



This brief screening instrument is based on ASAM criteria, used for each treatment inquiry to:
(1) Rule out necessity for Emergency intervention, and decide between:
(2) Referral directly to Outpatient (OP) or Intensive Outpatient (IOP), or
(3) Referral to Residential Treatment Authorization Team (RTX team) for Level of Care Placement

How can I help you today?
I will be asking you some questions to figure out how we can meet your needs:
Client Name: SSN #:
Date: Time: Call Duration: DOB:
City / geographic region: Phone: VM ok: Yes No
Gender: M F Trans/Other If female, are you currently pregnant: Yes No
Do you consent to releasing your information to providers we refer you to today? Yes No

DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL

- 1. Are you experiencing any current severe withdrawal symptoms? Yes No
2. May I ask, are you under the influence of any substances right now? Yes No
a. If NO: Have you used any substances in the last 1-3 days? Yes No

If YES Q1, immediate referral to nearest Emergency Dept., Stop Screen
If YES Q2, consider Withdrawal Mgnt/Detox (medical clearance needed) or Sobering Station, cont. screen

DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS (not related to withdrawal):

- 1. Are you having a medical emergency? Yes No
2. Do you require any special accommodation (e.g. wheelchair, sensory impairment)? Yes No
If YES, specify:

If YES Q1, immediate referral to nearest Emergency Dept., Stop Screen
If NO, continue screen

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

- 1. Are you currently having thoughts of hurting yourself or others? Yes No
If YES, do you have a plan and the means to harm yourself or others?
2. Are you currently having any severe mental or emotional issues or distress? Yes No
If YES, specify:

If YES Q1 or Q2, refer to nearest Psychiatric Emergency facility, Stop Screen
If NO, consider referral to ACCESS Call Center or OP/ IOP, continue screen

DIMENSION 4. READINESS TO CHANGE

- 1. Have you been mandated or directed to enter Residential Treatment? Yes No
- 2. Are you motivated to stop or cut back your drinking/using? Yes No

If YES Q1, RTX referral

If NO Q2, consider OP / IOP for Motivational Interviewing / Enhancement

DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

- 1. Have you used on most days (15 or more days) in the past 30 days? Yes No
- 2. Are you likely to continue to drink/use without treatment? Yes No

If YES Q1 or Q2, consider RTX referral and/or NRT

If NO, consider OP/IOP and/or recovery support referrals

DIMENSION 6. RECOVERY ENVIRONMENT

- 1. Is your current living situation unsafe or harmful to your recovery? Yes No
- 2. Do you struggle to care for yourself? Yes No

If YES Q1, or Q2 consider RTX or Shelter referral

If NO, consider if client can be safely managed in OP/IOP

Level of Care Inquiry:

Do you have an idea about the type of treatment you're interested in?

- Outpatient Intensive Outpatient Residential treatment Other: _____
- Medication Assisted Treatment (Naltrexone, Vivitrol, etc.) NRT (Methadone, Suboxone)

Are you interested in learning about other Recovery Supports we have? Yes No

If caller not ready for abstinence, consider OP/ IOP and/or Recovery Support referrals.

Level of Care Disposition:

Indicated Level of Care:

- Outpatient / Intensive Outpatient Residential Authorization Urgent / Crisis Services

Actual Level of Care Offered:

- Outpatient / Intensive Outpatient Residential Authorization Urgent / Crisis Services

Reason for Difference (if any): _____

- N/A, no difference Client preference Family Responsibility
- Service not available Provider Judgment Geographic accessibility
- Language Needs Ct on waiting list for indicated level Other: _____

Program Referral(s): _____

What Recovery Supports/Resources were provided:

- Access Call Center Medication Assisted Treatment Narcotic Replacement Tx
- Shelter Referral Voices of Recovery 12 Step Other: _____

How did you attempt to link the caller and do a warm hand off: _____

Signature: _____

Date: _____