County of Sacramento **Department of Health Services** **Division of Behavioral Health Services** **Policy and Procedure**	Policy Issuer (Unit/Program)	**SUPT**
	Policy Number	**SUPT-01-01**
	Effective Date	**12-03-2020**
	Revision Date	**04-01-2021**
Title: Substance Use Prevention and Treatment Services Overview	Functional Area: **Administration**	
Approved By: **Signed version available upon request** **Lori Miller, LCSW** Division Manager, Substance Use Prevention and Treatment Services		

BACKGROUND/CONTEXT:

Substance Use Prevention and Treatment Services (SUPT) is a unit that operates within the organizational structure of the Sacramento County Department of Health Services, Division of Behavioral Health Services (BHS). The organizational structures of the Department, Division and unit are designed to maximize each other's ability to contribute to the achievement of the overall mission, vision and values.

Visual representation of the organizational and functional structure are maintained in the form of high-level organizational charts (see BHS and SUPT organizational chart links at the end of this document). These provide information on the lines of organizational governance, existing internal relationships, and general descriptions of programs, services and other key activities.

SUPT and its contracted service providers comply with State, Federal and County substance use disorder prevention and treatment requirements and standards. This Policy and Procedure aims to ensure understanding of core values and requirements of the SUD Continuum of Care and adherence to clinical and business standards within Sacramento County.

DEFINITIONS:

- **Substance Use Disorder (SUD):** Recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

- **American Society of Addiction Medicine (ASAM):** An organization representing medical professionals who specialize in addiction prevention and treatment. An ASAM multidimensional assessment tool is utilized by SUPT to recommend a level of care that matches intensity of treatment services to identified patient needs.

- **Medical Necessity:** ASAM guidelines are used to determine the medically necessary level of treatment services and helps qualify an individual for treatment.

- **Continuum of Care:** ASAM describes treatment as a continuum marked by levels and intensity of service. Clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed.

- **Contracted Service Provider:** Community-based service providers contracted by SUPT to provide substance use prevention and treatment services. These are licensed, registered, and DMC approved or certified SUD prevention or treatment programs that are operated in accordance with applicable laws and regulations.

- **Evidence-Based Practice (EBP):** Interventions that have been shown to be effective and are supported by evidence. SUPT contracted service providers utilize EBPs that have undergone stringent evaluation and meet clinical standards.

- **Client:** Any individual, family, consumer or resident for whom SUPT provides services, either through contracted service providers or County staff, including those persons requesting information or an assessment for services.

- **Staff:** professional, para-professional or support staff who is providing services to the client, including volunteers and student trainees or interns enrolled in an educational program requiring clinical field experience prior to the receipt of a degree in psychology, professional counseling or social work.

PURPOSE:
The purpose of this policy is to provide an overview and description of key elements of Substance Use Prevention and Treatment Services as a unit functioning within the Department of Health Services, Division of Behavioral Health Services.

DETAILS:
Department of Health Services
- **Mission:** To improve the health and wellness of Sacramento County residents.

Division of Behavioral Health Services
- **Mission**: To provide a culturally competent system of care that promotes holistic recovery, optimum health and resiliency.
- **Vision**: We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.
- **Values**:
  - Respect, Compassion, Integrity
  - Client and/or Family Driven Service System
  - Equal Access for Diverse Populations
  - Culturally Competent, Adaptive, Responsive and Meaningful
  - Prevention and Early Intervention
  - Full Community Integration and Collaboration
  - Coordinated Near Home and in Natural Settings

- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, and Resilience Focus

Substance Use Prevention and Treatment Services

- **Mission Statement**: To promote a healthy community and reduce the harmful effects associated with alcohol and drug use, while remaining responsive to and reflective of the diversity among individuals, families and communities.

