

COUNTY OF SAN BERNARDINO DEPARTMENT OF BEHAVIORAL HEALTH

ALCOHOL AND DRUG SERVICES



RESIDENTIAL CRITERIA

Client Name _____

Chart #: _____

Staff Person Name: _____

Admission Date: _____

Staff Person Title: _____

Date: _____

DIMENSION	ADMISSION
1. DETOX / WITHDRAWAL	<p>Must meet all 3:</p> <p><input type="checkbox"/> a. Is not intoxicated.</p> <p><input type="checkbox"/> b. No risk of severe withdrawal syndrome.</p> <p><input type="checkbox"/> c. Previous unsuccessful attempts to achieve abstinence.</p>
2. MEDICAL STATUS	<p>Must meet all 3:</p> <p><input type="checkbox"/> a. No medical conditions or medical conditions manageable in this setting without medical/nursing monitoring.</p> <p><input type="checkbox"/> b. Capable of self-administering medications</p> <p><input type="checkbox"/> c. Disabilities not severe enough to interfere with self-care; performing daily living activities and the prescribed recovery program.</p>
3. EMOTIONAL/ BEHAVIORAL STATUS	<p>Must meet this:</p> <p><input type="checkbox"/> a. Conditions manageable at this time.</p>
4. TREATMENT ACCEPTANCE OR RESISTANCE	<p>Must meet all 3:</p> <p><input type="checkbox"/> a. Willing and capable of program participation</p> <p><input type="checkbox"/> b. Voluntarily agrees to enter program.</p> <p><input type="checkbox"/> c. Admits alcohol/drug problem; committed to living clean and sober</p>
5. RELAPSE POTENTIAL	<p>Must meet 1 or more:</p> <p><input type="checkbox"/> a. Needs time, structure, and support to address barriers to early recovery</p> <p><input type="checkbox"/> b. Lacks social skills</p> <p><input type="checkbox"/> c. Multiple recovery issues</p> <p><input type="checkbox"/> d. History of irresponsibility and lack of self-discipline</p> <p><input type="checkbox"/> e. Limited living skills</p> <p><input type="checkbox"/> f. Vocational concerns, e.g., limited job skills, unemployment, high risk, or inappropriate job history exist.</p> <p><input type="checkbox"/> g. History of multiple recovery attempts</p>
6. RECOVERY ENVIRONMENT	<p>Must meet 1:</p> <p><input type="checkbox"/> a. Lacks supportive environment.</p> <p><input type="checkbox"/> b. Danger of physical, sexual, or severe emotional victimization.</p> <p><input type="checkbox"/> c. Risk to personal/public safety with continued alcohol/drug use</p>

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ALCOHOL AND DRUG SERVICES



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Client Name _____ Chart #: _____
 Staff Person Name: _____ Admission Date: _____
 Staff Person Title: _____ Date: _____

DIMENSION	CONTINUED STAY
1. DETOX / WITHDRAWAL	Must meet this: <input type="checkbox"/> a. Maintaining abstinence from alcohol/other drugs.
2. MEDICAL STATUS	Must meet 2: <input type="checkbox"/> a. No medical problems or Medical problems continue to be stable and manageable; do not significantly interfere with achieving recovery goals. <input type="checkbox"/> b. An intervening medical event occurred, serious enough to interrupt the recovery program but recovery is again progressing <input type="checkbox"/> c. Learning and/or demonstrating responsible behavior in personal health care.
3. EMOTIONAL/ BEHAVIORAL STATUS	Must meet 3: <input type="checkbox"/> a. Co-existing conditions continue to be stable and manageable; do not significantly interfere with progress towards recovery goals <input type="checkbox"/> b. An intervening medical event occurred, serious enough to interrupt the recovery program but recovery is again progressing <input type="checkbox"/> c. Condition is not disruptive to the recovery community and other program residents <input type="checkbox"/> d. Learning and/or demonstrating responsible behavior in personal mental care
4. TREATMENT ACCEPTANCE OR RESISTANCE	Must meet both: <input type="checkbox"/> a. Making specific lifestyle changes necessary for long term sobriety/recovery. <input type="checkbox"/> b. Maintaining abstinence from alcohol/other drugs; has not developed skills needed to maintain changes outside structured recovery home environment
5. RELAPSE POTENTIAL	Must meet this: <input type="checkbox"/> a. Recognizes behaviors undermining abstinence and recovery
6. RECOVERY ENVIRONMENT	Must meet 1: <input type="checkbox"/> a. Problem aspects of social/interpersonal life are responding to recovery goals but are not sufficiently supportive of ongoing sobriety. <input type="checkbox"/> b. Social/personal life has not changed or has deteriorated; additional time needed. <input type="checkbox"/> c. Logistical impediments exist in the recovery environment which preclude this level of treatment in a non-residential setting,

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DEPARTMENT OF BEHAVIORAL HEALTH
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RESIDENTIAL CRITERIA

Client Name _____

Chart #: _____

Staff Person Name: _____

Admission Date: _____

Staff Person Title: _____

Date: _____

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>