Clear Form

Brief Level of Care Screening Tool

Client Name:	Date of Screening:
Client Date of Birth:	Medi-Cal Number:
Phone:	Okay to leave voicemail? ☐ Yes ☐ No

Gender Identity:

☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M)

☐ Questioning/Unsure ☐ Other _____ ☐ Decline to state ☐ Unknown

If female, are you currently pregnant? ☐ Yes ☐ No

Sexual Orientation:

☐ Heterosexual/Straight ☐ Lesbian ☐ Gay ☐ Bisexual

☐ Questioning/Unsure ☐ Other: _____ ☐ Decline to state ☐ Unknown

Dimension 1: Withdrawal/Detox Potential

1. Are you experiencing any current severe withdrawal symptoms? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   (Ex.: Nausea & vomiting, excessive sweating, fever, tremors, seizures, rapid heart rate, blackouts, hallucinations, "DTs")

   If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Are you under the influence of any substances right now? ☐ Yes ☐ No ☐ Unknown ☐ N/A

3. If NO, have you used any substances in the last 1-3 days? ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If YES to 2, consider Withdrawal Management. Continue screening.

4. **Tobacco Screening & Assessment (must include assessment of vaping and cigarette)**
   Do you experience any of the following regarding nicotine or tobacco use?
   - Tolerance? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   - Withdrawal? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   - Cravings? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   - A persistent desire or unsuccessful attempts to cut down? ☐ Yes ☐ No ☐ Unknown ☐ N/A

   Interview notes: If tobacco use disorder is identified:
   - ***The client was provided information on how continued use of tobacco products could affect their long term success in recovery from substance use disorder/s***
     ☐ Yes ☐ No ☐ N/A
   - ***The client was offered treatment or a referral for treatment of tobacco use disorder***
     ☐ Yes ☐ No ☐ N/A

Comments:

Severity Rating – Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential) *Please Check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Fully functioning, no signs of intoxication or W/D present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others. Minimal risk of severe W/D.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe W/D.	Severe signs/symptoms of intoxication indicate an imminent danger to self/others. Risk of severe but manageable W/D; or W/D is worsening.	Incapacitated, with severe signs/symptoms. Severe W/D presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death).

Dimension 2: Biomedical Conditions and Complications (not related to withdrawal)

1. Are you having a medical emergency? ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Do you have any physical health conditions or disabilities? If yes, describe below.
   ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If yes to #2, do any of these health conditions have an impact on your daily life or functioning?
   ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If yes, describe:

3. Do you require any special accommodations? (e.g., wheelchair, other?) ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If yes, specify:

Comments:

Severity Rating – Dimension 2 (Biomedical Conditions and Complications) *Please Check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present. Serious biomedical problems are neglected.	Poor ability to tolerate and cope with physical problems, and/or general health condition is poor. Serious medical problems neglected during outpatient or IOT services. Severe medical problems (such as severe pain requiring medication, or hard to control Type 1 Diabetes) are present but stable.	The person is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

1. Are you currently having thoughts of suicide or hurting yourself? ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If yes, please explain below and explain if you have a plan and the means to attempt suicide or hurt yourself:

2. Are you currently having thoughts of causing physical harm to others? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If yes, do you have a plan and the means to harm others? Please explain:

   If YES to 2, ask additional questions to further assess for Tarasoff. **If found to be a Tarasoff incident, follow current Tarasoff process.**

3. Are you currently experiencing a behavioral health crisis, such as severe mental or emotional issues?
   ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If yes, document additional information in detail:

   If clinically indicated due to client's answer "yes" and details, refer to nearest psychiatric emergency facility, follow and respond as directed by agency policy and procedure. **Stop Screen.**

4. Do you have a mental health diagnosis? ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If yes, specify:

5. If yes to #4, does your mental health have an impact on your daily life or functioning?
   ☐ Yes ☐ No ☐ Unknown ☐ N/A
   If yes, describe:

Comments:

Severity Rating – Dimension 3 (Emotional, Behavioral or Cognitive (EBC) Conditions or Complications) *Please Check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Good impulse control, coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self/others, but not dangerous in a 24-hr. setting	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self/others.

