SAN BERNARDINO COUNTY
Behavioral Health
621 East Carnegie Drive, Suite 210, San Bernardino | Phone: 800-968-2636 • Fax: 909-381-2172
www.SBCounty.gov

Reset

Adult (Age 21 and over) DMC-ODS Screening

Screener Instructions:

1. *Complete the Immediate Need Profile. Complete all six dimensions, checking "yes" or "no" to these questions and obtaining from the client sufficient data to assess for immediate needs.*
2. *Answer all questions, leave no blanks. If something is not applicable indicate: N/A.*
3. *Include sufficient information to allow anyone reviewing this document to have a complete, clear picture of the client's perception of their situation. (Please limit the use of acronyms and abbreviations that are not widely known or defined.)*
4. ***Screener inform the client**: "I am a mandated reporter which requires me to report any suspicion of child/elder abuse or neglect to the relevant authorities."*
5. *Additional instructions for completing this form can be found on pages 12-16.*

A. CLIENT INFORMATION

Last Name: First Name:

Current location/address: (this may be different from your home address)

B. IMMEDIATE NEED PROFILE

1. Acute intoxication and/or withdrawal potential

a. Currently having severe, life-threatening, and/or similar withdrawal symptoms?	☐ Yes	☐ No

2. Biomedical Conditions and Complications

a. Any current, severe physical health problems (e.g., bleeding from the mouth or rectum in the past 24 hours; recent unstable hypertension; recent, severe pain in chest, abdomen, head; significant problems in balance, gait, sensory, or motor abilities not related to intoxication?	☐ Yes	☐ No

3. Emotional/ Behavioral /Cognitive Conditions and Complications

a. Imminent danger or harming self or someone else (e.g., suicidal ideation with intent, plan, and means to succeed; homicidal or violent ideation; impulses and uncertainty about ability to control impulses, with means to act on)? Any current, severe physical health problems (e.g., bleeding from the mouth or rectum in the past 24 hours; recent unstable hypertension; recent, severe pain in chest, abdomen, head; significant problems in balance, gait, sensory, or motor abilities not related to intoxication?	☐ Yes	☐ No
b. Unable to function in activities of daily living or care for self with imminent, dangerous consequences (e.g., unable to bathe, feed, groom, and care for self-due to psychosis, organicity, or uncontrolled intoxication with threat to imminent safety or self or others as regards death or severe injury)?	☐ Yes	☐ No

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4. Readiness to Change

a. Does client appear to need alcohol or other drug treatment/recovery and/or mental health treatment, but ambivalent or feels it unnecessary (e.g., severe addiction, but client feels controlled use still OK; psychotic, but blames a conspiracy)?	☐ Yes	☐ No
b. Client has been mandated, or required to have assessment and/or treatment by mental health court or criminal justice system, health or social services, work or school, or coerced by family or significant other?	☐ Yes	☐ No

5. Relapse, Continued Use, or Continued Problem Potential

a. Is client under the influence and/or acutely psychotic, manic, suicidal?	☐ Yes	☐ No
b. Is client likely to continue to use or have active, acute symptoms in an immediately dangerous manner, without immediate secure placement?	☐ Yes	☐ No
c. Is client's most troubling presenting problem(s) that brings the client for assessment dangerous to self or others?	☐ Yes	☐ No

6. Recovery Environment

a. Are there any dangerous family; significant others; living, work, or school situations threatening clients' safety, immediate wellbeing, and/or sobriety (e.g., living with a drug dealer; physically abused by partner or significant other; homeless in freezing temperatures)?	☐ Yes	☐ No

KEY

"Yes" answer to questions 1, 2 and/or 3 require that the client immediately receive medical or psychiatric care for evaluation of need for acute, inpatient care.

"Yes" answer to questions 4a and b, or 4b alone require, the client to be seen for assessment within 48 hours, and preferable earlier, for motivational strategies, unless client is imminently likely to walk out and needs more structured intervention.

For a "yes" answer to questions 5a, asses further for need for immediate intervention (e.g., taking keys of car away; having a relative/friend pick client up if severely intoxicated and unsafe; evaluate need for immediate psychiatric intervention).

"Yes" to questions 5b, 5c, and/or 6 without any "yes" answer in questions 1, 2, or 3 require that the client be referred to a safe or supervised environment (e.g., shelter, alternative safe living environment, or residential or subacute care setting, depending on level of severity and impulsivity).

