Abuse – Adult (Domestic Violence) pg. 219 Omaha System

Definition: Child or adult subjected to non accidental physical, emotional, or sexual violence or injury.

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: Network Survey, Abuse Assessment Screen, Motivational Interviewing

Abuse signs and symptoms: (*Check all that apply*)

Harsh/excessive discipline ____
Welts/bruises/burns/other injuries ____
Questionable explanation of injury ____
Fearful/hyper-vigilant behavior ____
Violent environment ____
Consistent negative messages ____
Assaulted sexually ____
Attacked verbally ____
Other _____

KBS Comments (date and initial each entry)

Abuse – Domestic Violence Problem Pathway (pg. 219)

Target	Category	Intervention	Target	Category	Intervention
Coping Skills	**S**	Monitor coping strategies and client's needs	**Safety**	**CM**	Refer to DV crisis support lines, DV housing programs or other safe housing alternatives
Legal System	**S**	Monitor needs/barriers for legal services/ protection orders	**Sickness/ Injury Care**	**TCG**	Discuss importance of medical follow up for physical/sexual abuse injuries
"	**TGC**	Discuss options protection orders/legal services. Discuss/plan management of potential safety concerns with DV perpetrator when court orders/court proceedings	**"**	**CM**	Refer to emergency/urgent medical care for significant injuries. Link to community medical providers for non-emergent concerns
"	**CM**	Refer to protection order advocates, court services, legal services	**S/S – Mental/ emotional**	**S**	Monitor/detect S/S of mental/emotional concerns from abuse
"	**CM**	Refer to legal services for parenting plans & child/DV perpetrator visitation arrangements	**S/S - Physical**	**S**	Monitor/detect S/S of physical/sexual abuse and unexplained injuries
Other	**CM**	Refer to persons/places/activities not on this list	**Social Work/ Counseling Care**	**CM**	Refer for mental health assessment/treatment for S/S of trauma, depression, or other mental health concerns
Safety	**S**	Monitor current strategies/safety plans for self and children	**Support Groups**	**S**	Monitor access to community support including DV advocates/Sexual Assault advocates and survivor support groups
"	**S**	Monitor safety with current housing. need for DV shelter & housing programs or other safe housing alternatives	**"**	**TGC**	Discuss available DV or Sexual Assault support groups
"	**TGC**	Discuss importance of having emergency/safety plan for self & children	**"**	**CM**	Refer/link to DV or Sexual Assault support groups
"	**CM**	Refer to Domestic Violence/Sexual Assault Advocates to assist with development of safety plans	**Support System**	**S**	Monitor availability of supportive family, friend and associates

DATE	Contact Type*	Target	S/TGC/ CM	Activity/Comments/Tool(s) used and results. Initial after each entry.

***Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Abuse - Child (pg. 219 Omaha System)

Definition: Child or adult subjected to non accidental physical, emotional, or sexual violence or injury.

Abuse signs and symptoms: (*Check all that apply*)

harsh/excessive discipline ____ **fearful/hyper vigilant behavior** ____ **assaulted sexually** ____

welts/bruises/burns/other injuries ____ **violent environment** ____ **attacked verbally** ____

questionable explanation of injury ____ **consistent negative messages** ____ **other** _____

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, NCAST, ASQ-3, ASQ:SE

KBS Comments (date and initial each entry):

Abuse – Child Problem Pathway (pg. 219)

Target	Category	Intervention	Target	Category	Intervention
Day Care/ Respite	CM	Refer to appropriate day care resources and Medicaid Treatment Childcare services	**Sickness/ Injury Care**	S	Monitor access to appropriate care for injuries/abuse
Discipline	S	Monitor/detect use of inappropriate physical discipline methods	"	CM	Coordinate/Link with medical providers for identified injuries/abuse
Interaction	S	Monitor for difficulty in interacting with caregivers or peers/siblings	**Social Work/ Counseling Care**	CM	Refer for mental health, trauma, or sexual abuse assessment/treatment
Legal System	S	Detect current and prior CPS/child welfare/legal/court involvement	**S/S mental/ emotional**	S	Monitor/detect Social/Emotional/Behavioral Health concerns
"	S	Monitor for physical/sexual/mental abuse concerns	"	S	Monitor/detect exposures to domestic violence, abuse, or other traumatic experiences
"	CM	Refer to CPS intake for new or unreported neglect/abuse concerns	"	S	Monitor for acting out behaviors (violent outbursts/aggression) and internalizing behaviors (withdrawal/depression)
"	CM	Coordinate with CPS/CFWS/Courts/CASA	**S/S Physical**	S	Monitor/detect physical abuse/injuries: welts, bruises, burns, lacerations, fractures, head trauma
Other	CM	Refer to persons/places/activities not on this list	"	S	Monitor/detect S/S of sexual abuse (genital lesions, bladder/vaginal infections, or bleeding)
Safety	S	Monitor provision of safe supervision, safe environment, and home safety devices			

