Certification Manual:
HG §8-507 Court Ordered Treatment

December 2017

Behavioral Health Administration
Spring Grove Hospital Center
50 Wade Street
Catonsville, MD 21228

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Introduction: Letter to Prospective Providers

Dear Prospective Provider:

Due to the complex behavioral health needs of individuals with criminal justice-involvement, the following manual has been developed to provide an operational overview of the program requirements and minimum qualifications a substance-use disorder (SUD) provider must meet in order to obtain referrals under Health General Article §8-507 (HG 8-507).

Prior to referring an individual to residential treatment, the Maryland Department of Health's Behavioral Health Administration's Office of Justice Services (Justice Services) will review all court orders to ensure that the appropriate ASAM criteria is met.

When developing treatment plans or referrals to ancillary services for individuals under HG 8-507, an approved provider will ensure that special consideration to mental health disorders, chronic medical problems, housing, and vocational training are addressed.

The Maryland Department of Health (the Department) is committed to promoting and improving the health and safety of all Marylanders. As such, we strive to support our behavioral health partners in their delivery of safe, comprehensive health and wellness services. Should you have any questions following the review of this manual or would like more information on the requirements and qualifications contained within, please contact Justice Services at 410-402-8522.

Sincerely,

Barbara J. Bazron, PhD
Deputy Secretary Behavioral Health

General Overview Health General Article § 8-505 and § 8-507

Who within the Department oversees HG 8-505 and HG 8-507 orders?

Justice Services is charged with monitoring and conducting HGl 8-505 court ordered evaluations and placing defendants into treatment under HG 8-507 court orders.

How are HG 8-505 evaluations used by the State?

Voluntary evaluations pursuant to HG 8-505 are conducted to determine if a defendant is amenable to and would benefit from alcohol/substance use treatment.

What is the process/timeline for an 8505 evaluation?

HG 8-505 evaluations require a defendant's consent before an evaluation is ordered or conducted. Once a judge has reviewed and signed an HG 8-505 order, MDH assigns the order to an evaluator who meets with the defendant and evaluates him/her and submits a final report containing treatment recommendations to the courts. Per regulations, HG 8-505 evaluations must be completed within 7 days after the order is signed, although MDH may request a 30 day extension of that deadline.

An HG 8-505 assessment will both certify whether or not a defendant has a substance use disorder, is amenable to treatment, and recommend to the courts a medically appropriate/ medically necessary level of care based on criteria set by the American Society for Addiction Medicine (ASAM). (See Appendix 1 for a workflow chart)

Who conducts HG 8505 evaluations?

Evaluations are conducted by trained evaluators contracted by Justice Services.

See Appendix 3 for a Sample Application

Treating HG 8-507 Referred Individuals: Shared insights from providers

Transportation oversight at all times:

- Whether driving or just walking, monitoring of a patient is required. E.g. just walking by a gas station could present a danger to their sobriety and the sobriety of others in the program.

Court Reports:

- Providing positive feedback in your court reports will make a big difference in an individual's treatment.

Liaison between providers and the courts:

- If possible, assign a staff member to serve as your program's court liaison. This should be someone who can provide the average patient update to the Court, but should not replace a treatment provider for complicated or problem cases.

Extra house managers at night and on weekends:

- Increased staff presence at night and weekends reduces "problem" behavior.
- Always have at least two managers, of each sex, overseeing the program.
- Women should manage women and men should manage men overnight. This management practice will help support a safe and healthy recovery environment.

Increased search processes:

- Ethical and legal search practice must be developed/adopted to determine if a program participant has contraband.
- Develop a system of collaboration with local parole and probation officials so there is a "living presence" on site. Whether it's having them present during a whole program contraband search, or helping with training staff to conduct searches, their involvement will help support staff and residents alike.

Close working relationship with Parole and Probation agents:

- Work with your local parole and probation agents to develop inclusive treatment planning and aftercare planning.

Treatment staff should be trained in the administration of Naloxone.

- While not a substitute for emergency medical care, staff should be trained in the use of Naloxone and other related emergency medications.
- Programs might consider increasing their supply of Naloxone and other related medications.
- In the case of an overdose, call 911 for emergency medical assistance.

Expand training and testing opportunities for staff:

- Work with local law enforcement and parole and probation agents to provider treatment staff with the tools they need to recognize and deal with gang behavior and affiliation.

Case Management System Overview:

The Department's Case Management System is used by Justice Services to process all HG 8-505 and HG 8-507 court orders, receive and submit required documentation, and record all official correspondence regarding the referral and treatment of an individual receiving services under HG 8-507. In order to ensure comprehensive and accurate records keeping, all written communications between Justice Services and approved providers must be in electronic form.

Instructions on how to access, use, and communicate with Justice Services using the Case Management System will be provided during a program's on-site training session which all providers are required to attend.