Immediate Need Profile Determination

If yes was answered to questions in dimension 1, 2 and/or 3 consult with Supervisor/LPHA/Physician and refer to emergency services as necessary.

Outcome of Immediate Needs Profile:

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Adult (Age 21 and over) DMC-ODS Screening

Date:	Service Type: ☐ Initial Screening ☐ Update ☐ Request for 6-month Continued Stay
Provider:	Location:
Screener:	Title:

Client Information

Last Name:		First Name:	Middle Name:
DOB:	Age:	SS#:	Client ID Number *(if previously known)*:
Telephone - *(Home)*:		*(Cell)*:	*(Other Contact Number):*
Home Address:		Mailing Address (*If homeless)*:	
City:	Zip Code:	County:	
Primary Language:		Preferred Language:	
Medi-Cal Eligibility:	☐ Yes ☐ No	If yes, in what County is Medi-Cal Active:	
Funding Source	☐ CFS ☐ CalWORKs ☐ TAP ☐ Drug Court	☐ Post Release Community Supervision (*PRCS-AB109*) ☐ Perinatal	☐ Block Grant
Self-Identified Gender:	☐ Male ☐ Transgender Male/Trans Man	☐ Female ☐ Transgender Female/Trans Woman	☐ Gender Non-Binary ☐ Another Gender Identity ☐ Unknown/Prefer not to Answer
Marital Status:	☐ Single /Never Married ☐ Widowed	☐ Married ☐ Divorced	☐ Registered Domestic Partner ☐ Separated
Living Arrangement:	☐ Homeless	☐ Independent Living	☐ Dependent Living ☐ Conservatee
Priority Population:	☐ Pregnant	☐ Intravenous Drug Use	☐ All Others

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

Alcohol and/or Drug Types	Recent Use? (Past 6 Months)	Prior Use (Lifetime)	Route (IV, Smoke, Snort, Oral)	Frequency (Daily, Weekly, Monthly)	Age Of First Use	Quantity Used	Duration At This Quantity	Date Of Last Use
Amphetamines	☐	☐	Choose Item	Choose Item				
Alcohol	☐	☐	Choose Item	Choose Item				
Cocaine/Crack	☐	☐	Choose Item	Choose Item				
Heroin	☐	☐	Choose Item	Choose Item				
Marijuana	☐	☐	Choose Item	Choose Item				
Opioid Pain Medications	☐	☐	Choose Item	Choose Item				
Sedatives	☐	☐	Choose Item	Choose Item				
Hallucinogens	☐	☐	Choose Item	Choose Item				
Inhalants	☐	☐	Choose Item	Choose Item				
Over the Counter Medications	☐	☐	Choose Item	Choose Item				
Nicotine	☐	☐	Choose Item	Choose Item				
Spice	☐	☐	Choose Item	Choose Item				
Bath Salts	☐	☐	Choose Item	Choose Item				
Kratom	☐	☐	Choose Item	Choose Item				
Benzodiazepines	☐	☐	Choose Item	Choose Item				
Other:	☐	☐	Choose Item	Choose Item				

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1. Are you currently experiencing any withdrawal symptoms such as seizures, delirium-tremors, excessive seating, rapid heart rate, blackouts, anxiety, vomiting, diarrhea, fever, flu-like symptoms, etc.? *(Please explain)* Yes ☐ No ☐

2. Do you have a history of serious withdrawal, seizures, or life-threatening symptoms during withdrawal? *(Please explain)* Yes ☐ No ☐

3. Recently has your alcohol and/or drug use increased/decreased, or changed the route of administration? *(Please explain)* Yes ☐ No ☐

4. *Screener - If opiate use is indicated ask the client:* Have you been prescribed Narcan in the last 30 days? *(Please explain)* Yes ☐ No ☐

Please check the level of severity that applies:

Severity Rating – Dimension 1 - Substance Abuse, Acute Intoxication, Withdrawal Potential				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
No signs of withdrawal/ intoxication present.	Mild/moderate intoxication, interferes with daily function, Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.
Comments:				

Dimension 2: Biomedical Conditions and Complications

5. Do you have a physical or mental impairment that substantially limits a major life activity? *(Please explain)* Yes ☐ No ☐