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

***Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Caretaking/Parenting – Adult (pg. 208 Omaha System)

Definition: Providing support, nurturance, stimulation, and physical care for dependent child or adult.

Caretaking/Parenting signs and symptoms: (*Check all that apply*)
Expectation incongruent with stage of growth and development ____
Difficulty interpreting or responding to verbal /non-verbal communication ____
Difficulty providing cognitive learning experiences & activities ____
Difficulty providing preventive & therapeutic healthcare ____
Difficulty providing emotional nurturance ____
Difficulty providing physical care/safety ____
Dissatisfaction/difficulty with responsibilities ____
Other _____

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, CES-D, NCAST, 24 hr diet recall, Edinburgh, Baby Cue Cards, HOME, TIPP

KBS Comments (date and initial each entry):

Caretaking/Parenting Problem Pathway (pg. 208 Omaha System)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Bonding/ Attachment	S	Assess caregiver/child interactions and relationship, and attachment	**Growth/ Development Care**	S	Monitor caregiver's expectations of child developmental patterns & behaviors. Monitor parent's knowledge of child developmental disabilities/special needs
"	TGC	Educate/support strengthening caregiver/child relationship	"	TGC	Discuss realistic expectations and supporting attainment of development milestones. Provide education on child's disabilities/special needs.
Caretaking/ Parenting	S	Monitor thoughts/feelings about their care giving role	**Personal Hygiene**	TGC	Educate on skin care, toileting management, bathing or hygiene needs
"	S	Monitor caregiver's need for emergency or respite day care services	**Positioning**	TGC	Educate safe positioning with feeding, safe sleep positioning *(infants under 1 yr)*
Coping Skills	S	Monitor/detect parent stressors and abilities to manage care giving functions	**Rest/Sleep**	S	Monitor caregiver's adequacy of sleep/rest patterns
"	TGC	Educate stress reduction	**Safety**	S	Monitor knowledge of home safety hazards and adequacy of child supervision
Day Care/ Respite	TGC	Educate on choosing safe daycare	"	TGC	Educate on safe supervision/ caregivers, childproofing, storage hazardous substances, car safety, pet safety, fire safety, CPR, & poison control
"	CM	Refer/link to emergency or respite services or other daycare	"	CM	Refer/link to car seats, cribs, safety devices, CPR resources
Dietary Management	S	Monitor for appropriate provision of food and regular feeding schedules	**Sickness/injury care**	TGC	Educate on S/S of childhood chronic diseases, care of illnesses, and when to seek care for illnesses/accidents
"	TGC	Educate age appropriate foods and feeding schedules	**Stimulation/ nurturance**	TGC	Educate infant/child cues and ways to appropriately respond to cues and support emotional development
Discipline	TGC	Discuss/educate on use of appropriate discipline methods	**Support System**	S	Monitor availability of supportive family, friends, and associates
"	TGC	Discuss/Educate on effects of harsh/inappropriate discipline methods on child	**Support Group**	CM	Refer/link to parenting supports and education groups
Feeding Procedures	TGC	Educate on appropriate food preparation and feeding for age including breastfeeding, formula, solids	**Wellness**	TGC	Review immunizations, well child care and oral health care needs for age

DATE	Contact Type	Target	S/TCG/ CM*	Actions/Interventions/Tool(s) used and results. Initial after each entry.

Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)

Growth and Development - Child (pg. 223 Omaha System)

)efinition: Progressive physical, emotional, and social maturation along the age continuum from birth to death.