Program Requirements:

Minimum Qualifications

In order receive HG 8-507 treatment referrals, an SUD provider must demonstrate the following minimum qualifications have been met:

1. Active accreditation by an approved accrediting organization;
2. A valid license under COMAR Title 10 Subtitle 63;
3. Active and good standing status with Maryland Medicaid; and
4. If applicable, meet any specific program conditions established by the Department for the treatment of a specialty population.

Scope of Work – Requirements

An approved HG 8-507 provider shall:

1. During their term of licensure, accept patient referrals made by Justice Services;

2. Utilize best practices in the provision of treatment services. Best practices refer to services that are consistent with ASAM clinical criteria and reflect research based findings*

   **The National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), SAMHSA's National Registry of Evidence-based Practices (NREP), and the CDC are reference sites for this information.*

3. Adopt policies and procedures that mirror the co-occurring capable standard delivery of services as identified in the ASAM PPC (The American Society of Addiction Medicine Patient Placement Criteria), dual diagnosis capable programs.;

4. Provide co-occurring capable standards of care as identified by ASAM and provide annual training for staff in the assessment and treatment of co-occurring substance abuse disorders; (*ASAM and SAMHSA are examples of training curriculum resources.)*

5. Employee or contract staff licensed/certified by the Maryland State Professional Licensing Board(s) for the services performed;

6. Provide or coordinate annual culturally competent training for staff, which shall be documented in the staff personnel file. The documentation available to Department upon request;

7. Provide multilingual services to non-English speaking individuals;

8. Provide interpreter services to deaf and hearing-impaired individuals admitted for treatment;

9. Accept all referrals through the State's case management system. Placements may be affected by the availability of funding;

10. Participate in trainings on the State's case management system as required by Justice Services;

11. Provide eight (8) hours of training annually to staff on the assessment and treatment of problem gambling. Training shall be documented in staff personnel folders;

12. Provide problem gambling treatment and prevention services as required. Treatment shall be documented in an individual's clinical file;

13. Provide education related to behavioral health problems and serve people of all genders, including people who are transgender and gender diverse and will ensure staff cultural competence through supervision and training;

14. Provide treatment and services in accordance with an individual's treatment plan;

15. Assess individuals for tobacco use. Tobacco cessation therapy shall be available to all individuals, and included in their treatment plan. Therapeutic interventions must comply with nicotine dependency treatment best practices as determined by the Maryland Quit Center (www.mdquit.org);

16. Provide access to evidence-based pharmacological therapies based on an individual's need;

17. Provide scheduled therapeutic services that support an individual's treatment needs that comply with current State mandates and regulations;

18. Complete a medical examination for all referred patients within five (5) working days following admission to a program unless the individual is directly transferred from an ambulatory or hospital detoxification program, an intermediate care facility, or residential setting in which a physical was performed within the last thirty (30) days;

19. Explore all community options for obtaining somatic and behavioral health medication for individuals being admitted;

20. Provide supervised transportation of an individual with an HG 8-507 order for treatment. Examples of transportation needs include but are not limited to: transport to a treatment facility, medical appointments, court dates, probation appointments, therapeutic activities, and appointments for community reentry and/or discharge;

21. Obtain an informed consent to share information on each individual. The informed consent shall be consistent with the requirements of all applicable State and Federal laws and regulations;

22. Complete and submit all required forms, including but not limited to a discharge plan and Continuing Care Profile, via Justice Services' case management system;

23. Provide toxicology screening at admission and during the course of an individual's treatment with unannounced, random, and incidence-related retesting. The frequency of testing shall be based upon the individual's treatment plan, therapeutic milieu issues, safety considerations, and the need to maintain a substance-free treatment environment;

24. Electronically submit treatment progress reports and other requested documentation to Justice Services;

25. Comply with confidentiality requirements of Health General §4-302(b) and the Federal Health Insurance Portability and Accountability Act (42 U.S.C. 130d et.seq: HIPAA, see Part II, 20 Section 7-E), as well as any other applicable State or Federal laws or regulations that concern confidentiality or privacy;

26. Provide an individual's treatment and health care records upon request of the Department;

27. Coordinate somatic services and medications with the individual's insurance entity, local health departments, and /or federally qualified health centers;

28. For residential treatment, provide a daily report on open/available bed capacity by 8AM each business day to Justice Services. Monday's report shall include information for Saturday and Sunday;

29. Approved HG 8-507 providers shall not:

    a. deny admission or continued stay for an individual solely based on his/her being on full or partial opiate agonist therapy or methadone for pain management medication regardless of dose;

    b. make admission contingent upon eventual detoxification from full or partial opiate agonist or methadone for pain management; or

    c. limit the number of individuals on full or partial opiate maintenance or detoxification that are admitted to the Contractor's facility.