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Have you ever been treated (diagnosed) for any of the following medical conditions:

☐ Heart condition	☐ Epilepsy *(Seizures)*	☐ Alzheimer's/ Dementia	☐ Diabetes	☐ Arthritis or Fibromyalgia
☐ High Blood Pressure	☐ Thyroid Disease or Abnormal Thyroid	☐ Infection *(Kidney, Bladder Infection)*	☐ Sleep Apnea	☐ Eating Disorder
☐ High Cholesterol	☐ Kidney Disease	☐ Sexually Transmitted Disease	☐ Irritable Bowel Syndrome	☐ Asthma
☐ Blood Disorder *(Anemia, Sickle Cell, Leukemia, etc.)*	☐ Liver Disease	☐ Hepatitis *(A, B, or C)*	☐ Dental Problems	☐ Allergies *(Please List):* _____
☐ HIV - AIDS	☐ Herniated Disc, Osteoarthritis, Scoliosis *(Diagnosed Back Problem)*	☐ Cancer *(Please List)*: _____	☐ Tuberculosis	☐ Head Injury When: _____ If so, did you lose consciousness? Yes ☐ No ☐
☐ Other *(Please List)*:				

6. If you have been treated (diagnosed) for any of the medical conditions listed above, please specify/explain: *(Clarify with the client: When were you diagnosed, are you currently being treated and is the condition currently stable?)*

7. Of the conditions checked above, do any condition(s) interfere with your daily life functioning? *(Please explain)* Yes ☐ No ☐

8. Have you been hospitalized for any of these medical conditions in the last 12 months? *(Please explain)* Yes ☐ No ☐

9. Are you currently taking any medications for your medical condition(s)? *(Please explain)* Yes ☐ No ☐

10. *(Question to be answered by screener):* Does the client report any medical symptoms that would be considered life-threatening or require immediate attention/treatment? *(*If yes, provide explanation and consult with LPHA/immediate supervisor)* Yes ☐ No ☐

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Please check the level of severity that applies:

Severity Rating – Dimension 2 - Biomedical Conditions and Complications				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
Full functional/able to cope with discomfort or pain	Mild/moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected	Serious medical problems neglected during outpatient or intensive outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.
Comments:				

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Have you ever been treated (diagnosed) for any of the following mental health conditions:

☐ Schizophrenia	☐ Attention Deficit Hyperactivity Disorder (ADHD)	☐ Personality Disorder *(Please Specify):*
☐ Obsessive Compulsive Disorder	☐ Anxiety	☐ Other *(Please Specify):*
☐ Depression	☐ Bi-Polar	

11. If you have been treated (diagnosed) for any of the mental health conditions listed above, please specify/explain: *(Clarify with the client: When were you diagnosed, are you currently being treated and is the condition currently stable?)*

12. Of the diagnosed mental health conditions, do any interfere with your daily life functioning? *(Please explain)* Yes ☐ No ☐

13. Have you been hospitalized for any of these diagnosed mental health conditions? Yes ☐ No ☐

Please list mental health provider(s) treating or who have treated you for a mental health condition and any medications prescribed:				
Mental Health Provider Name	Medication	Dose/Frequency	Reason	Currently Taking This Medication?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

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14. Has the course of your mental health condition been *(check all applicable)*:

☐ Stable w/medication ☐ Stable w/out medication ☐ Unstable ☐ N/A

15. Have you ever attempted suicide? *(Please explain)* Yes ☐ No ☐

16. Do you currently have thoughts of suicide or of harming others? *(Please explain)* Yes ☐ No ☐

17. Do you have a history of memory loss and/or head trauma such as concussion? *(If the client has a cognitive or mental health condition that requires a slower pace and residential level of care, consider referral to level 3.3 residential care)* Yes ☐ No ☐

Please check the level of severity that applies:

Severity Rating – Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).
Comments:				

Dimension 4: Readiness to Change

Is your alcohol and/or drug use affecting any of following? *(Please check all boxes that apply)*

☐ Obtaining or Maintaining Employment *(part/full time)*	☐ Finances	☐ Physical Health	☐ Mental Health
☐ Hygiene *(self-care)*	☐ Relationships	☐ Friendships	☐ Family Relationships
☐ Self-Esteem	☐ Sexual Activity	☐ Daily duties/chores	☐ Education
☐ Things you used to do for fun	☐ Legal Status		

18. Can you tell me why you think you continue to use alcohol and/or drugs despite having it affect the areas you listed above?