- **Disease Concept of SUDs:** SUPT recognizes SUDs as chronic, relapsing conditions of the brain that affect behavior by reinforcing compulsive alcohol and drug seeking and use, despite catastrophic consequences to individuals, their families, and others around them. Approaching SUDs as a disease assists with framing interventions aimed at managing a health condition through a model of care that provides a continuum of services tailored to an individual's needs.

- **Cultural Competence:** SUPT is proud of its commitment to ensuring service equality for all racial, ethnic, cultural, linguistic, and other unserved/underserved populations and providing meaningful services that engage youth and families. Service equity is guided by the State-approved Sacramento County Cultural Competence Plan and the Department of Behavioral Health Services Cultural Competence and Ethnic Service Program Manager serves as advisor to SUPT.

- **System Partners:** SUPT fosters strong collaborative working relationships with system partners to coordinate care and improve outcomes for individuals with SUDs. System partners include Sacramento County Adult Protective Services/Child Protective Services, Sacramento County Mental Health, Sacramento County Probation Department, Sacramento County Sheriff's Office, Collaborative Courts, Law Enforcement, Sacramento County Primary Health and Correctional Health, Sacramento County Public Health, and UC Davis Medical Center and the local hospital system. Cross-system approaches include education, training, case management, and assistance with navigating the service system to increase access to care.

- **Service Populations:** Substance use prevention and treatment services are available to residents of Sacramento County who are either enrolled in or eligible for Medi-Cal, are low-income and participating in other County funded programs/projects, and meet medical necessity as determined by a clinical staff.

  People with HIV/AIDS, mental illnesses, homelessness, perinatal women, adolescents, and the criminal-justice involved are considered vulnerable groups. As such, these individuals may have special needs that require coordination of activities to help effectively participate in an appropriate SUD level of care, access health and mental health services, secure housing, and obtain other supportive services.

SUPT contracted service providers follow the Federal and Sacramento County SUPT service priorities when admitting clients into treatment or placing clients on wait lists for future services:

- Federal priority categories in order of consideration
    1. Pregnant and Intravenous Drug Users
    2. Pregnant
    3. Intravenous Drug Users
    4. All others
- Sacramento County SUPT priority categories
    - Clients involved with Child Protective Services
    - HIV positive clients. (*Note: HIV positive status is not specified in the documentation for purpose of maintaining confidentiality*)
    - Multi systems users:
        - Mental Health
        - Probation or Parole
        - Court involvement

- **Continuum of Care:** A comprehensive array of service modalities encompassing all levels of treatment services. As clients progress through their recovery journey, the type and intensity of treatment services should change to reflect the severity and nature of the person's SUD. SUPT contracts with community-based service providers throughout Sacramento County to provide the continuum of care (see links at the end of this document for Continuum of Care and Service Descriptions):

    - Prevention Services
    - Outpatient Treatment Services
    - Intensive Outpatient Treatment Services
    - Residential Treatment Services
    - Withdrawal Management (Detoxification)
    - Sober Living Environments/Transitional Living Services/Recovery Residences
    - Perinatal Services (pregnant and parenting women)
    - Opioid Treatment Programs/Medication-Assisted Treatment
    - Case Management
    - Recovery Services
    - Collaborative Courts and Programs

  Services are provided by Licensed Practitioners of the Healing Arts and registered substance abuse counselors along the continuum of care. Each level of service includes an intake and assessment for a SUD (Attachment 1), an individualized treatment plan, and discharge planning to coordinate continued services.

- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** On July 1, 2019, SUPT began implementing the DMC-ODS State Pilot to test a new way of delivering health care services for Medi-Cal eligible individuals with SUDs. Critical elements of the DMC-ODS include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for

substance use treatment services, increased local control and accountability, evidence-based practices in substance use treatment, and increased coordination of care.