Specific Requirements for Criminal Justice (HG 8-507)

An approved HG 8-507 provider shall:

1. Provide the appropriate ASAM Level of care pursuant to the HG 8-505 evaluation;

2. Within 72 hours of admission, assess an individual and report to Justice Services if continued treatment is not in the best interest of the individual or the individual in no longer amenable to treatment;

3. Provide access to laboratory services including drug screening, lab test and monitoring of necessary medication blood level for inclusion in an individual's chart.;

4. Complete a comprehensive monthly progress report that clearly indicates the services an individual is receiving and denotes his/her progress. The Department shall provide a standardized reporting template. All monthly progress reports must be submitted no later than the 5th of each month to Justice Services;

5. Begin discharge planning in collaboration with the person and Local Addiction Authority (LAA) within his/her jurisdiction of residence upon admission to inpatient services ensure that there is continuity of care once the individual is ready for discharge;

6. Comply with all discharge requirements:

    a. If the approved licensee determines the patient poses an immediate threat to the health and safety of staff and other residents, the licensee may discharge the patient without prior approval or notification to Justice Services and the Courts;

    b. The approved licensee shall document and justify the reason for a patient's discharge from the facility in the patient's written record, and notify Justice Services, the courts, and the probation agent by the next working day of such discharge;

    c. The treatment provider will submit the discharge report to the Court and Justice Services at least 7 working days prior to a planned a planned discharge and no later than 24 hours after an unplanned discharge.

7. Incorporate an education module for patients on criminal conduct and substance use disorders as a component of the therapeutic treatment process. The core elements of the module must be documented in the licensee's clinical policies and procedures;

8. Submit to Justice Services a Continuing Care Plan no later than 30 business days in advance of an individual's court date or discharge date, whichever comes first. The Continuing Care Plan must take into consideration the recovery environment in which an individual will return;

9. Notify Justice Services of any incident in which an individual engages in behavior that presents a threat to themselves or others and/or threatens to disrupt the program's treatment or recovery environment*.

    **Examples of threatening or disruptive behavior includes but is not limited to: suicidal or homicidal ideation/gestures/attempts, possession of a firearm or weapon, self-injurious behaviors, inappropriate acts or threats of physical harm or sexual violence, and/or any physical acts or threats of physical acts that result/ could result in property damage*

10. Notify Justice Services and the Court immediately if an individual is being discharged for any reason other than completion of treatment. Notification must be made to both parties *prior* to discharge;

11. Notify Justice Services and the Courts within 1 hour of determining an individual has absconded from treatment;

12. Make available information related to State and federal entitlement programs;

13. Have knowledge of and know on how to access crisis services.

Overview of Required Forms:

An approved HG 8-507 provider is responsible for completing and uploading the following forms. Fillable PDF versions of the forms may be downloaded from the Maryland Department of Health 's website.

A. Admission Verification

- Must be submitted to Justice Services within 7 days of admission

B. Monthly Progress Report

- Must be submitted to Justice Services by the 5th of each month.

C. Interim Progress Report

- Must be submitted as requested by Justice Services. Interim Progress Reports are not required for all 8-507 individuals.

D. Off Ground Privileges Request

- Must be submitted to Justice Services if program requires 8-507 individual to leave its facility as a part of the individual's treatment, such as to attend weekly Alcohol Anonymous meetings. Form must be signed by court prior to individual leaving the facility.

E. Request for Immediate Court Action

- Must be submitted to Justice Services if program is requesting a court hearing to address issues with the treatment of an 8-507 individual.

F. Continuing Care Report

- Must be submitted to Justice Services at least 21 days prior to an 8-507 completion of treatment.

G. Discharge Report

- Must be submitted 7 working days prior to a planned discharge and no later than 24 hours after an unplanned discharge. The report must be submitted to Justice Services and the court when 8-507 individual is discharged from treatment, even if individual did not complete treatment.

