



Department of Behavioral Health
Substance Use Disorder and Recovery Services

ADULT (21+) ASAM TRIAGE LEVEL OF CARE 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 ASAM Triage Level of Care Screening (SUDRS028)** - is completed at adult admission for all levels of care
- **Initial Adult ASAM Triage Level of Care Screening** - is completed at a request for a 6 month justification for stay
- **Initial Adult ASAM Triage Level of Care Screening** - is completed for an "Update" by NTP providers with every updated treatment plan
- **Adult Transition (SUDRS026)** - 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 (SUDRS025)** – is completed at each adult admission (intake)

Immediate Need 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: MDS2031 Urgent and Emergency Conditions Policy*)

Complete all immediate need questions in all six dimensions.

Utilize the key to 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 Adult ASAM Triage Level of Care Screening**
- Include a narrative of the outcome of the immediate need profile: (Example: Client was having life threatening withdrawal situation, referred client to call 9-1-1)
- Continue to complete the entire Adult ASAM Triage Level of Care Screening to determine if a need exists for an urgent appointment

ASAM TRIAGE LEVEL OF CARE SCREENING

- **Date:** Insert the date the Adult ASAM Triage Level of Care Screening is being completed
- **Service Type:** Check the appropriate box
- **Screener:** Enter the name of the AOD Counselor and or Licensed Practitioners of the Healing Arts (LPHA) completing the Adult ASAM Triage Level of Care Screening
- **Title:** Enter AOD Counselor or Licensed Practitioners of the Healing Arts (LPHA) title
- **Provider:** Enter the name of the Provider completing the Adult ASAM Triage Level of Care Screening
- **Location:** Enter the location of the Provider completing the Adult ASAM Triage Level of Care Screening

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 race/ethnicity
- Enter the client's phone number. Ask – is it okay to leave a voice mail? Select Yes or No
- Enter the client's address, if homeless enter: Clinic Address (*for SARC callers enter RBATS address*)
- Enter the City, Zip code and County of the corresponding address
- Enter the client's primary language
- Check either the yes or no box if the client has Medi-Cal
- Enter Medi-Cal ID number
- 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 living arrangement

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

The table will assist in finding out what substances the client has been abusing over the last six months. Do not focus on narcotic medications that the client is taking as prescribed; this will be asked about later in the screening. Find out in the last 6 months, has the client used any of the substances listed in the table? If the client has utilized any of the substances listed, please indicate (1) type of drug/alcohol used; (2) route of administration; (3) quantity used; (4) how long have the client been using that quantity; (5) specific quantity and specific date of last use.

- Alcohol and/or Drug Types – enter information for all applicable options, for “other” type in the name of the drug
- Recent Use? (Last 6 months) – check this box if client has used this alcohol or dug in the last 6 months
- 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
- Quantity Used – enter the client's indicated quantity used based on the indicated frequency of use
- How long 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
- Quantity Used on Last Date of Use - enter the client's indicated quantity used

For questions 1 – 4 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, Withdrawal Potential.

Question 2 – 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.

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 a narrative justification for the risk rating indicated, relevant to Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential in the space provided.

Dimension 2: Biomedical Conditions and Complications

The following information is utilized to assist in determining if the client requires an accommodation, a medical or psychiatric clearance or their condition is stable and will not interfere with their participation of SUD treatment services.

In the table check any medical condition applicable for which the client has been treated, within the last year; for "other" type the name of the medical condition.

For questions, 5-7 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. 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.

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 a narrative justification for the risk rating indicated, relevant to Dimension 2: Biomedical Conditions and Complications in the space provided.

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

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

For questions 8 – 14 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 12, check yes or no. If yes, consult with LPHA/immediate supervisor.

Question 13, check yes or no. If yes, consult with LPHA/immediate supervisor.

Question 14, 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 a narrative justification for the risk rating indicated, relevant to Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications in the space provided.

Dimension 4: Readiness to Change

For questions, 15 - 17 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 describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to 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 a narrative justification for the risk rating indicated, relevant to Dimension 4: Readiness to Change in the space provided.

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

For questions, 18 - 20 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 describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to 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 a narrative justification for the risk rating indicated, relevant to Dimension 5: Relapse, Continued Use, or Continued Problem Potential in the space provided.

Dimension 6: Recovery/Living Environment

For questions, 21 - 24 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 describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to 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.

Enter a narrative justification for the risk rating indicated, relevant to Dimension 6: Recovery/Living Environment in the space provided.

Screener – Notify client that they will be assigned a County Care Coordinator once they are placed in a residential facility.

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