Item by Item Instructions for Completing the SCCS Individual/ Group Survivor Contact Log

The SCCS Individual/ Group Contact Log is used to record sessions held with individual service recipients or with members of a family or group.

PAGE 1

FIELD NAME	INSTRUCTIONS TO COMPLETE THE FIELD
PROVIDER NUMBER	The 5-digit code assigned to your provider agency
PROVIDER NAME	The name of the provider agency.
EMPLOYEE #	The SCCS Counselor's 6-digit employee number assigned by OMH
EMPLOYEE NAME	Enter your first and last names.
RECIPIENT NUMBER	The 7-digit Recipient Number assigned by the team at the time of referral/ for SCCS. Complete only for Individual contact. Group Recipient Numbers are recorded on Page 2.
DATE	Date of this visit.
CONTACT TYPE	Select Individual or Group
VISIT NUMBER	Enter the total number of SCCS visits with this individual visit including this visit.
ZIP CODE	Enter zip code where services are provided
LOCATION of SERVICE	Select the type of location where the services is provided. If none of the available choices are appropriate, select "Other" and specify type of location.
DURATION OF VISIT	Select appropriate time interval of visit.
OTHER PEOPLE	Identify any other people who participate in the counseling session.
CURRENT PROBLEMS	Select current problems described by the individual and/or observed by the clinician. For each item reported, ask the individual to rate how much he/she is bothered by this problem using the 5-point scale. Select and rate all that apply. For Group contacts: select all that apply; a rating is not required.

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FOCUS OF SCCS CONTACT	Enter the 3-digit codes from page 1 for the items addressed in this SCCS visit.
MAIN INTERVENTION STRAGEGIES	Select the primary intervention strategies that were used by the counselor during this visit. If other is selected, specify.
RLC ASSISTANCE	Select the areas of assistance provided by the RLC during this contact with the survivor. If other is selected, specify.
GROUP PARTICIPANTS	Enter the Recipient Numbers of ALL individuals participating in the SCCS intervention.
REFERRALS: Select all that apply	Indicate if referrals were made for SCCS, mental health, substance use. If other services were recommended, specify type of service.
ACCEPTANCE OF REFERRAL	For each referral made, indicate if individual or parent/caregiver accepted the referral.
PROVIDER AGENCY NAME	If outside referral was made, enter name of provider agency.
NOTES	Indicate if individual has given requested or declined to be contacted again. If a subsequent visit has been scheduled, enter the date of next contact.
Review and Signature	Upon review for completeness, supervisor should print name sign and date the form.