Refer to Appendix 4 to view sample forms

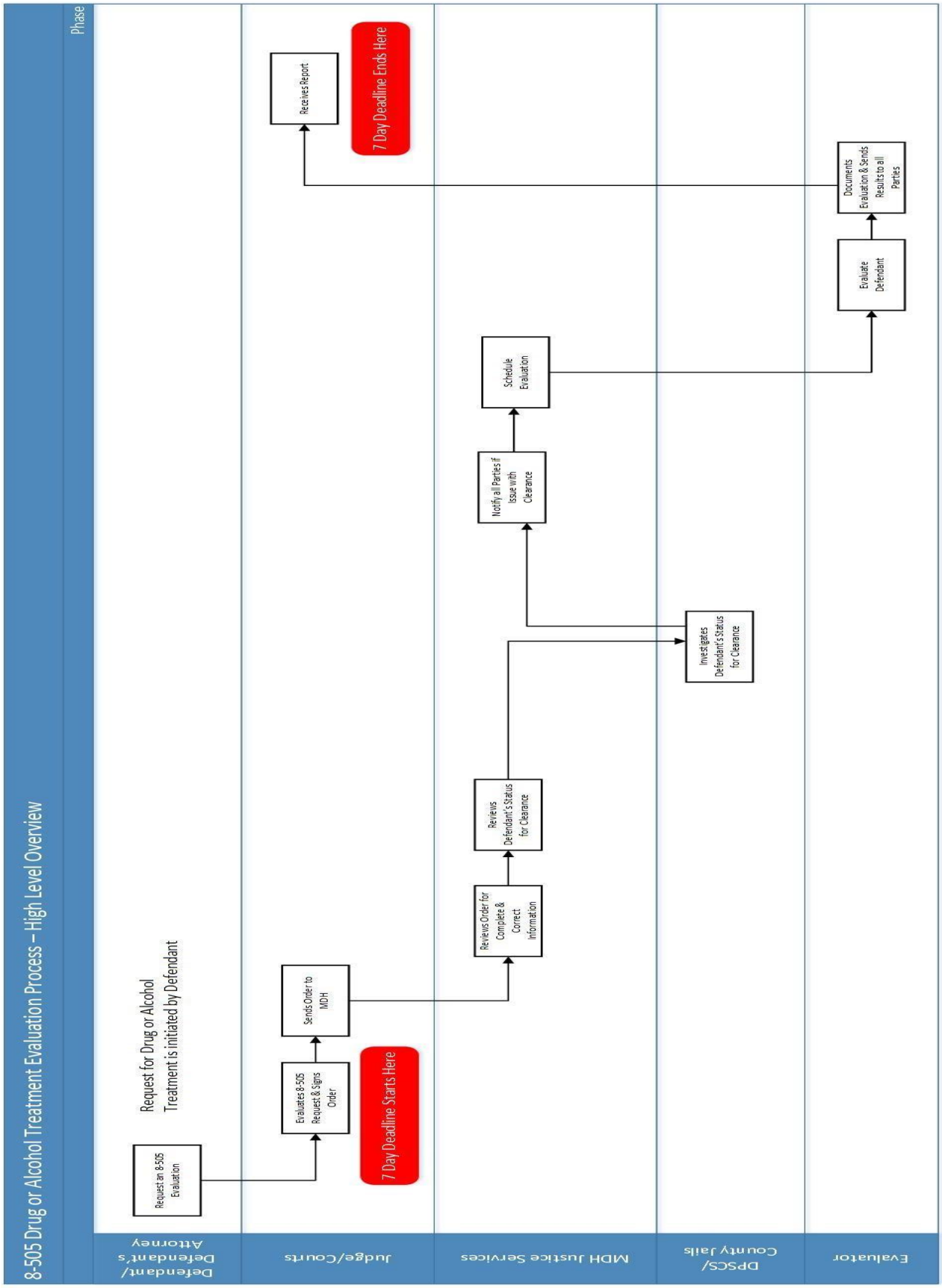
Fee For Service:

Effective July 1, 2017, Maryland Medicaid will provide reimbursement for up to two non-consecutive 30-day stays in a rolling year for ASAM levels 3.7-WM, 3.7, 3.5, and 3.3. The Department intends to phase in Medicaid coverage of ASAM level 3.1 beginning on January 1, 2019. However, if an individual requires ASAM level 3.1 services, they will be provided with State funds. If an individual continues to meet ASAM criteria for residential care beyond 30 days, the cost of both services and room and board will be financed by the Behavioral Health Administration (BHA). The room and board rate for HG 8-507 for FY18 is $60.01 per day.