;rowth and Development signs and symptoms: (*Check all that apply*)

\bnormal results of developmental screening tests ____ Age –inappropriate behavior ____ Other _____

\bnormal weight/height/head circumference measurements in relation to growth/age standards ____

nadequate achievement/maintenance of developmental tasks ____

KBS Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Network Survey, ASQ-3, ASQ:SE, Growth Chart, NCAST, HOME, Denver II, Sleep/Activity Record

KBS Comments (date and initial each entry):

Growth and Development Problem Pathway (pg. 223 Omaha System)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Bonding/ Attachment	S	Monitor/detect concerns in interactions with caregivers	**Personal Hygiene**	CM	Coordinate with medical provider for toileting problems
Communication	S	Monitor speech/language expressive language skills, and receptive language skills	**Rest/Sleep**	S	Monitor adequacy of sleep patterns, bedtime time routines, and sleep problems
Dietary Management	S	Monitor adequacy of food intake patterns and access to foods	**Safety**	S	Monitor provision of safe supervision, safe environment, and home safety devices
"	CM	Refer to nutritionist, WIC, food pantry	**Screening Procedure**	S	Monitor/detect for developmental delay with developmental screening
Discipline	S	Monitor child's responses to caregiver's discipline methods	**S/S Physical**	S	Monitor adequacy of weight, height,& head circumference patterns
Growth/ Development Care	S	Monitor communication, gross motor, fine motor, problem solving skills for age or disability	**"**	CM	Coordinate with medical provider on growth problems
"	CM	Refer & coordinate assessment/services for developmental delays	**S/S Social-Emotional**	S	Monitor social-emotional patterns and behaviors
"	CM	Refer for child enrichment programs such as Head Start, ECAP, After School Programs, Library reading, and play groups,	**Social work/ counseling care**	CM	Refer for evaluation/treatment for social-emotional concerns
Interaction	S	Monitor child's social interactions with family members, peers, and others	**Stimulation/ nurturance**	S	Monitor appropriate provision of games/toys/books/learning activities, exercise, and recreation
Personal Hygiene	S	Monitor toileting skills/toileting management	**"**	CM	Refer to community resource/programs that promote recreation and development

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

***Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Health Care Supervision - Child (pg. 346 Omaha System)

Definition: Management of the health care treatment plan by health care providers.

Health Care Supervision signs and symptoms: (Check all that apply)

Inconsistent source of health care ____
Fails to obtain routine/ preventive health care ____
Inability to coordinate multiple appointments/treatment plans ____
Failure to seek care for symptoms requiring evaluation/treatment ____

Inadequate source of health care ____
Inadequate treatment plan ____
Fails to return as requested to health care provider ____
Other _____

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Network Survey

KBS Comments (date and initial each entry):

Health Care Supervision Problem Pathway (pg. 346)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Continuity of Care	S	Monitor access to regular medical care/Medical Home/plan of care	**Sickness/ Injury Care**	S	Monitor/detect S/S of illness, injuries. and medical emergencies and follow up for medical assessment & treatment
"	CM	Coordinate plan of care with health, mental health, dental or other health care providers	"	CM	Refer/link/coordinate with medical providers to assess and treat illness, injury, and medical emergencies
Interpreter/ Translator Services	S	Monitor access to interpreters for medical appointments	**S/S – Physical**	S	Monitor/detect problems with height/weight, vital signs, and infection
Medical/Dental Care	S	Monitor access barriers to medical and dental providers	**Social Work/ Counseling Care**	S	Monitor access to mental health providers for mental health conditions that require assessment and treatment.
"	S	Monitor for medical/dental conditions that require medical assessment and treatment	"	CM	Refer/link to mental health assessment and treatment services for children with social/emotional concerns.
"	CM	Refer/link/coordinate with health & dental providers and clinics	**Transportation**	S	Monitor/detect transportation barriers to medical appointments
Medication Coordination/ Ordering	S	Monitor access to medications for illnesses or chronic health conditions	"	CM	Refer/link to available transportation services for medical appointments
			Wellness	S	Monitor access to immunizations, well child care, and routine dental exams

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)

Income (pg.169 Omaha System)

Definition: Money from wages, pensions, subsidies, interest, dividends, or other sources available for living and health care expenses.