19. Do you think you are ready to make changes right now? Yes ☐ No ☐

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20. How important is treatment to you? *(On a Scale of 1 to 10 - with 1 being least important and 10 being the most important):*

21. Have you received help for alcohol and/or drug problems in the past? *(Please explain)* Yes ☐ No ☐

Please check the level of severity that applies:

Severity Rating – Dimension 4 - Readiness to Change				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations of treatment	Not willing to change. Unwilling/unable to follow through with treatment recommendations.
Comments:				

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

22. On a scale of 1 – 5 what degree of cravings or urges to use alcohol and/or drugs in the past 30 days have you had?

☐ 1 *(None)* ☐ 2 *(Slight Urge)* ☐ 3 *(Moderate urge)* ☐ 4 *(Considerate Urge)* ☐ 5 *(Extreme Urge)*

23. In the past 30 days, how frequent are these cravings or urges to use alcohol and/or drugs?

☐ Hourly	☐ Daily	☐ Weekly	☐ None

24. Do you feel that you will either relapse or continue to use without treatment or additional support? *(Please explain)* Yes ☐ No ☐

Please check the level of severity that applies:

Severity Rating – Dimension 5 - Relapse, Continued Use, or Continued Problem Potential				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
Low/no potential for relapse. Good ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/ addiction problems. Substance use/behavior, places self/other in imminent danger.
Comments:				

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Dimension 6: Recovery/Living Environment

25. Do you have children or others that you are responsible for providing care on a daily basis? Yes ☐ No ☐

26. Do you have any people in your life that want you to stop using alcohol and/or drugs? *(e.g., family, friends)* Yes ☐ No ☐

27. What is your current living situation? *(e.g., homeless, living with family/alone, with a partner)*

28. Do you currently live in or spend time in an environment where others are using alcohol and/or drugs? Yes ☐ No ☐

29. Are you currently involved in relationships or situations that pose a threat to your safety? *(Please explain)* Yes ☐ No ☐

30. Are you currently involved in relationships or situations that would negatively impact your desire to stop using alcohol and /or drugs? Yes ☐ No ☐

31. Have you been incarcerated in the last 30 days? Yes ☐ No ☐

32. Have you ever been convicted of arson, a sexual offence or any violent crime? *(If yes, please explain)* Yes ☐ No ☐

33. Are you currently involved with any of the following? *(Check all that apply)*

☐ CFS ☐ Court Mandated Treatment ☐ Probation ☐ Parole ☐ CalWORKs

34. Would you be interested in Medication Assisted Treatment (MAT) services? Yes ☐ No ☐

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35. Would you like to receive care coordination (case management) services? *(Employment, Vocational, Housing & Shelter, Food, Mental Health, SSI/SSD & Income, Clothing, Medical/Dental Care and/or Legal)* Yes ☐ No ☐

Please check the level of severity that applies:

Severity Rating – Dimension 6 - Recovery/Living Environment				
0 ☐ None	1 ☐ Mild	2 ☐ Moderate	3 ☐ Severe	4 ☐ Very Severe
Able to cope in environment/ supportive.	Passive/disinterested social support, but still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment, difficulty coping even with clinical structure.	Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety.
Comments:				

Summary of Multidimensional Screener

Dimension	Severity Rating *(based on ratings above)*				Rationale
Dimension 1 Substance Use, Acute Intoxication, Withdrawal Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 2 Biomedical Condition and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 4 Readiness to Change	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 5 Relapse, Continued Use, or Continued Problem Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 6 Recovery/Living Environment	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	

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Instructions: For each dimension, indicate the least intensive level of care that is appropriate based on the client's severity/functioning and service needs.