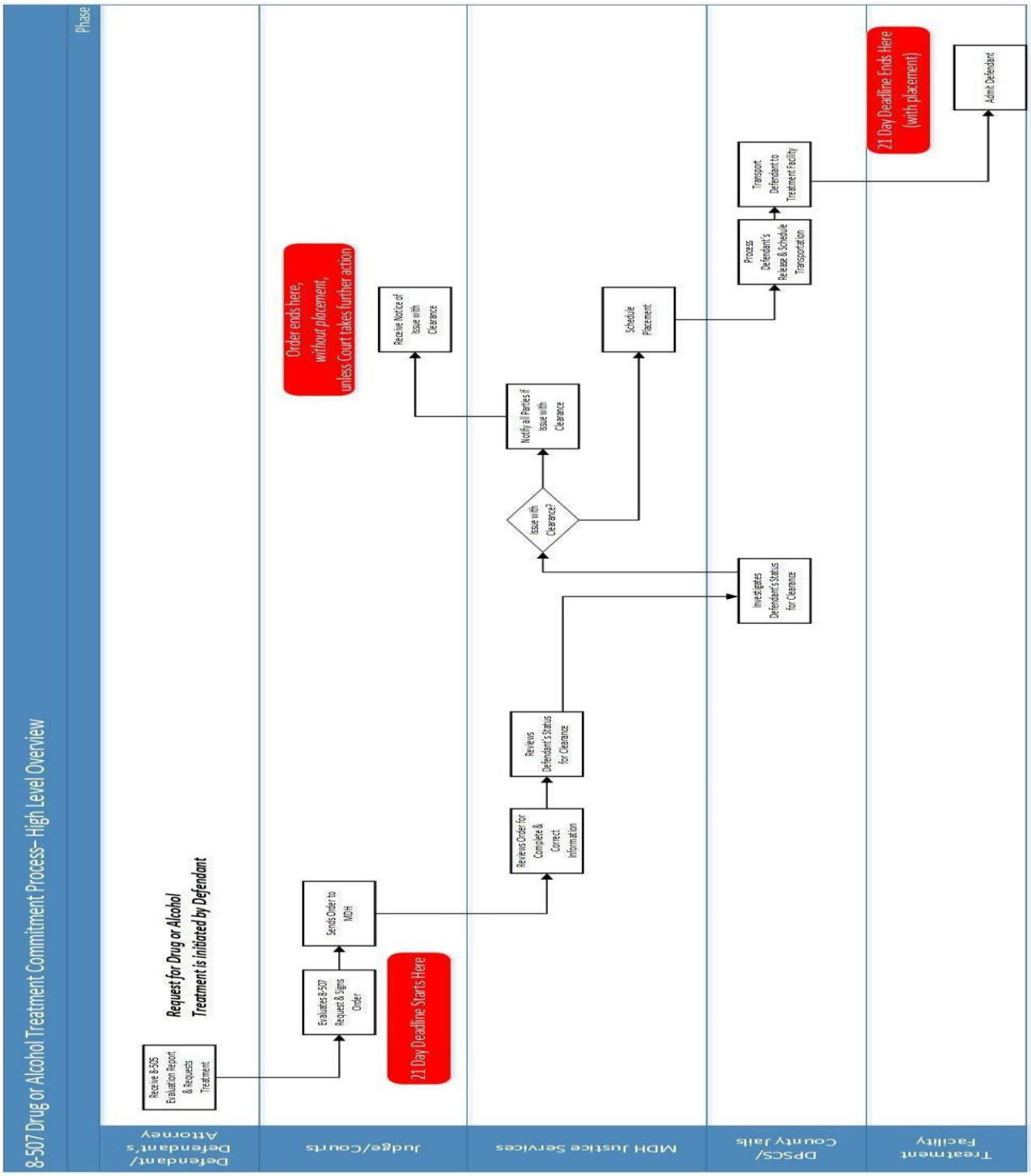
To prevent a gap in services, providers need to initiate referrals to next levels of care when appropriate if the service needs to be delivered by a different provider.

For assistance with general billing and technical questions, providers are encouraged to contact Beacon Health Options via email at marylandproviderrelations@beaconhealthoptions.com.

Appendix 1: 8-505 Evaluation Process Flowchart



Appendix 2: 8-507 Court Ordered Treatment Process Flowchart



Appendix 3: Sample 8-507 Provider Application

STATE OF MARYLAND
DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION

HG §8-507 COURT ORDERED TREATMENT SERVICES APPLICATION FOR LICENSED COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMS

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING APPLICATION

This application packet should be used by programs licensed under COMAR Title 10, Subtitle 63 seeking to provide court ordered treatment services under Health General Article §8-507. In order to provide HG 8-507 services, a program must be a Maryland Medicaid approved provider in good standing, have completed all licensing requirements under COMAR Title 10, Subtitle 63, have obtained program accreditation, and, when applicable, meet all program conditions established by the Department for the treatment of Pregnant Women and Women with Children.

This is a fillable document, which means that you may complete it electronically. Please fill in the requested information completely. If this application is incomplete or missing any of the documentation required, the processing of the application will stop and the application will be returned to the applicant to provide the missing information.

Completed applications are reviewed in the order that they are received. Licensed programs applying to provide §8-507 services will receive confirmation from the Department that their application has been received in full.

Before a program can qualify to receive HG 8-507 treatment referrals, the Department, through Justice Services, shall conduct a four-hour on-site training and facility tour.

Please read carefully, initial, and sign the attached Program Requirements. Should you have any questions regarding the application process or the additional program requirements contained in the Department's §8-507 providers manual, please contact the MDH Admissions Office at (410) 402-8522

Please send completed application to: mdh.bhajusticeservices@maryland.gov OR
MDH Justice Services
??? Building, Spring Grove Hospital Center
55 Wade Ave
Catonsville, MD

Section 1: PROVIDER INFORMATION

The corporate/business name of the provider/program must match what is registered with the Maryland Department of Assessments and Taxation (SDAT) and Maryland Medicaid. If something doesn't apply to you, mark "NA". If "NA" is marked, you may be asked to provide a reason the section doesn't apply to you, if the reason is not obvious.

