

Demonstrating Solutions in Recovery Centers Date: _____

Name(s): _____

Time Shift Started: _____ Time Shift Finished: _____

Number of people at meeting: (if one held during your shift):
Name of meeting _____

Walk in visitors: _____ **Total visitors during shift** _____

_____ Number of visitors during shift
_____ Recovery support [conversation/ interaction - engage and refer when appropriate]
_____ Explanation of Center [welcome visitor, introduce, show around & offer materials]
_____ Referrals to 12 step meetings
_____ Referrals to other support groups (what group?) _____
_____ Crisis Intervention – referrals to: [] Detox; [] Mental Health Emergency Services;
[] Ambulance / Hospital; [] Police; Other _____

Referrals to local organizations: _____ Substance abuse treatment / counseling
_____ Mental health treatment / counseling
_____ Other addiction services [gambling, overeating]
_____ Medical needs
_____ Housing
_____ Employment
_____ Financial assistance
_____ Education
_____ Parenting support / childcare
_____ Other _____

Incoming phone calls: _____ **Total calls during shift** _____

_____ Recovery support for caller
[in providing recovery support - engage and refer when appropriate - see list below]
_____ Explanation of Center [engage caller and invite to center]
_____ Referrals to 12 step meetings
_____ Referrals to other support groups (what group?) _____
_____ Crisis Calls – referrals to: [] Detox; [] Mental Health Emergency Services;
[] Ambulance / Hospital; [] Police; Other _____

Referrals to local organizations: _____ Substance abuse treatment / counseling
_____ Mental health treatment / counseling
_____ Other addiction services [gambling, overeating]
_____ Medical needs
_____ Housing
_____ Employment
_____ Financial assistance
_____ Education
_____ Parenting support / childcare
_____ Other _____