



Recovery Management Continuing Care Protocol

- **Acute Stabilization Phase (Months 1-2)** Client will be admitted to residential or outpatient treatment. Client will be introduced to Jeanne Reid, Care Coordinator, who will conduct a baseline risk assessment and originate a Care Coordination file for each client. Care Coordinator will provide oversight during entire year of treatment and will provide welcoming and risk assessment at beginning of Acute Stabilization of treatment, consulting as needed with Primary Counselor and treatment team regarding level of care and facilitating transition to next phase of treatment.
- **Post Stabilization Phase (Months 2-4):** Client may be admitted to lower level of treatment following residential phase, e.g., DIOP, EIOP, or Aftercare, following Acute Stabilization. Care Coordinator will continue to provide oversight and will meet with client on as-needed basis to maintain contact and provide guidance.
- **Recovery Management (Months 3-12):** Client will enter Recovery Management and ongoing Risk Management phase of treatment upon completion of Post Stabilization or Acute Stabilization phase and when client has terminated relationship with Primary Counselor. Client will then be transferred to Recovery Coach. Care Coordinator will continue to provide oversight. In general, the frequency of contact with the Recovery Coach will be determined by the client's need, stability, length in treatment. Frequency can be either increased or decreased by the client's current risk status and will be based on individual client need.
- **Recovery Coaching/Ongoing Risk Management Phase:**
 - 1st Meeting: Recovery Coach conducts initial Risk Assessment per McCay's Client Workbook
 - Months 4-6: Weekly client contact utilizing McKay's Risk Assessment Protocol along with McCay's Client Workbook
 - Months 6-9: Contact diminishing to every two weeks. Same format.
 - Months 9-12: Contact diminishing to monthly: Same format.