LEVEL OF CARE DETERMINATION TOOL	Level	Dimension 1				Dimension 2				Dimension 3				Dimension 4				Dimension 5				Dimension 6			
		Substance Use, Acute Intoxication, Withdrawal Potential				Biomedical Conditions and Complications				Emotional, Behavioral, or Cognitive Conditions and Complications				Readiness to Change				Relapse, Continued Use, or Continued Problem Potential				Recovery/Living Environment			
Criteria Level of Care – Withdrawal Management																									
Severity/Impairment Rating		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1 - W M																								
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2 - W M																								
Clinically Managed Residential Withdrawal Management	3.2 - W M																								
Medically Monitored Inpatient Withdrawal Management	3.7 – W M																								
Medically Managed Intensive Inpatient Withdrawal Management	4 - W M																								
Criteria Level of Care - Other Treatment and Recovery Services																									
Severity/Impairment Rating		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Early Intervention	0.5												Consider referral to mental health treatment facility												
Outpatient Services	1																								
Intensive Outpatient Treatment	2.1																								
Partial Hospitalization Services	2.5																								
Clinically Managed Low-Intensity Residential Services	3.1																								
Clinically Managed Population-Specific High-Intensity Residential Services	3.3																								
Clinically Managed High-Intensity Residential Services	3.5																								
Medically Monitored Intensive Inpatient Services	3.7																								
Medically Managed Intensive Inpatient Services	4.0																								
Opioid Treatment Program (OTP)	1																								

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Residential Treatment Pre-Authorization

**This form is to be used by SUDRS only to Pre-Authorize a Residential Treatment Episode.*

Adults, ages 21 and over, may receive up to two non-continuous short-term residential regimens per 365-day period. A short-term residential regimen is defined as one residential stay in a DHCS licensed facility for a maximum of 90 days per 365-day period.

- ✓ An adult beneficiary may receive one 30-day extension, if that extension is medically necessary, per 365-day period.
- ✓ Perinatal beneficiaries may receive a length of stay for the duration of their pregnancy, plus 60 days postpartum.

LEVEL OF CARE PRE-AUTHORIZED BY THE COUNTY

☐ Adult Withdrawal Management (WM) – Level 3.2

☐ Adult Residential ☐ 3.1 ☐ 3.3 ☐ 3.5

☐ Adult Residential w/Children ☐ 3.1 ☐ 3.5

PROVIDER WHERE CLIENT IS BEING REFERRED

Provider Name: ☐ Cedar House Life Change Center ☐ Inland Valley Recovery Services ☐ MFI Recovery

☐ St. John of God Health Care Services ☐ Tarzana Treatment Centers ☐ VARP

Preliminary DSM Diagnosis:

☐ Screening Assessment and Referral Center Location:

Name: Title:

Signature: Date:

Telephone: Fax:

Number of Residential Treatment episodes in the last 12 months? ☐ 0 ☐ 1 ☐ 2 ☐ More than 2

Comments:

Authorized County Representative: Date:

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LEVEL OF CARE (LOC)

This form is to be used by treating providers to document level of care information

Date of screening or assessment	
Treating provider	
Client's CIN #	
Client's first name	
Client's last name	
Client's DOB	
Type of screen/assessment	
Indicated LOC/WM	
Additional indicated LOC/WM, if any	
Additional indicated LOC/WM, if any	
Actual LOC/WM placement decision	
Additional Actual LOC/WM placement decision, if any	
If actual LOC/WM was not among those indicated, reason for difference	
If "Other" reason, please explain	
If referral is being made but admission is expected to be DELAYED, reason	
If "Other" reason, please explain	
Additional Comments (optional)	

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Adult DMC-ODS Screening – Instructions

The information gathered in this screening will assist in determining the appropriate level of care for the client. It will also assist in determining if a medical or psychiatric clearance may be needed prior to entry to a residential treatment program.

Screener: answer questions in their entirety, and solicit enough information from the client and document that information thoroughly to ensure appropriate risk assessment determination and placement.

Application of the DMC-ODS Tools:

- *Initial Adult DMC-ODS Screening* - is completed at adult admission for all levels of care
- *Initial Adult DMC-ODS Screening* - is completed at a request for a 6 month justification for stay
- *Initial Adult DMC-ODS Screening* - is completed for an "Update" by NTP providers with every updated treatment plan

- *Adult Transition* - is completed when the client is moving from one level of care to another, within 14 days of discharge
- *Adult Transition* - is completed with each updated treatment plan

- *Intake Assessment* – is completed at each adult admission (intake)