Dimension 4: Readiness to Change

1. Have you been mandated or directed to receive SUD (substance use disorder) treatment?
   ☐ Yes ☐ No ☐ Unknown ☐ N/A

   If yes, describe mandate/direction:

2. How ready are you to change your alcohol or drug use now? ☐ Unknown ☐ N/A

☐ Not ready ☐ Getting Ready ☐ Ready ☐ In process of making changes ☐ Sustained change made (Maintenance)

Comments:

Severity Rating – Dimension 4 (Readiness to Change) *Please check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Engaged in treatment as a proactive, responsible participant. Committed to change.	Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce or stop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.	Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)	Minimal awareness of need to change. Only partially able to follow through with treatment recommendations.	Unable to follow through, little or no awareness of problems, knows very little about addiction, sees no connection between substance use/consequences. Not willing to explore change. Unwilling/unable to follow through with treatment recommendations.

Dimension 5: Relapse/Continued Use Potential

1. Have you drank or used on most days (15 or more) in the last 30 days? ☐ Yes ☐ No ☐ Unknown ☐ N/A
2. Are you likely to continue to drink or use without treatment? ☐ Yes ☐ No ☐ Unknown ☐ N/A
3. On a scale from 0 to 10, with 0 being "none" and 10 being "very likely", how would you describe your desire/urge to use substances? _____ ☐ Unknown ☐ N/A

Comments:

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential) *Please check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Low or no potential for further substance use problems or has low relapse potential. Good coping skills in place.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues. Able to self-manage with prompting.	Little recognition and understanding of relapse issues, poor skills to cope with relapse.	Repeated treatment episodes have had little positive effect on functioning. No coping skills for relapse/addiction problems. Substance use/behavior places self/others in imminent danger.

Dimension 6: Recovery Environment

1. Is your current living situation unsafe or harmful to your recovery? ☐ Yes ☐ No ☐ Unknown ☐ N/A
2. Do you have relationships that are supportive of you and your recovery? ☐ Yes ☐ No ☐ Unknown ☐ N/A
3. Do you struggle to care for yourself? ☐ Yes ☐ No ☐ Unknown ☐ N/A
4. Have your ever been arrested/charged/convicted/registered for arson? ☐ Yes ☐ No ☐ Unknown ☐ N/A
5. Have you even been arrested/charged/convicted/registered for a sex crimes(s)? ☐ Yes ☐ No ☐ Unknown ☐ N/A

Comments:

Severity Rating – Dimension 6 (Recovery/Living Environment) *Please check one of the following levels of severity*				
☐ **0: None**	☐ **1: Mild**	☐ **2: Moderate**	☐ **3: Significant**	☐ **4: Severe**
Supportive environment and/or able to cope in environment.	Passive/disinterested social support, but not too distracted by this situation and still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment and the client has difficulty coping, even with clinical structure.	Environment toxic/hostile to recovery (i.e. many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems). Unable to cope with the negative effects of this environment on recovery (i.e. environment may pose a threat to recovery).

Level of Care Inquiry:

Do you have an idea about the type of treatment you are interested in? ☐ Yes ☐ No ☐ Unknown ☐ N/A

☐ Outpatient ☐ Intensive Outpatient ☐ Residential ☐ OTP/MAT

☐ Withdrawal Management ☐ Other: _____

Level of Care Disposition:

Recommended Level of Care:

☐ Outpatient ☐ Intensive Outpatient ☐ Residential

☐ OTP/MAT ☐ Withdrawal Management ☐ Urgent/Crisis

Actual Level of Care Offered:

☐ Outpatient ☐ Intensive Outpatient ☐ Residential

☐ OTP/MAT ☐ Withdrawal Management ☐ Urgent/Crisis

Reason for Discrepancy (if any):

☐ Not Applicable - no difference
☐ Clinical Judgement
☐ Lack of insurance/payment source
☐ Managed care refusal
☐ Client Preference
☐ Legal issues/court mandated
☐ Language/cultural consideration
☐ Accessibility
☐ Level of care/service not available
☐ Other (please explain):

Program referral(s): _____

Reason for Admission Delay (if any):
If referral is being made but admission is expected to be DELAYED

☐ Waiting for level of care availability
☐ Waiting or other special population-specific services
☐ Waiting for language-specific services
☐ Hospitalized
☐ Incarcerated
☐ Patient preference
☐ Hospitalized
☐ Waiting for ADA accommodation
☐ Other _____

Printed Name: _____

Signature: _____ **Date:** _____