and number of group members present (up to 12 for clinical, up to 25 for non-clinical psychoeducation)

Progress Notes

Significant Events

Consider the following measurement definition:

Clinically significant events, such as, but not limited to:

- Relapse, return to use, re-occurrence of use, unexpected toxicology results
- Medication changes or non-compliance
- Chronic absenteeism
- Changes to discharge plan
- Refusal of services
- Requests to change treatment plan
- Significant or sustained changes in motivation for treatment
- Symptoms intensification
- Medical events, hospitalization
- Changes in system involvement or status of involvement (e.g. judicial, child welfare)

Connecticut: Key Highlights for Progress Notes

- Individualized, client specific
- Reflect the client's response to the interventions and goals in the client's treatment plan
- Significant events/changes to the treatment plan are documented in progress notes
- Clinical services are provided and notes are signed by qualified practitioners
- Clinical activities reflect the treatment plan
- Evidenced based practices used are documented

Discharge Summaries

Discharge Summaries

What is it?

- A comprehensive document that summarizes a client's episode of care, which includes a review of the goals and progress, and status at discharge

What is the purpose?

- Provides information to help facilitate a transition to the next level of care to avoid miscommunication or delays in care
- Client education: details like diagnoses, course of treatment, follow-up care, recommendations
- Notifies the next provider of services received and successes (or lack of) to help inform the next service

Who can write the discharge in CT?

- SPA identifies qualified practitioners as:
  - Graduate level intern*, associate licensed*, independently licensed
    - *Co-signed as appropriate/needed by independently licensed
  - Credentials of staff need to be included

Discharge Plan vs Discharge Summary

Discharge Plan

- Discharge planning starts at the beginning, coinciding with treatment, to prepare for a successful discharge
- Planning is done collaboratively with client and others involved
- The discharge plan is designed to help the client be successful post discharge, which includes documenting:
  - aftercare appointments with names/numbers
  - crisis planning
  - medications (e.g. names, doses, where and how to pick up, doctor contact)
  - case management needs (e.g. resources for daily living like food pantries, utility help, local support groups, shelters, transportation)

Discharge Summary

- Formal comprehensive written document
- Includes client status at time of discharge
- Written close to the time of discharge/after last service provided
- Future providers can use it to guide treatment; if returning to same provider, can review and re-familiarize self with client
- Documentation of services received
- Legal protection

Discharging – when does it happen?

- Reasons for discharging can include:
  - Completed treatment goals
  - Client relocates/leaves the area
  - Client needs to be referred to a new level of care
  - Client AMA (against medical advice)
  - Client experiences a change in life circumstances (e.g incarceration)
  - Therapist is unable to contact or locate the client

- The reason for discharge is documented in the summary, including any evidence to support that discharge reason

Discharge Summaries – What about ASAM?

- There are 4 criteria to consider for transfer/discharge (pg 303)
  - "…achieved the goals articulated in…individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care….less intensive level of care is indicated"
  - "…been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan….determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of service or discharge from treatment, is therefore indicated"
  - "…demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated"
  - "…experienced an intensification of his or her problem(s) and can be treated effectively only at a more intensive level of care"

Discharge Summary Considerations

- Individualized, use client name and quotes when possible
- Conceptualization that is reflective of the entire episode of care
  - This can include summarizing any efforts to increase client engagement, interventions addressing attendance concerns
- Describes the client's progress towards their treatment plan goals
  - Includes summarizing the evidenced based practices and intervention used, with client response to those EBPs and interventions
- Identifies the client's treatment trajectory, including any recommendations for on-going treatment and/or follow-up
- Documented in two places: a progress note stating client is being discharged and a discharge summary

Connecticut: Key Highlights on Discharge Summaries

Discharges include:

- all ASAM 6 dimensions (including rationale and risk ratings for current functioning)
- Obtaining all necessary releases of information
- Original reason for referral
- Evidence of progress towards goals/objectives, with rationale
- Describes type, frequency, duration of treatment/services
- Reason for discharge
- Conducted and signed by qualified practitioners and co-signed as needed
- Evidence of referral or documentation of MAT connection post-discharge
- Completed within required timeframe

Let's see it in action!

Example from start to end

- Initial ASAM Assessment for Dimension 5
- Treatment Plan
  - Problem
  - Goal
  - Objective
  - Intervention
- Progress note
- Discharge
  - Discharge ASAM
  - Summary of treatment plan

Example – Initial ASAM Assessment

DIMENSION 5 – Relapse, Continued Use, or Continued Problem Potential

1. What is the longest period of time that you have gone without using alcohol and/or other drugs?

☐ Days ☐ Weeks ☑ Months ☐ Years

☐ N/A, never

a. How long ago did that end?

