

COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH

ALCOHOL AND DRUG SERVICES



OUTPATIENT CRITERIA

Client Name _____

Chart #: _____

Staff Person Name: _____

Admission Date: _____

Staff Person Title: _____

Date: _____

DIMENSION	ADMISSION
1. DETOX / WITHDRAWAL	Must meet 1: <input type="checkbox"/> a. Minimal or no risk of severe withdrawal. <input type="checkbox"/> b. Client/support persons understand withdrawal care instructions. <input type="checkbox"/> c. Adequate support services available to complete detox and treatment/recovery.
2. MEDICAL STATUS	Must meet 1: <input type="checkbox"/> a. None or stable <input type="checkbox"/> b. Manageable with outpatient medical monitoring.
3. EMOTIONAL/ BEHAVIORAL STATUS	Must meet all 4: <input type="checkbox"/> a. Conditions do not severely interfere with treatment/recovery. <input type="checkbox"/> b. Symptoms appear connected to substance related problems. <input type="checkbox"/> c. Able to maintain emotional/behavioral stability to respond to treatment/recovery program. <input type="checkbox"/> d. No Risk of imminent danger to self or others.
4. TREATMENT ACCEPTANCE OR RESISTANCE	Must meet both: <input type="checkbox"/> a. Agrees to cooperate and attend scheduled activities. <input type="checkbox"/> b. Even with admitting an alcohol/drug problem, monitoring and motivating strategies needed.
5. RELAPSES POTENTIAL	Must meet this: <input type="checkbox"/> Scheduled therapeutic contacts necessary to maintain recovery goals.
6. RECOVERY ENVIRONMENT	Must meet this: <input type="checkbox"/> Has supportive recovery environment and/or life/social skills to cope.

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DIMENSION	CONTINUED STAY
1. DETOX / WITHDRAWAL	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Acute symptoms of intoxication/withdrawal absent.</p> <p><input type="checkbox"/> b. If withdrawal symptoms are present, adequate support systems available; client/support persons understand withdrawal care instructions.</p>
2. MEDICAL STATUS	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Physical health conditions sufficiently stable to permit continued participation.</p> <p><input type="checkbox"/> b. An intervening physical health condition or event was serious enough to interrupt treatment, but treatment is again progressing</p> <p><input type="checkbox"/> c. Medical conditions require ongoing medical monitoring which can be provided in coordination with this level of care.</p>
3. EMOTIONAL/ BEHAVIORAL STATUS	<p>Must meet all 3:</p> <p><input type="checkbox"/> a. Reduced conditions but symptoms not fully resolved.</p> <p><input type="checkbox"/> b. Maintains behavioral stability.</p> <p><input type="checkbox"/> c. No risk of harming self/others (includes fetus).</p>
4. TREATMENT ACCEPTANCE OR RESISTANCE	<p>Must meet this:</p> <p><input type="checkbox"/> Continues to work on treatment goals and objectives yet does not understand or accept addiction sufficiently to maintain a self-directed recovery plan.</p>
5. RELAPSE POTENTIAL	<p>Must meet 1:</p> <p><input type="checkbox"/> a. While physically abstinent from alcohol/other drugs, remains mentally preoccupied with use to extent they are unable to adequately address primary relationships, social or work tasks, but indications show that with continued treatment, these issues will be effectively addressed.</p> <p><input type="checkbox"/> b. While physically abstinent from alcohol/other drugs (demonstrating minimal craving for them), requires continued work on developing an alternative lifestyle, thinking patterns and emotional responses but making progress in this regard.</p>
6. RECOVERY ENVIRONMENT	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Coping skills inadequate to withstand stressors in work/family/living environment without frequent treatment contacts.</p> <p><input type="checkbox"/> b. Socialization skills inadequate to establish supportive recovery network; frequent treatment contact to develop these skills.</p>

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DIMENSION	PLANNED DISCHARGE
1. DETOX / WITHDRAWAL	<p>Must meet 1:</p> <p><input type="checkbox"/> a. No withdrawal symptoms present.</p> <p><input type="checkbox"/> b. Withdrawal symptoms increased requiring a high level of care.</p>
2. MEDICAL STATUS	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Physical health conditions sufficiently stable and will not interfere with a self-directed program.</p> <p><input type="checkbox"/> b. Physical health condition interfere with treatment progress and requiring a higher level of care.</p>
3. EMOTIONAL/ BEHAVIORAL STATUS	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Conditions stable.</p> <p><input type="checkbox"/> b. Coexisting conditions addressed by additional services and will not interfere with a self-directed program.</p> <p><input type="checkbox"/> c. Emotional/behavioral stability deteriorated requiring a higher level of care.</p>
4. TREATMENT ACCEPTANCE OR RESISTANCE	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Acceptance of the severity of alcohol and/or other drug use has been achieved.</p> <p><input type="checkbox"/> b. Demonstrates essential skills to maintain a self-directed recovery plan.</p> <p><input type="checkbox"/> c. Treatment plan objectives not met; no further progress expected; meets criteria for higher level of care.</p>
5. RELAPSE POTENTIAL	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Understand cravings; relapse triggers internalized</p> <p><input type="checkbox"/> b. Demonstrates personal skills necessary to make responsible choices about substance use; does not meet any other criteria indicating need for continued service at this level of care.</p> <p><input type="checkbox"/> c. Does not integrate skills necessary to avoid a harmful or inappropriate substance use, despite professional interventions; a recommendation is being made for further assessment and possible referral to a higher level of care</p>
6. RECOVERY ENVIRONMENT	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Resolves problems in the living environment or demonstrates coping skills necessary to achieve personal goals; does not meet any other criteria indicating a need for continued services at this level of care.</p> <p><input type="checkbox"/> b. Has sufficient coping skills to maintain treatment gains within current social, family and/or work situation</p> <p><input type="checkbox"/> c. Deteriorating current social, family and/or work situation requires a higher level of care.</p> <p><input type="checkbox"/> d. No longer willing to examine problems in living environment despite program efforts, and, since these persist, a recommendation is being made for appropriate living and support services.</p>