

Stepping Stone of San Diego  
3767 Central Avenue  
San Diego, CA 92105  
(619) 278-0777  
www.steppingstonesd.org



***TREATMENT SERVICES SCREENING PACKET***

Thank you for your interest in Stepping Stone of San Diego's treatment programs. Below you will find the admission procedures that must be followed in order to enter our program.

1. Complete a screening packet (enclosed) and bring with you in person to our orientation meeting which is held each Tuesday from 10:00 a.m. to 11:00 a.m. at our Residential facility located at 3767 Central Ave., San Diego, Ca. 92105. SCREENING PACKETS ARE ONLY ACCEPTED IN PERSON. PLEASE DO NOT MAIL. All individuals interested in admission must attend orientation.
2. In addition to the screening packet, a current TB (tuberculosis) skin test must be submitted prior to admission. If the TB skin test is positive or if individual seeking treatment is HIV positive, a chest x-ray may be required after admission.
3. Individuals seeking treatment who are HIV positive will also need to provide a third party verification of diagnosis after admission if not available upon admission.
4. Individuals seeking treatment will only be placed on the waiting list upon submission of all documents above as well as an assessment by one of the counselors that Stepping Stone will be able to serve your needs.
5. All SB618, Proposition 36, and SASCA admissions must have a referral and, if applicable, report at the time scheduled on their referral.

**If Stepping Stone's programs are not the appropriate level of treatment, you will be given referrals to the appropriate facilities.**

We realize that finding services can be frustrating and difficult at times. When there are no openings for admissions, you will be asked to attend the screening and intake group as well as self-help meetings until an opening is available.

The screening and intake group provides support and an overview of programming. Staff will answer any questions you may have time at that time. Stepping Stone is committed to welcoming and assisting people who come to our doors.



### ***TREATMENT SERVICES WELCOMING POLICY***

Stepping Stone welcomes all individuals for services related to alcohol and drug addiction, and those in need of life-threatening recovery from co-occurring conditions. It is our mission to primarily serve the Gay and Lesbian community. However, we recognize that our clients often have other medical and psychiatric conditions that interact with and impact their addiction. We are committed to providing the most holistic and comprehensive recovery and treatment services for clients. In order to help clients achieve the best stabilization in all areas, we recognize the importance of integrating attention to these other medical and psychiatric issues throughout the treatment process at Stepping Stone. It is part of our program to provide referrals and support for linkages to services related to these other co-occurring conditions and to incorporate those services into the client's treatment plan and recovery process.

It is recognized that when a person enters Stepping Stone, he/she is reaching out for help and deserves a welcoming response. We take responsibility for assisting each person to make sure that he/she is connected to a relationship that integrates attention to his/her multiple needs while in addiction treatment. In addition, we are committed to making sure that the appropriate resources and referrals are made available whether the individual will be admitted to our treatment facility or not. The life of each person is precious, and we have an important part in welcoming him/her into sober, healthy living, including recovery from co-existing medical and psychiatric conditions.

If you have an experience that is different from what is described above, please feel free to contact the Director of Support Services, Catherine Aquino at: (619) 295.3995 ext 107. We appreciate and value your input.

## **TUBERCULOSIS CONTROL CLINIC**

**SERVICES:**     **Tuberculin Skin Test (TST)**  
Monday, Tuesday, Wednesday, and Friday 7:30 – 11:30 am and 1:00 – 4:00 pm

### **Chest X-Rays**

Appointments are recommended. Call (619) 692-5565.

X-ray hours are Monday – Friday 8:00 am – 12:00 nn and 1:00 – 4:00 pm

*Chest x-rays are done when medically indicated for persons who provide documentation of a positive TB skin test, including millimeter reading.*

**FEES:**           Fees for services can be obtained by contacting the clinic at the number above. Fees are based on ability to pay. No one will be denied TB clinic services.