Immediate Needs Profile

Each client will be screened for immediate needs when they seek SUD services whether it be in person or over the phone. This will assist in determining if the client should be referred for emergency medical and/or psychiatric services, or assist in determining if an urgent appointment is appropriate for the client. *(Refer to DBH policy: SUDRS0237 SUD Services Urgent and Emergency Conditions Policy)*

- *Complete all immediate need questions in all six dimensions.*
- *Utilize the key the determine appropriate next steps:*
  - *If yes was answered to questions in dimension 1, 2 and/or 3 consult with Supervisor/LPHA/Physician and refer to emergency services as necessary, do not complete the rest of the DMC-ODS Screening*
  - *Include a narrative of the outcome of the immediate need profile: (Example: Client was having life threating withdrawal situation, referred client to call 9-1-1)*
  - *Continue to complete the entire DMC-ODS Screening to determine if a need exists for an urgent appointment*

DMC-ODS Screening

- Date: Insert the date the Adult DMC-ODS Screening is being completed
- Service Type: Check the appropriate box
- Provider: Enter the name of the Provider completing the Adult DMC-ODS Screening
- Location: Enter the location of the Provider completing the Adult DMC-ODS Screening
- Assessor: Enter the name of the AOD Counselor and or LHPH completing the Adult DMC-ODS Screening
- Title: Enter AOD Counselor or LPHA title

Client Information

- Enter the client's name in the order of last name, first name and middle name
- Enter the client's date of birth
- Enter the client's age
- Enter the client's Social Security Number
- Enter the client's EHR/billing data base ID number if previously known to the system
- Enter the client's telephone number: Home and Cell or any other applicable contact number

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- Enter the client's home address, if homeless enter: Clinic Address *(for SARC callers enter RBATS address)*
- Enter the client's mailing address: a location that the client can receive mail
- Enter the City, Zip code and County of the corresponding address
- Enter the client's primary language
- Enter the client's preferred language – this is the language they prefer to receive written material in
- Check either the yes or no box if the client is currently Medi-Cal eligible
- Enter the County in which Medi-Cal is currently active
- Check the box for the appropriate funding source *(Some of the funding sources require a referral. Treatment Providers must ensure they have appropriate referrals in client files. If the client does not provide a valid referral; it is the responsibility of the treatment provider to initiate the process to obtain the appropriate referral. Please note: For all clients, Medi-Cal will be billed regardless of the funding source indicated. A funding source is indicated to ensure services are covered by another source of funding in the event there is no Medi-Cal eligibility.)*
- Enter client's self-identified gender
- Enter client's marital status
- Enter client's living arrangement
- Check the appropriate box for priority population

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

In the table enter the substances the client identifies as currently utilizing or has used in the past

- Alcohol and/or Drug Types – enter information for all applicable options for "other" type in the name of the drug
- Recent Use? (Past 6 months) – check this box if client has used this alcohol or dug in the past 6 months
- Prior Use (Lifetime) – check this box if this alcohol or drug has ever been used by the client
- Route (IV, Smoke, Snort, Oral) – select the appropriate option from the drop down menu
- Frequency (Daily, Weekly, Monthly) – select the appropriate option from the drop down menu
- Age of First Use - enter the numerical option
- Quantity Used – enter the client's indicated quantity used based on the indicated frequency of use
- Duration at This Quantity – enter the duration as a numerical value in the amount of days, months or years
- Date of Last Use – enter the date the patent last used this alcohol or drug

For questions 1 – 3 the screener asks the client the questions, to which the client would answer yes or no, as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 1: Substance Use, Acute Intoxication and Withdrawal Potential.

Choose a severity rating of 0 - 4 for Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk for substance use, intoxication and risks associated with withdrawal.

Enter additional comments (if any), relevant to Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential in the space provided, that may impact placement of the client.

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Dimension 2: Biomedical Conditions and Complications

In the table check all applicable medical conditions for which the client has been treated, for "other" type the name of the medical condition.

For questions 4 - 7 the screener asks the client the questions, to which the client would answer yes or no. as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 2: Biomedical Conditions and Complications.

Question 8 to be answered by the screener: check yes or no. If yes, consult with LPHA/immediate supervisor.

Choose a severity rating of 0 - 4 for Dimension 2: Biomedical Conditions and Complications, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk for physical health problems and how that may impact the client's treatment placement.