Income signs and symptoms: (*Check all that apply*)

Low/no income ____ **Able to buy only necessities** _____

Uninsured medical expenses ____ **Difficulty buying necessities** ____

Difficulty with money management ____ **Other** _____**(specify)**

KBS Problem Rating #				**Date:**	**Initials:**
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Network Survey, Other Client Info

KBS Comments (date and initial each entry):

Income Problem Pathway (pg 169 Omaha)

Target	Category	Intervention	Target	Category	Intervention
Education	S	Monitor access to education/job training services, and grants & loans for education/training programs	**Finances**	CM	Refer/link to budgeting classes/supports
"	TGC	Discuss availability of education/training programs, and available loans/grant. Discuss education and career goals.	**Legal System**	S	Monitor ability to manage finances & potential need for child support, legal advocacy, protective payee,
"	CM	Refer to education/job training programs. Refer to loans/grant for education/training programs	"	CM	Refer for child support, legal advocacy, protective payee
Employment	S	Monitor current and past employment experiences. Assess desire to enter workforce if unemployed.	**Other:**	S TGC CM	Monitor discuss or refer to persons/places/activities not on this list
"	CM	Refer and link to job-seeking services (interview preparation and clothing, resume writing, and employment opportunities)	**Other Community Resources**	CM	Refer/link with food pantry, energy assistance, and other basic needs assistance
Finances	S	Monitor income resources & expenses and ability to access basic needs and health insurance	**Supplies**	CM	Refer/link with diapers, bottles, and infant care supplies
"	S	Monitor/detect gambling issues or inability to manage money	**Support Groups**	CM	Refer to gambling support groups
"	TGC	Discuss public/private insurance/ income resources, use of community resources, & long range planning to meet family's needs	**Social Work/ Counseling**	CM	Refer to Disabilities Case Management Services
"	CM	Refer/link to appropriate financial support programs: TANF, SSI, Medicaid	**Transportation**	CM	Refer to bus/transit resources and Medicaid transportation broker services

DATE	Contact Type *	Target	S/TG C/CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)

Mental Health - Adult (pg. 199 Omaha System)

Definition: Development and use of mental/emotional abilities to adjust to life situations, interact with others, and engage in activities.

Mental Health signs and symptoms: (*Check all that apply*)

Sadness/hopelessness/decreased self esteem ____
Apprehension/undefined fear____
Loss of interest/involvement in activities/self care____
Flash-Backs ____
Narrowed to scattered attention/ focus ____
Expresses Suicidal/homicidal thoughts ____
Purposeless/compulsive activity ____
Difficulty managing stress ____
Somatic complaints/fatigue ____
Flat affect ____
Hallucinations/illusions ____
Attempts suicide/homicide____
Difficulty managing anger ____
Mood Swings ____
Irritable/agitated/aggressive ____
Delusions ____
Self Mutilation ____
Other _____

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, CES-D, Edinburgh, DASS, PHQ-9, Network Survey, Motivational Interviewing

KBS Comments (date and initial each entry):

_____
_____
_____
_____

Mental Health Problem Pathway (pg. 199)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Coping Skills	S	Monitor coping skills and support needs	**Medication Action/Side Effects**	TGC	Discuss/educate on medications actions/side effects, and needed follow up	**Social Work/ Counseling Care**	CM	Refer or link to mental health assessment services or treatment providers
"	TGC	Discuss adjustment to condition, management of crisis, stress management, & self care.	**S/S Mental-Emotional**	S	Monitor/detect social-emotional S/S and history	"	CM	Refer/link to crisis line or other crisis resources
Continuity of Care	CM	Coordinate plan of care & medications with health/mental health providers	"	TGC	Discuss mental/emotional signs & symptoms and effects of on self and interactions with others	**Support Group**	S	Monitor feelings about/access to support groups
Medical/ Dental Care	CM	Refer for medical and dental care, and prescriptions	**Social Work/ Counseling Care**	S	Monitor access barriers to mental health services and crisis support services	"	CM	Refer/link to support groups
Medicatio n Admin.	S	Monitor use, and side effects, and ability to access prescribed medications	"	S	Monitor prior experiences with mental health providers	**Support System**	S	Monitor availability of supportive family, friends, and associates
"	CM	Refer for medication access problems or follow up with medication side effects	"	TGC	Discuss role and benefits of mental health care	"	TGC	Discuss benefits of personal support network and ways to increase

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

*** Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Neglect – Child (pg.214 Omaha System)

Definition: Infant/Child deprived of minimally accepted standards of food, shelter, clothing, or care.