**For more information, please call (619) 692-5565 or for recorded message for clinic hours and directions, call (619) 692-8600.**

**DIRECTIONS:**   **Health Service Complex**  
**3851 Rosecrans Street**  
**San Diego, Ca. 92110**

### **From North County:**

- Take 5 South
- Exit on Rosecrans (left lane)
- Turn left on Kurtz Street
- Turn left on Rosecrans
- Turn right in Health Services parking

### **From South County:**

- Take 5 North
- Exit on Pacific Highway
- Turn left on Rosecrans
- Turn left in Health Services parking

### **From East County:**

- Take 8 West
- Exit on Rosecrans (left lane)
- Turn left on Kurtz Street
- Turn right in Health Services parking

**TREATMENT SERVICES SCREENING INFORMATION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Best time to call? \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship of others living at this address: \_\_\_\_\_

Source(s) of Income:   \_\_\_ Employed (wages)  
                              \_\_\_ Unemployment  
                              \_\_\_ SSI  
                              \_\_\_ SSDI  
                              \_\_\_ SDI  
                              \_\_\_ Other \_\_\_\_\_

**LEGAL STATUS QUESTIONNAIRE**

- |   | YES   | NO    |
|---|-------|-------|
| 1. Are you presently on parole or probation?  | _____ | _____ |
| 2. Number of arrests in the past 30 days?<br>➤ Please list reason(s) for arrest(s).             |       | _____ |
| 3. Number of arrests since the age of 18?<br>➤ Please list reason(s) for arrest(s).             |       | _____ |
| 4. Number of jail or prison days in the past 30 days?<br>➤ Please list reason(s) for arrest(s). |       | _____ |
| 5. Number of jail or prison days in your lifetime?<br>a. What was the incarceration for?        |       | _____ |

**MENTAL HEALTH INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of most recent hospitalization for psychological problems: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

What psychiatric diagnosis have you received?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name of Psychiatrist/Therapist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agency of Psychiatrist/Therapist: \_\_\_\_\_

Current Psychiatric Medications you are currently taking and symptoms it treats:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PRIOR PSYCHIATRIC TREATMENT HISTORY:**

Type: Outpatient, Inpatient, Hospital, Therapy	Agency: UCSD, Scripps, Kaiser, Sharp, etc.	Date Started and Ended	Outcome

**Stepping Stone**  
**Limits on Client/Therapist/Treatment Team Confidentiality**

Although confidentiality and privileged communication remain rights of all clients of mental health practitioners according to the law, there are conditions that the therapist/staff counselor is required to disclose confidential information to the appropriate persons.

- You have disclosed, or your therapist believes, that you are a danger to yourself.
- You have disclosed, or your therapist believes, that you are a danger to others.
- You are a minor and your therapist reasonably suspects you are a victim of child abuse.
- You have disclosed child neglect, sexual abuse, physical abuse, and/or emotional abuse in the home.
- You have disclosed knowledge of child neglect, sexual abuse, physical abuse, and/or emotional abuse in the home.
- You or someone else's child has witnessed domestic violence.
- You are a person over 65 and your therapist believes you are the victim of physical abuse and/or serious neglect.
- You disclose elder abuse either in your own home or in the community at large.
- You are unable to care for yourself and would be considered gravely disabled.
- You waive your rights of privilege or give consent to limited disclosure by your therapist.

**Group** – Staff group facilitators will maintain confidentiality with the exception of the above circumstances, but cannot guarantee your confidentiality by other group members. It is requested that group members maintain confidentiality with each other in order to provide safety. **Any breach of confidentiality may be grounds for discharging from the program.**

**Treatment Team** – Confidentiality within the Treatment Team is maintained with the exception of the above circumstances. It is understood by the undersigned that confidentiality extends to the treatment team and that the treatment team consist of staff, interns, and clinical staff.

I \_\_\_\_\_ have read and understand the above information and consent

**(Print Name)**

the parameters of confidentiality in my treatment.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Date**