Enter additional comments (if any), relevant to Dimension 2: Biomedical Conditions and Complications in the space provided, that may impact placement of the client.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

In the table check all applicable mental health conditions for which the client has been treated, for "other" type the name of the mental health condition.

For questions 9 – 13 the screener asks the client the questions, to which the client would answer yes or no, as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications.

Question 14, check yes or no. If yes, consult with LPHA/immediate supervisor.

Question 15, if the client has a cognitive or mental health condition that requires a slower pace of treatment and residential care, consider a referral to level 3.3 residential treatment.

Choose a severity rating of 0 - 4 for Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk for mental health problems and how that may impact the client's treatment placement. **If the client scores a 3 or 4 in severity, offer a referral for mental health services.*

Enter additional comments (if any), relevant to Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications in the space provided, that may impact placement of the client.

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Dimension 4: Readiness to Change

In the table check all options that apply.

For questions 16 - 19 the screener asks the client the questions, to which the client would answer yes or no, as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 4: Readiness to Change.

Choose a severity rating of 0 - 4 for Dimension 4: Readiness to Change, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk for readiness to change and engage in treatment and how that may impact the client's treatment placement.

Enter additional comments (if any), relevant to Dimension 4: Readiness to Change in the space provided, that may impact placement of the client.

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

For questions 20 - 22 the screener asks the client the questions, to which the client would answer yes or no, as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 5: Relapse, Continued Use, or Continued Problem Potential.

Choose a severity rating of 0 - 4 for Dimension 5: Relapse, Continued Use, or Continued Problem Potential, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk for relapse, continued use or continued problems and how that may impact the client's treatment placement.

Enter additional comments (if any), relevant to Dimension 5: Relapse, Continued Use, or Continued Problem Potential in the space provided, that may impact placement of the client.

Dimension 6: Recovery/Living Environment

For questions 23 - 32 the screener asks the client the questions, to which the client would answer yes or no, as applicable. The screener will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client severity rating for Dimension 6: Recovery/Living Environment.

Choose a severity rating of 0 - 4 for Dimension 6: Recovery/Living Environment, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level and considering the information that was gathered in this section. The screener then chooses the rating that best describes the client's current level of risk due to their recovery and living environment and how that may impact the client's treatment placement.

- *Note: homelessness does not automatically mean the client is eligible for residential treatment. The risk of all 6 dimensions must be fully taken into account when deciding level of care placement.*

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Enter additional comments (if any), relevant to Dimension 6: Recovery/Living Environment in the space provided, that may impact placement of the client.

- ✓ Question 34 – Ask if the client is interested in receiving MAT services or information regarding these services. If the client is interested in MAT services, screener can send the SUDRS MAT Brochure to the client, and refer to care coordinator.

- ✓ Questions 35 – Ask if the client would like to receive care coordination (case management) services. *(See: Substance Use Disorder Care Coordination Policy and Procedure for appropriate steps)*
    - If the client declines care coordination services, inform the client they can request care coordination services at any time they are receiving treatment service and mail the DBH Care Coordination Brochure to the client.
    - If the client indicates yes they would like care coordination services, SARC screeners will initiate the DBH-SUDRS Case Coordination Referral and follow the steps as outlined in the policy and procedure to link the client to an SUDRS Care Coordinator.

Summary of Multidimensional Screening

- The intent of the "Summary of Multidimensional Screening" section is to consolidate the information gathered from all 6 dimensions onto one page to assist the screener synthesize this information to develop an individualized case formulation and ultimately select the most appropriate level of care for the client.
- For Dimensions 1-6 enter the severity rating you chose in the previous sections and provide the rationale for the severity rating.

Impairment Matrix

- The intent of the "Impairment Matrix" is assist in determining the least intensive level of care that is appropriate based on the client's severity/functioning and service needs.
- For Dimensions 1-6 indicate the least intensive level of care

Residential Treatment Pre-Authorization

- For Substance Use Disorder and Recovery Services Administration use only.
- This form is utilized to pre-authorize residential treatment
- SUDRS Screener will complete all sections and provides this form to the pre-authorized Residential Treatment provider for inclusion in client file
- SUDRS Screener provides a copy of the form to the SUDRS designated OA to be logged

Level of Care (LOC)

- This form is used by SUDRS and treatment provider screeners to capture level of care data
- Complete each section as applicable

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