Neglect signs and symptoms: (*Check all that apply*)

Lacks adequate physical care ___

Inadequate/delayed medical care ___

Lacks appropriate stimulation/cognitive experiences ___

Lacks emotional nurturance/support ___

Inappropriately left alone ___

Lacks necessary supervision ___

Other _____

KBS Problem Rating #				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Network Survey, NCAST Teaching/Feeding, ASQ-3, ASQ:SE

KBS Comments (date and initial each entry):

Neglect – Child Problem Pathway (pg 214 Omaha)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Day Care/Respite	S	Monitor care needs for child	**Legal System**	CM	Coordinate with CPS/CFWS/Courts/CASA
"	CM	Refer to appropriate day care resources	**Safety**	S	Monitor/detect home safety risks, appropriate supervision. and use of safe caregivers
Dietary Management	S	Monitor adequacy of food intake patterns and access to foods	**Sickness/Injury Care**	S	Monitor access to appropriate medically necessary health care (chronic disease management/sickness/injury care)
"	CM	Refer to nutritionist, WIC/food pantry	"	CM	Coordinate with medical providers on identified illnesses/chronic health problems/injuries
Discipline	S	Assess current discipline practices	**S/S Mental/Emotional**	S	Monitor/detect S/S of social-emotional and behavioral health problems
Growth & Development Care	S	Monitor attainment of developmental milestones	**S/S Physical**	S	Monitor/detect S/S of poor hygiene, skin breakdown, malnutrition/poor weight gain, inadequate clothing
Interaction	S	Monitor child's social interactions with caregiver, family members, peers, and others	**Social Work/ Counseling Care**	CM	Refer for mental health assessment/counseling
Legal System	S	Assess child neglect risks, prior CPS history, legal, or court involvement for child maltreatment concerns	**Stimulation/ Nurturance**	S	Monitor physical and intellectual stimulation of child
"	CM	Refer to CPS intake for new or unreported neglect/abuse concerns	"	CM	Refer for child enrichment programs, Head Start/ECAP, play groups, after school programs

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

***Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Residence (pg. 175 Omaha System)

Definition: Living Area

Residence signs and symptoms: (*Check all that apply*)

Structurally unsound ____
Steep/unsafe stairs ____
Inadequate/crowded living space ____
Inadequate heating/cooling____
Inadequate safety devices ____
Unsafe storage of dangerous objects/substances ____
Cluttered living space ____
Unsafe mats/throw rugs ____
Presence of lead-based paint ____
Exposed wiring ____
Inadequate/obstructed exits/entries ____
Structural barriers ____
Unsafe appliances/equipment ____
Homeless ____
Other _____

KBS Problem Rating#				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: DLC, TIPP, HOME

KBS Comments: (date and initial each entry)

Residence Problem Pathway (pg. 175)

Target	Category	Intervention	Target	Category	Intervention
Environment	S	Monitor neighborhood safety	**Legal System**	CM	Refer for legal advocacy/ tenant rights
Home	S	Monitor condition of residence	**Other**	S TGC CM	Assess, discuss or refer to persons/places/activities not on this list
"	S	Monitor/detect stability of housing and risks for homelessness	**Safety**	S	Monitor/detect presence of home safety hazards
"	TGC	Discuss community resources for home repair or emergency/ subsidized housing programs	"	TGC	Discuss results of safety survey and identified home hazards
"	CM	Refer to appropriate home repair resources	"	TGC	Discuss child proofing home, safe storage of weapons, and elimination of home health hazards
"	CM	Refer to appropriate shelter, transitional housing or subsidized housing resources	"	CM	Refer for smoke alarms and safety devices
Legal System	TGC	Discuss tenant rights			

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

DATE	Contact Type*	Target	S/TGC/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

***Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)**

Substance Use-Alcohol/Drugs Adult (pg. 337 Omaha System)

Definition: Consumption of medicines, drugs, or other materials likely to cause mood changes &/or psychological/physical dependence and disease.

