

Department of Human Services Allegheny County, Pennsylvania

Jail Collaborative– Provider Drug and Alcohol Outcomes Screen

If a Provider is providing Drug and Alcohol services to a Jail Client, they complete the *Drug and Alcohol Outcomes and Measures* screen in the Jail Collaborative application.

Accessing the Outcomes and Measurements Screen

dmin				<u>Help</u> <u>Logout</u>	Jail Client 🔻
ervices 🖸 🛛 Services List S	iervices Provider Service Log	Outcomes and Measu	ures <mark>I</mark>		
	es and Measures List s Required Fields ** Deno	the Welf Meedster 5			
	al Information	otes Hair-Manuatory P	reius		
Client's			Staff Name		Documentation Date*
Dumm			Ralph Bunche		×
Servio					
	rug and Alcohol				
Goal					
	t clients with substance use	disorder(s) to help t	them lead substance abuse free lifestyles	L)	
		2000000 TV			
Outcor	mes and Measures				
	stance Abuse Assessmen ent Received Substance Abu				
	Date▼		Type of Assessment	Assessment Results	Nev
					Sav
					Dele
Date	Assessment Ty iated Assessment	Comments	r Specify Assessm	ient Results	• •
Assoc	ciated Assessment	✓ Comments	r Specify Assessm	ent Results	• •
Assoc Tree 2. Cli	atment Plans ent Consented to Participate	Comments	r Specify Assessm	ent Results	
Assoc	atment Plans ent Consented to Participate Comments	Comments	r Specify Assessm		
Tree 2. Cli Date	atment Plans ent Consented to Participate	Comments Comments e in Treatment	r Specify Assessm	ent Results	
Tree 2. Cli Date	atment Plans ent Consented to Participate Comments	Comments Comments e in Treatment	r Specify Assessm		
Tree 2. Cli Date	atment Plans ent Consented to Participate Comments Comments ent Received Treatment Pla	Comments Comments e in Treatment		م(ء	
Assoc 2. Cli Date 3. Cli	atment Plans ent Consented to Participate Comments Comments ent Received Treatment Pla	Comments Comments e in Treatment		م(ء	, P
Assoc 2. Cli Date 3. Cli	atment Plans ent Consented to Participate Comments Comments ent Received Treatment Pla	Comments Comments e in Treatment		م(ء	- P
Assoc 2. Cli Date 3. Cli	atment Plans ent Consented to Participate Comments ent Received Treatment Pla Date V	comments e in Treatment	Treatment Plan Outcome	Recommended Follow Up	New Save Preview
Assoc 2. Cli Date 3. Cli	atment Plans ent Consented to Participate Comments Comments ent Received Treatment Pla	comments e in Treatment		Recommended Follow Up	- P - Save Delete
Association of the second seco	atment Plans ent Consented to Participate Comments ent Received Treatment Pla Date Treatment Plan	Comments in Treatment n Outcome Comments	Treatment Plan Outcome Recommended Follo	Recommended Follow Up	New Save Preview
Association of the second seco	atment Plans ent Consented to Participate Comments ent Received Treatment Pla Date Treatment Plan	Comments in n Outcome	Treatment Plan Outcome Recommended Follo	Recommended Follow Up	New Save Delete Preview er Specify
Association of the second seco	atment Plans ent Consented to Participate Comments ent Received Treatment Pla Date Treatment Plan	Comments in Treatment n Outcome Comments	Treatment Plan Outcome Recommended Follo	Recommended Follow Up	New Save Preview
Association of the second seco	atment Plans ent Consented to Participate Comments Comments Comments Treatment Plan Date Treatment Plan Ciated Treatment Plan Vice/Modality	Comments in n Outcome Comments	Treatment Plan Outcome Recommended Follo	Recommended Follow Up	New Save Delete Preview er Specify
Association of the second seco	atment Plans ent Consented to Participate Comments Comments Comments Treatment Pla Date Treatment Pla Ciated Treatment Pla	Comments in n Outcome Comments ived	Treatment Plan Outcome	Recommended Follow Up	er Specify
Association of the second seco	atment Plans ent Consented to Participate Comments Comments Comments Treatment Plan Date Treatment Plan Ciated Treatment Plan Vice/Modality	Comments in n Outcome Comments	Treatment Plan Outcome	Recommended Follow Up	er Specify
Assoc 2. Ci Date 3. Ci Date Assoc	atment Plans ent Consented to Participate Comments Comments Comments Treatment Pla Date Treatment Pla Ciated Treatment Pla	Comments in n Outcome Comments ived	Treatment Plan Outcome	Recommended Follow Up	New Save Delete Preview
Assoc 2. Ci Date 3. Ci Date Assoc	atment Plans ent Consented to Participate Comments Comments Comments Treatment Pla Date Treatment Pla Ciated Treatment Pla	Comments in n Outcome Comments ived	Treatment Plan Outcome	Recommended Follow Up	er Specify
Assoc 2. Ci Date 3. Ci Date Assoc	atment Plans ent Consented to Participate comments commen	Comments in n Outcome Comments ived	Treatment Plan Outcome	Recommended Follow Up	Invites]