Corporate/Business Name:		
Corporate Address (City, State, Zip):		**County:**
Corporate Website:		
Program Name (if different from Corporate Name):		
Medicaid ID Number (MA#):		
Program Address (if different from Corporate Name):		
Website (if different from Corporate Website):		
Owner Last Name:	**First Name:**	
Primary Contact:	**Phone:** ( ) -	**Title:**
Primary Contact Email: @	**Fax:** ( ) -	
***Generic Program Contact Information:**		

*In case of staffing changes, this information will be used by the Department to communicate with the program noted above.

Section 2: CORRESPONDENCE ADDRESS INFORMATION

In the event that correspondence must be sent via the United States Postal Service, enter the Correspondence Address to which you want all your correspondence mailed. Please note that, when possible, communications will be sent via email.

☐ Corporate Name/Address
☐ Other:
Street Address: City: State: Zip:

Section 3: Program's Hours of Operation

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	to	to	to	to	to	to	to

Section 4: LICENSED TREATMENT SERVICES

Please check all program(s) and/or service types that your program is licensed to provider under COMAR Title 10, Subtitle 63. Note, "capacity" means the total number of individuals that a program can accommodate. This section must be completed for **each physical site** applying to provide §8507 services.

Program Address: Insert Street Address	**County/Baltimore City:**			
Insert City, State, Zip	**Capacity**			
	# Beds	**# Adults**	**# Adolescentss**	**# Children**
☐ Group Homes for Adults with Mental Illness *(COMAR 10.63.04.03)*				
☐ Integrated Behavioral Health Program *(COMAR 10.63.03.02)*				
☐ Intensive Outpatient Treatment Level 2.1 Program *(COMAR 10.63.03.03)*				
☐ Mobile Treatment Services Program (MTS) *(COMAR 10.63.03.04)*				
☐ Opioid Treatment Services *(COMAR 10.63.03.19)*				
☐ Outpatient Mental Health Center (OMHC) *(COMAR 10.63.03.05)*				
☐ Outpatient Treatment Level 1 Program *(COMAR 10.63.03.06)*				
☐ Partial Hospitalization Treatment Level 2.5 Program *(COMAR 10.63.03.07)*				
☐ Psychiatric Day Treatment Program (PDTP) *(COMAR 10.63.03.08)*				
☐ Psychiatric Rehabilitation Program for Adults (PRP-A) *(COMAR 10.63.03.09)*				
☐ Psychiatric Rehabilitation Program for Minors (PRP-M) *(COMAR 10.63.03.10)*				

Section 4: ***Licensed Treatment Services Continued***

	Capacity			
	# Beds	# Adults	# Adolescents	# Children
☐ Residential- Low Intensity Level 3.1 Program *(COMAR 10.63.03.11)*				
☐ Residential- Medium Intensity Level 3.3 Program *(COMAR 10.63.03.12)*				
☐ Residential-High Intensity Level 3.5 Program *(COMAR 10.63.03.13)*				
☐ Residential-Intensive Inpatient Level 3.7 Program *(COMAR 10.63.03.14)(Requires Certificate of Need)*				
☐ Residential Rehabilitation Program (RRP) *(COMAR 10.63.04.05)*				
☐ Respite Care Services Program (RPCS) *(COMAR 10.63.03.15)*				
☐ Substance-Related Disorder Assessment and Referral Program *(COMAR 10.63.05.14)**				
☐ Supported Employment Program (SEP) *(COMAR 10.63.03.16)*				
☐ Withdrawal Management Service *(COMAR 10.63.03.18)*				

Section 5: Potential Training Dates

MDH requires a four (4) hour on site visit in order to be approved as an 8-507 provider. The first two (2) hours of the day are a training and information session. MDH requires that, at a minimum, the provider's Program Director, Clinical Director, Admissions Director and Fiscal Manager attend the training and information session. Any other provider staff are also welcome to attend. Please provide at least 3 dates/times in the next 30-60 days that all required members of your staff will be available for the training and information session. . At least one member of the program staff must also be available immediately after the training and information session to guide MDH staff through the facility for a brief facility tour.

Section 6: ATTESTATION THAT PROGRAM COMPLIES WITH SPECIFIC PROGRAM & SERVICE DESCRIPTION(S) FOR HG 8-507 TREATMENT PROGRAMS

I, Insert Name am affirming that Insert Corporate/Business Name is in compliance and will remain in compliance with all applicable regulations, including any and all program/service descriptions, specific staffing requirements and appropriate staff credentials as they relate to the program(s)/service(s) identified in Section 4 of this application.

_____ _____

(Signature) (Date)

Section 7: ATTESTATION OF COMPLIANCE WITH RELEVANT FEDERAL, STATE, OR LOCAL ORDINANCES, LAWS, REGULATIONS, AND ORDERS GOVERNING THE PROGRAM.

I, Insert Name, am affirming that Insert Corporate/Business Name shall comply with all applicable federal, state and local ordinances, laws, regulations, transmittals, guidelines, orders, administrative service organization provider alerts, and provider manual instructions governing the program.

