

# SUBSTANCE USE RESIDENTIAL HELPLINE

## Call Screening Tool

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Center Point Screener: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: (calculated) \_\_\_\_\_ Gender: M / F / Trans. / Unk. \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

*\* What is most important to you, that you want help with, or that made you decide to call today?*

\_\_\_\_\_

\_\_\_\_\_

Drug of Choice:	Route of Administration:	Frequency last 30 days:	Frequency last 12 months:	Continuous use at age:

Current Medical Coverage: Y / N If Yes: Insurance Provider: \_\_\_\_\_ Physician: \_\_\_\_\_

Current Medical Condition(s): \_\_\_\_\_

Current Psychiatric Diagnosis/Condition(s): \_\_\_\_\_

If Yes: Psychologist/Psychiatrist Involvement Who: \_\_\_\_\_ Where: \_\_\_\_\_

Current Prescribed Medications: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Married: Y / N

(Female Clients Only) Pregnant: Y / N

Custody of Children: Y / N / U / None Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Employed: Y / N If Yes: Part Time / Full Time Hours per Week: \_\_\_\_\_ Where: \_\_\_\_\_

Client Address/Place of Residence: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Type of Income: \_\_\_\_\_

**DIMENSION 1. Acute Intoxication and/or Withdrawal Potential**

- (a) Past history of serious withdrawal, life-threatening symptoms or seizures during withdrawal? e.g., need for IV therapy; hospital for seizure control; psychosis with DT's; medication management with close nurse monitoring and medical management? \_\_\_No \_\_\_Yes;
  - (b) Currently is having severe, life-threatening and/or similar withdrawal symptoms? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

**DIMENSION 2. Biomedical Conditions/Complications**

- (a) Does the client have any current severe physical health problems? e.g., bleeding from mouth/rectum in past 24 hours; recent, unstable hypertension; severe pain in chest, abdomen, head; significant problems in balance, gait, sensory/motor abilities not related to intoxication. \_\_\_No \_\_\_Yes
  - (b) Does or has the client had a history or recent episode of seizures/convulsions; diagnosed with TB, emphysema, hepatitis C, heart condition? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

**DIMENSION 3. Emotional/Behavioral/Cognitive Conditions/Complications**

- (a) Imminent danger of harming self or someone else? e.g., SI+ with intent, plan, means to succeed; HI+ or violent ideation, impulses, uncertainty about ability to control impulses, with means to act. \_\_\_No \_\_\_Yes;
  - (b) Unable to function in ADL's, care for self with imminent, dangerous consequences? e.g., unable to bathe, feed, care for self-due to psychosis, organicity or uncontrolled intoxication with threat of imminent DTS/O as regards death or severe injury. \_\_\_No \_\_\_Yes
  - (c) Client will benefit from a co-occurring capable program as opposed to a co-occurring enhanced program? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

**DIMENSION 4. Readiness to Change**

- (a) Does the client appear to need SUD treatment/recovery and/or mental health treatment, but is ambivalent or feels it's unnecessary? e.g., severe addiction, but client feels controlled use is still OK; psychotic, but blames a conspiracy. \_\_\_No \_\_\_Yes;
  - (b) Client has been coerced or mandated to have assessment and/or treatment by Mental Health Court or CJ system, health or social services, work/school, or family/significant other? \_\_\_No \_\_\_Yes
  - (c) Client desires and is ready to change their current SUD behavior? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

**DIMENSION 5. Relapse/Continued Use/Continued Problem Potential**

- (a) Does the client understand relapse but needs structure to maintain therapeutic gains? \_\_\_No \_\_\_Yes;
  - (b) Client is unwilling and/or ambivalent to create a continued use prevention plan? \_\_\_No \_\_\_Yes
  - (c) Is the client likely to continue to use or have active, acute symptoms in an imminently dangerous manner, without immediate containment? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

**DIMENSION 6. Recovery Environment**

- (a) Are there any dangerous family, significant others, living/work/school situations threatening the client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; someone with a Substance Use Disorder or using drugs or alcohol; client is experiencing abuse by a partner or significant other; homeless in freezing temperatures. \_\_\_No \_\_\_Yes
  - (b) Does the client have the life skills and/or support necessary to participate in day to day functions? \_\_\_No \_\_\_Yes
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Select one: No Risk/Stable (0) Mild (1) Moderate (2) Significant (3) Severe (4)

### ASAM Clinical Placement Scoring Summary

**ASAM Dimensions:** 1 - Acute Intoxication and/or Withdrawal Potential; 2 - Biomedical Conditions and Complications; 3 - Emotional/Behavioral/Cognitive Conditions and Complications; 4 - Readiness to Change (including Desire to Change); 5 - Relapse/Continued Use/Continued Problem Potential; 6 - Recovery Environment

Risk Ratings	Intensity of Service Need	Dimensions					
		1	2	3	4	5	6
<b>(0) No Risk or Stable</b> – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.						
<b>(1) Mild</b> – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this dimension. Treatment strategies usually able to be delivered in outpatient settings.						
<b>(2) Moderate</b> – Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.						
<b>(3) Significant</b> – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in danger or near imminent danger.						
<b>(4) Severe</b> – Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services and a frequency greater than daily.						

**I. Key Findings Supporting Placement Decision:**


ASAM Level of Care to which referred	Program to which referred
<b>(ASAM DROP DOWN MENU)</b>	<b>(DROP DOWN MENU OF PROVIDER PROGRAMS)</b>

Availability to admit into Care: *Immediately* / *Delayed*

If delayed, explain: \_\_\_\_\_  
 \_\_\_\_\_

Interim Service Referral: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Where: \_\_\_\_\_ With: \_\_\_\_\_

Schedule In Person Assessment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Where: *North / South* With: \_\_\_\_\_

Do You Consent to Releasing Your Information to the Providers we refer you to? (Y/N)

<b>Staff Signature (required):</b>	<b>Date:</b>
<b>Supervisor's Signature:</b>	<b>Date:</b>