☐ Days ☐ Weeks ☐ Months ☑ Years

➤ ***Interviewer instruction:*** *it is not a relapse if patient is not in/has never been in recovery.*

Notes:
Raul reported "about 3 months, maybe 5 years ago".

2. What helped you go that long without using alcohol and/or other drugs? *(Probe for personal strengths, peer support, medication, treatment, etc.)*

☐ N/A, never

"I was so busy working my construction job and so tired. I didn't have the time or energy really because I'd get home, eat dinner and then go to bed to wake up early."

➤ ***Interviewer notes:***

While speaking of his previous employment, Raul had a slight smile and when asked about it, Raul shared he was proud of that job as he was really good at it and wished he had been able to keep it.

3. If you relapsed in the past, what kinds of things do you think led to your relapse?

☐ N/A, never

"I get the urge to drink as soon as I wake up. It lasts me pretty much all day long. It gets worse when my wife and I argue about money and me not working."

➤ ***Interviewer notes:***

Example – Initial ASAM Assessment

4. If you plan to quit or cut back, how will you manage this goal? *(e.g., stop on my own; go to treatment; take medications as prescribed; attend self-help groups; change relationships, job, habits, or circumstances; etc.)?* Please describe:

☐ N/A

"I do want to talk to the doctor to see if I can get on some kind of meds to help me not want to drink."

5. What problems could happen or get worse if you do not get help for alcohol or other drug use and/or mental health issues? *(Probe how soon could these things happen, short-term risk? Long-term risks?)*

"Probably still won't be working and my wife said she'd leave me if I didn't get it under control because she's tired of arguing and not having money for bills."

6. *Interviewer observations:* How severe/dangerous/ IMMINENT* are consequences of the current situation? Please describe:

Risks aren't imminent. Raul shared his wife is interested in doing couples counseling if that would help him stop drinking. Raul doesn't have access to his own vehicle, decreasing the risk of a DUI; his wife keeps her keys hidden or on her person.

- ☑ Few/Mild/No consequences/ Not imminent
- ☐ Some/Not severe consequences/ in weeks or month
- ☐ Many/Severe consequences/ Imminent within hours or days

➤ ***Interviewer instruction:*** *To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. (See ASAM Criteria, 3rd ed. p. 65 and graphic on p. 67).*

Example – Initial ASAM Assessment

Self-Report Scales

I am going to read you a list of questions about ongoing pressures that you might be facing right now. These might be the kinds of stressors that make you use or want to use alcohol or other drugs. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

How much have you been bothered or triggered by the following?

	Not at all	A Little	Somewhat	Very	Extremely
7. Cravings, withdrawal symptoms, and/or negative effects of alcohol or other drug use	☐	☐	☐	☐	☑
8. Social pressure (friends, at work, at school, at home)	☐	☐	☑	☐	☐
9. Difficulty dealing with feelings/emotions *(Probe for anxiety, depression, boredom, anger, etc.)*	☐	☑	☐	☐	☐
10. Financial stressors *(e.g., paying bills, worry about losing work)*	☐	☐	☐	☑	☐
11. Physical health problems including issues such as chronic pain	☑	☐	☐	☐	☐
12. How likely is it that you will either relapse or continue to use alcohol or other drugs without treatment or additional support?	☐	☐	☐	☑	☐

Example – Initial ASAM Assessment

13. Which trigger(s) or problem(s) have been the worst for you in the past month or so? Please describe:

"The cravings are probably the worst. I really want to drink whenever my wife brings up the bills and how to pay them, since I don't have a job."

14. Generally, how do you handle these issues or triggers *(e.g., how do you cope)*?

"If there's alcohol in the house I'll drink it. My wife took the keys to my truck and it's at her sister's house because she's afraid I'll drink and drive. No truck means no liquor store, but sometimes I can get my friends to bring by a 12 pack for me or bring me to the bar. If I can't get any alcohol, I'll just sleep."

15. Do you feel like you have a good plan and ability to deal with these issues or triggers *(probe items listed above)*? Why or why not?

"I don't know."