_____ _____

(Signature) (Date)

Section 8: REQUIRED SUPPLEMENTAL INFORMATION/DOCUMENTS

Please submit with this application, a copy of the following documents and answer any additional questions. If any required document is missing, this application will not be processed and will be returned to the applicant.

FOR ALL APPLICANTS:

- ☐ Copy of the signed and initialed §8507 Program Requirements Agreement
- ☐ Copy of your current COMAR Title 10, Subtitle 63 Community-Based Behavioral Health Program License
- ☐ Copy of documented proof of the program's good standing status with Maryland Medicaid
- ☐ Copy of documented proof of the program's good standing status with SDAT
- ☐ If applicable, a copy of the final letter or certificate issuing specific criminal justice for the program.

Appendix 4: Sample 8-507 Provider Forms

8-507 COURT ORDERED COMMITMENT
ADMISSION VERIFICATION

This form is due 7 days following Defendant's admission to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

CARE COORDINATOR INFORMATION

NAME:	E-MAIL:
PHONE:	FAX:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	PROVIDER:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
PROVIDER MEDICAID NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

TO BE COMPLETED BY PROVIDER

ADMISSION ASSESSMENTS

Intake Interview	Date:
Urinalysis Submitted	Results:
Person/Belongings Searched	Results:

ASSIGNED CLINICIANS

Counselor Name:	Initial Session Date:	Ongoing Session Schedule:
Therapist Name:	Initial Session Date:	Ongoing Session Schedule:
Psychiatrist Name:	Initial Session Date:	Ongoing Session Schedule:

ASSIGNED RESIDENCE

Address:	House Manager Name:	Phone:

All applicable fields must be completed prior to form submission.

8-507 COURT ORDERED COMMITMENT
MONTHLY PROGRESS REPORT

This form is due, by the 5th of the month, to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

REPORTING PERIOD

Month Year

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	PROVIDER:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
MEDICAID PROVIDERS NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

SECTION I: SUBSTANCE USE DISORDER TREATMENT

Counselor Name: **Phone:** **E-mail:**

Treatment Compliance ***Compliance during the last 30 days of treatment.***	**Counseling** Attended all scheduled individual and group counseling sessions? ☐ Yes ☐ No Date of last sessions: Individual Group **Urinalysis** Submitted all required urinalysis? ☐ Yes ☐ No Date of last urinalysis screen: Results:

Provider Narrative
Indicate # of missed sessions and/or urinalysis screens, positive urinalysis results, interventions for missed sessions and/or relapses, concerns (new and ongoing) being addressed in treatment, and any progress made by consumer.

8507 COURT ORDERED COMMITMENT (continued)
MONTHLY PROGRESS REPORT

DEFENDANT NAME:

SECTION II: MENTAL HEALTH TREATMENT

Therapist Name:	**Phone:**	**E-mail:**
Psychiatrist Name:	**Phone:**	**E-mail:**

DSM V Diagnosis	
Treatment Compliance ***Compliance during the last 30 days of treatment.***	**Therapy** Attended all scheduled therapy sessions? ☐ Yes ☐ No Date of last therapy session: **Psychiatry** Attended all scheduled doctor appointments? ☐ Yes ☐ No Date of last appointment:

Psychotropic Medications *(attach additional sheet -if necessary)*

Name **Dosage** **Condition Treated**	
Name **Dosage** **Condition Treated**	
Name **Dosage** **Condition Treated**	
Name **Dosage** **Condition Treated**	

Provider Narrative
Indicate # of missed sessions/doctor's appointments, interventions for missed sessions/appointments, concerns (new and ongoing) being addressed in treatment, medication concerns and/or adjustments made, and any progress made by consumer.

Counselor Signature _____ Date _____

Supervisor Signature _____ Date _____

8-507 COURT ORDERED COMMITMENT
INTERIM PROGRESS REPORT

This form is due, 72 hours prior to defendants hearing date, to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

DEFENDANT NAME: **REPORTING PERIOD:**

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
MEDICAID PROVIDER NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

SECTION I: SUBSTANCE USE DISORDER TREATMENT

Counselor Name: **Phone:** **E-mail:**

Provider Update
Indicate any concerns or progress since last reporting period.

SECTION II: MENTAL HEALTH TREATMENT

Therapist Name: **Phone:** **E-mail:**
Psychiatrist Name: **Phone:** **E-mail:**

Provider Update
Indicate any concerns, progress, or medication changes since last reporting period.

Counselor Signature Date

Supervisor Signature Date

8-507 COURT ORDERED COMMITMENT
TREATMENT CONTINUING CARE PLAN

This form is due, 60 days prior to discharge, to BHA Justice Services, at mdh.bhajusticeservices@maryland.gov.