Substance Use-Alcohol/Drugs Signs and Symptoms: *(Check all that apply)*

Abuses OTC/RX medications _____ **Difficulty performing normal routines** _____ **Reflex Disturbances**_____

Uses "Street" recreational drugs _____ **Behavior change** _____ **Other** _____

Abuses alcohol _____ **Buys/sells illegal substances** _____

Exposure to cigarette/cigar smoke_____ **Smokes/uses tobacco products** _____

KBS Problem Rating#				Date:	Initials:
K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Network Survey, Drug & Alcohol Screening Tools (CAGE, Conjoint, other tool), and Motivational Interviewing

KBS Comments (date and initial each entry):

Substance Use-Alcohol/Drugs Adult Problem Pathway (pg. 337)

Target	Cate-gory	Intervention	Target	Cate-gory	Intervention	Target	Cate-gory	Intervention
Behavior Modification	TGC	Discuss motivation for decreasing/ stopping substance use	**Other:**	S TGC CM	Monitor, discuss or refer to persons/ places/ activities not on this list	**Substance Use Cessation**	TGC	Disc. benefits of decreasing/ stopping usage for self & others
"	CM	Facilitated linkage to alcohol/drug treatment	**Social Work/ Counseling Care**	S	Monitor current/past experiences with counselors	"	CM	Refer to ADATSA *(if eligible)* or other cessation programs
Coping Skills	TGC	Discuss client strengths/coping skills to decrease or avoid use	"	CM	Refer for SW counseling and support	**Support System**	S	Monitor availability of supportive family, friends, and associates
Legal System	CM	Coordinate with/ refer to legal resources	**S/S Physical**	S	Monitor/detect withdrawal & craving symptoms	"	TGC	Discuss benefits of personal support network and ways to increase
Medical/ Dental Care	S	Monitor access to medical care providers for substance use cessation support	"	TGC	Discuss effects of alcohol/drugs on self and management of withdrawal symptoms	**Support Groups**	S	Monitor access to/history of using Alcohol/Substance Cessation support groups
"	TCG	Discuss roles and benefits of utilizing health providers for substance use cessation	**Substance Use Cessation**	S	Monitor alcohol/substance usage patterns	"	CM	Refer to Alcohol/Substance Cessation Support Groups
"	CM	Refer to medical providers for help with substance use cessation	"	S	Monitor/detect access to/history of substance use cessation programs			

DATE	Contact Type*	Target	S/TGC/CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

*Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)

Substance Use/Exposure-Tobacco Adult (pg. 337 Omaha System)

Definition: Consumption of tobacco products likely to cause mood changes and/or physical/psychological dependence, illness, and disease.

Substance Use-Alcohol/Drugs Signs and Symptoms: *(Check all that apply)*

Smokes/uses tobacco products _____

Abuses OTC/RX medications _____

Uses "Street" recreational drugs _____

Abuses alcohol _____

Exposure to cigarette/cigar smoke____

Difficulty performing normal routines ____

Behavior change ____

Buys/sells illegal substances ____

Reflex Disturbances_____

Other _____

KBS Problem Rating #: **Date:** **Initials:**

K	B	S	1. Initial		
K	B	S	2. Interim		
K	B	S	3. Interim		
K	B	S	4. Discharge		

Suggested Tools: CLSS, DLC, Motivational Interviewing

KBS Comments (date and initial each entry):

Substance Use/Exposure-Tobacco Adult Problem Pathway (pg. 337 Omaha)

Target	Category	Intervention	Target	Category	Intervention
Behavior Modification	S	Monitor clients thoughts about usage, desires for change, and barriers	**S/S Physical**	S	Monitor withdrawal & craving symptoms
"	TGC	Discuss benefits of decreasing/stopping tobacco use or exposure	"	TGC	Discuss effects of tobacco use on self
Coping Skills	TGC	Discuss client strengths/skills to decrease or avoid use	**Substance Use Cessation**	S	Monitor tobacco use patterns or second hand smoke exposures
Medical/ Dental Care	CM	Refer to medical providers for tobacco cessation treatment	"	TGC	Discuss benefits of quitting/decreasing use, ways to stop or decrease use, and how to sustain changes in use patterns
Medication Action/Side Effects	TGC	Discuss smoking cessation patches/ pills	"	CM	Refer to tobacco cessation Line
Other	S/TGC/CM	Assess, discuss or refer to persons/places/activities not on this list	**Support Group**	CM	Refer to Smoking Cessation Classes
S/S Mental-Emotional	S	Monitor/detect feelings of fear/anxiety with changes in tobacco usage	**Support System**	S	Monitor availability of supportive family, friends, and associates

DATE	Contact Type*	Target	S/TCG/ CM	Actions/Interventions/Tool(s) used and results. Initial after each entry.

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*Contact Type = Home Visit (HV) Office Visit (OV) Telephone Call (TC) Case Coordination (CC)