16. ***Interviewer observations:*** *Does the patient show good insight into their triggers, MH symptoms, coping mechanisms, and other risks?*

☐ Yes, good insight ☐ Some insight ☑ Very limited insight ☐ Dangerously low insight

Please describe:

Example – Treatment Plan:

- Problem
  - "I don't know if I am an alcoholic, but I know that every time I drink bad things happen, and I don't want to do it any more."
- Goal
  - "I have to figure out why I continue to drink even though bad things happen every time I do it."
- Objective
  - By the second week of treatment, Raul will identify and share with his therapist his understanding of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.
- Intervention
  - By Tuesday June 4th, watch "Pleasure Unwoven" in group and complete the accompanying worksheet. Present responses to worksheet in group on Thursday June 6th and listen to feedback from peers.

Example – Process Group Progress Note

Goal Addressed: "I have to figure out why I continue to drink even though bad things happen every time I do it."

D: Raul attended a 90-minute group therapy session. The focus of this group was to begin watching "Pleasure Unwoven" (documentary about the brain and addiction) in group and complete the accompanying worksheet.

A: Raul was oriented to person, place and time. Raul reported during his check in that he was at an anxiety level of 6 at the beginning of group and a 3 at the end of group. Raul reports "no cravings at all today" and also shared that "I am sleeping better than I ever have in my life." Raul gave respectful, thoughtful feedback to a group member who presented part 1 of the worksheet and became tearful when sharing that he related to this group member's fear about not being able to stay sober. Raul reports no SI or HI, no SIB, and reports taking all medications as prescribed.

I: Group Process

P: Raul will continue to attend group on a daily basis and providing feedback to group members who are presenting their worksheet. Raul is scheduled to present his worksheet of part 1this week on Thursday, where he will share his 3 behavioral and 3 biological reasons for drinking.

Example – Discharge ASAM :

- Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
  - Raul reported that the last time he drank alcohol was before he began PHP, approximately 3 weeks ago. He shared that attending groups every day was helpful, as it kept him busy and his mind off of the cravings. Raul shared that he started Vivitrol the 2nd week of treatment, which he reported seemed to help his cravings a bit and plans to continue it. He reported that sharing with his wife when he had cravings has been helpful because she will give him something to do to distract him. Raul reported he thinks that IOP would be good for him because it would still keep him busy most of the week. Raul reported he feels capable in dealing with his cravings right now, but would like to learn other ways in coping besides distraction.

    Severity rating - 2

Example – Discharge Summary:

Raul was self-referred to PHP to address his drinking due to reporting his concerns about his wife leaving him. He attended PHP for 3 weeks, 5 days a week for 4 hours a day, with no missed appointments.

Raul made good progress towards his treatment plan, as evidenced by being able to identify 3 behavioral and 3 biological reasons for his drinking, despite negative consequences.

Raul met with the doctor to discuss his MAT options and was prescribed Vivitrol, attending all scheduled appointments. He will continue to receive MAT through this agency, with his next scheduled appointment on 7/1/24 at 10am with Dr. T.

Raul was discharged due to achieving his goal on his treatment plan. Raul will begin morning IOP at this agency on 7/2/24 at 9 am.

The Takeaway…

- ✓The intake assessments/BPS and ASAM are completed
- ✓BPS and ASAM inform the treatment plan
- ✓Progress notes relate to the treatment plan
- ✓Discharge summarizes the treatment plan and episode of care

Intake Assessments +ASAM → Treatment plan developed using intake + ASAM → Progress notes document progress of services received in the treatment plan → Discharge summarizes all services/events that happened in this episode of care

Reminders

The next webinar in our services will be held on September 10th, at 12pm and the topic will be Case Management.

Question for the next topic should be submitted at least 7 days in advance of the webinar to **1115waiver@abhct.com**, as well as any additional questions you may have regarding Individualized Documentation Considerations: Part 1 and Part 2.

You will be able to review this webinar on the DSS webpage following this event. **Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment--Training Opportunities**

Suggestions for future webinar topics should be submitted to **1115waiver@abhct.com**.

References

Mee-Lee, D., Shulman GD., Fishman, MJ., Gastfriend, DR., & Miller, MM. (Eds.). (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. The Change Companies.

Therapy Notes, LLC: The Golden Thread: Your Key to Complete Documentation (therapynotes.com)

Quick Guide for Clinicians Based on TIP 41, Substance Abuse Treatment: Group Therapy (samhsa.gov)

2 Types of Groups Commonly Used in Substance Abuse Treatment - Substance Abuse Treatment: Group Therapy - NCBI Bookshelf (nih.gov)

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Acknowledgments

The State Partners in collaboration with Advanced Behavioral Health, Inc. wish to acknowledge and thank the Pennsylvania Department of Drug and Alcohol Programs for their support and training recommendations.