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	PROVIDER:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
MEDICAID PROVIDER NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

AFTERCARE PLAN CHECKLIST

☐ **Treatment Provider(s)**

Provider Name: Address: Phone: Provider Type: Addictions Counselor
Provider Name: Address: Phone: Provider Type: Mental Health Therapist
Provider Name: Address: Phone: Provider Type: Psychiatrist
Provider Name: Address: Phone: Provider Type: Primary Care Physician

☐ **Housing**

Provider Name: Address: Phone: Provider Type:

Consumer Address: Phone: Housing Type:

☐ **Employment**

Employer: Address: Phone: Job/Position:

☐ **Educational/Vocational Training**

Program: Address: Phone: Program Type:

ADDITIONAL INFORMATION

_____ _____
Counselor Signature Date

_____ _____
Supervisor Signature Date

8-507 COURT ORDERED COMMITMENT
OFF-GROUND PRIVILEGES REQUEST

This form is due 7 days in advance of activity or event to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	PROVIDER:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
PROVIDER MEDICAID NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

OFF-GROUND ACTIVITY OR EVENT

☐ Educational/Vocational *(to attend education-related classes or programs)*
☐ Employment *(to apply for jobs, attend interviews, and/or career fairs)*
☐ Entitlements *(to apply for SSI, cash assistance, and/or food stamps)* ***Note: ONLY applicable if on probation***
☐ Legal *(to meet with attorney, attend court hearings outside of jurisdiction, or retrieve belonging from jail)*
☐ Medical *(to attend medical appointments, drop-off/pick-up prescriptions from pharmacy)*
☐ Family *(to visit family, attend family activity or event)*
☐ Meetings *(to attend AA, NA, etc.)*

Date(s):
Time(s):
Purpose:
Contact Information of Person/Facility:

Will the defendant be escorted? ☐ **YES** ☐ **NO**
If yes, who will escort the consumer? ☐ **SENIOR PARTICIPANT** ☐ **PROGRAM STAFF** ☐ **SPONSOR**

To be completed by Judge and returned to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

Request for Off-Grounds Privileges is:

☐ GRANTED **or** ☐ DENIED

The Honorable Judge _____ Date _____

8-507 COURT ORDERED COMMITMENT
REQUEST FOR IMMEDIATE COURT ACTION

This form is due immediately following event or incident to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

Today's Date:

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	PROVIDER:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
MEDICAID PROVIDER NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

Provider Narrative
Indicate the event or incident resulting in this request for immediate court action.

Is consumer permitted to return to program following court action? ☐ **Yes** ☐ **No**

To be completed by Judge and returned to BHA Justice Services at mdh.bhajusticeservices@maryland.gov

Request for Immediate Court Action is:

☐ GRANTED **or** ☐ DENIED

Court Action Taken:

☐ P&P Agent will visit program on _____

☐ Court will impose the following sanction_____

☐ Trial Date set for _____

☐ Bench Warrant Issued on _____

☐ Sherriff's Warrant Squad notified to pick up defendant on _____

_____ _____
The Honorable Judge Date

8-507 COURT ORDERED COMMITMENT
DISCHARGE REPORT

This form is due within 48 hours of defendant's discharge to BHA Justice Services at mdh.bhajusticesesrvices@maryland.gov

DATE OF DISCHARGE: **MM/DD/YR**

DEFENDANT INFORMATION

NAME:	DOB:	AGE:
RACE:	GENDER:	SID #:

COURT INFORMATION

COURT:	JUDGE:	NEXT HEARING DATE:
CASE #:	CASE #:	CASE #:
LEGAL STATUS:		

SOMATIC HEALTH INFORMATION

CONDITION(S):	MEDICATION(S):
ALLERGIES:	

MEDICATION-ASSISTED TREATMENT INFORMATION

MEDICATION:	HOME CLINIC:

RESIDENTIAL PROVIDER INFORMATION

PROGRAM NAME:	
MEDICAID PROVIDER NUMBER:	
ADDRESS:	PHONE:
ASAM LEVEL OF CARE:	ADMISSION DATE:

DISCHARGE DISPOSITION

☐ Successful Discharge *(Completed Treatment Episode. Approved discharge plan.)*
Summary of Discharge Plan:
Consumer Address: Consumer Phone:

☐ Unsuccessful Discharge *(Incomplete Treatment Episode. Unapproved or No Discharge Plan.)*
Summary of Circumstances Surrounding Discharge:
Consumer Address: Consumer Phone:

TREATMENT COMPLIANCE

Input the date of the defendant's last treatment sessions, results of positive urinalysis (if applicable), and any medication adjustments (if applicable) prior to discharge.

Individual Counseling Session: Group Counseling Session:
Urinalysis Screen: Results:
Individual Therapy Session: Group Therapy Session:
Psychiatry Session: Medication Adjustments: ☐ No ☐ Yes to

_____ _____
Counselor Signature Date

_____ _____
Supervisor Signature Date