- 1. Bring the Jail Client and Service Episode into focus.
 - a. Navigate to the Outcomes and Measures List screen.

i. Jail Collab. > Services > Outcomes and Measures

- b. Click **[Show]** on the highlighted record in the *Outcomes and Measures List*.
 - *TIP:* On first entry, the grid will be empty. Click **[Show]**. For subsequent outcome updates, highlight the entry and click **[Show]**.
- 2. Complete the General Information section.
 - a. The *Client's Name* and *Staff Name* automatically populate with the Jail Client in focus and user completing the form, respectively.
 - b. Click *Documentation Date* and select the date you are completing the form.

TIP: If you are updating this form, you need to change the Documentation Date field to reflect the current date. This field shows the last time the form was updated.

Outcomes and Measurements Section

Substance Abuse Assessments

- 1. Question 1: Client Received Substance Abuse Assessment.
 - *TIP:* Only answer the questions relevant at the time of entry. For example, do not choose a date for Client Received Substance Abuse Assessment if they did not receive the assessment. You can select this date at a future time if/when the Jail Client receives this assessment.
 - a. Select the Date.
 - b. Select the *Type of Assessment*. If *Other* is selected the *Other Specify* field becomes enabled.
 - c. Select the Assessments Results.
 - d. Select the Associated Assessments.
 - *TIP:* Assessments should be uploaded to the File Cabinet before completing this section. To save the document, select Assessment under Document Category, and Substance Abuse under Sub-Category. (See the Document Tracking, File Cabinet and Importing Job Aid.)
 - e. Complete the Comments field.
 - f. Click the **[Save]** button to the right of the grid to populate the grid.
 - g. On subsequent entries, click the **[New]** button to the right of the grid. The entry fields beneath the grid will clear.

TIP: Not all of the fields appear in the grid. To view all the answers, highlight the entry you are interested in viewing. The information entered populates the fields below.

Treatment Plans

- 2. Question 2: Client Consented to Participate in Treatment.
 - a. Select the Date.
 - b. Enter comments in the *Comment* field.
- 3. Question 3: Client Received Treatment Plan.
 - a. Select the Date.
 - b. Select the Treatment Plan Outcome.
 - h. Select the *Recommended Follow Up.* If *Other* is selected the *Other Specify* field will become enabled.
 - c. Select the Associated Treatment Plan.
 - TIP: Treatment Plans should be uploaded to the File Cabinet before completing this section. To save the document, select Plan under Document Category, and Treatment Plans under Sub-Category. (See the Document Tracking, File Cabinet and Importing Job Aid.)
 - d. Enter comments in the *Comments* field.
 - e. Click the **[Save]** button to the right of the grid to populate the grid.
 - f. On subsequent entries, click the **[New]** button to the right of the grid.
 - *TIP:* Not all fields appear in the grid. To view all the answers, highlight the entry you are interested in viewing. The information entered populates the fields below.

Service/Modality

- 4. Question 4: Type of Service/Modality Received
 - a. Select the Date.
 - b. Select the Service Plan.
 - c. Select the Modality.
 - d. Enter the Duration (Minutes).
 - e. Click the [Save] button to the right of the grid to populate the grid.
 - f. On subsequent entries, click the **[New]** button to the right of the grid. The entry fields beneath the grid will clear.

TIP: Not all of the fields appear in the grid. To view all the answers, highlight the entry you are interested in viewing. The information entered populates the fields below.

5. Click [Save] at the bottom of the screen.

TIP: To return to the Outcomes and Measures List screen, select Outcomes and Measures on the breadcrumb trail.

For more information...

For assistance, please contact the Allegheny County Service Desk at <u>servicedesk@alleghenycounty.us</u> or 412-350-4357 (Option 2 for DHS). To access the Self Service Tool go to <u>http://servicedesk.alleghenycounty.us</u>.

This Job Aid and additional user materials are located on the DHS Amazon site at http://dhswbt.s3.amazonaws.com/KIDSJobAids/index.html.