- **System of Care:** SUPT operates two primary entry points for all alcohol and drug treatment services: Adult System of Care (ASOC) and Youth System of Care (YSOC). The ASOC and YSOC accept self-referrals and referrals by system partners, schools, family members, and conservators/guardians. Staff complete the following for entry into treatment:
    1. A preliminary SUD Assessment based on the ASAM, either in-person or telephone. YSOC clinical staff use the SUD Assessment (Attachment 1), and as clinically indicated, the CRAFFT Questionnaire and Parent Questionnaire (Attachments 2 and 3).
    2. Determine medical necessity, diagnosis, and appropriate levels of treatment services for each eligible client based on this assessment process, including federal priorities.
    3. Enter client information and SUD Assessments into the Avatar Electronic Health Record.
    4. Provide the clients with a referral to a Sacramento County contracted service provider.

  ASOC staff provide authorization/re-authorization for residential treatment and withdrawal management services while also managing client wait times for these service modalities. Additionally, ASOC/YSOC staff support clients in reducing barriers to services, refer clients to interim services, conduct weekly orientation to treatment groups, and warmly handoff clients to contracted service providers.

  Each contracted service provider conducts verification and determination of financial eligibility and county residence as part of financial eligibility. SUPT provides oversight related to financial assessment in accordance with these standards. Clients may **not** be denied service based on ability to pay.

- **Funding Sources:** Multiple funding sources are utilized for the administration and provision of prevention and treatment services:
    - Drug Medi-Cal for Sacramento County Residents enrolled in or eligible for Medi-Cal
    - Substance Abuse Prevention and Treatment Block Grant (SABG) for Sacramento County residents who are not DMC-ODS eligible or services not reimbursable by Medi-Cal.
    - California Work Opportunity and Responsibility to Kids (CalWORKs) for eligible families that have a child(ren) in the home.
    - Other Sources: Realignment 2011, County General Fund, State General Fund, Vehicle Code/Licensing Fines, Driving Under the Influence Fees, Substance Use and Mental Health Administration grant, and system partner funding such as Probation, Child Protective Services, and Mental Health Services.

REFERENCE(S)/ATTACHMENTS:

- BHS Organizational Chart
  http://inside.dhs.saccounty.net/BHS/Documents/BHS-Org-Chart.pdf

- SUPT Organizational Chart
- http://inside.dhs.saccounty.net/BHS/Documents/BHS-SUPT-Org-Chart.pdf
- Sacramento County Substance Use Prevention and Treatment – Internet Page https://dhs.saccounty.net/BHS/Pages/SUPT/Substance-Use-Prevention-and-Treatment.aspx
- SUPT Continuum of Care
- https://dhs.saccounty.net/BHS/Documents/SUPT/GD-BHS-SUPT-Services-Continuum.pdf
- SUPT Service Descriptions https://dhs.saccounty.net/BHS/Pages/SUPT/Service-Descriptions.aspx
- Sacramento County Behavioral Health Services, Substance Use Prevention and Treatment – Intranet Page http://inside.dhs.saccounty.net/BHS/Pages/BHS-SUPT.aspx
- Attachment 1: SUD Assessment Tool
- Attachment 2: CRAFFT Questionnaire
- Attachment 3: Parent Questionnaire

RELATED POLICIES:

- Sacramento County Policy & Procedure Manual for Substance Use Prevention and Treatment Services http://inside.dhs.saccounty.net/Pages/PolicyIndex/PolicyIndexbyDHSDivision.aspx

DISTRIBUTION:

Enter X	Name	Enter X	Name
X	SUPT Administration	**X**	SUPT Prevention Providers
X	SUPT County Counselors	**X**	SUPT Adult Treatment Providers
X	SUPT Collaborative Courts	**X**	SUPT Youth Treatment Providers
X	SUPT System of Care		Advisory Board
X	SUPT Administrative Support Staff		BHS Mental Health Services
X	SUPT Options for Recovery		BHS Quality Management
X	SUPT Proposition 36		

CONTACT INFORMATION:

Lori Miller, LCSW, Division Manager
MillerLori@saccounty.net

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment Services
Substance Use Disorder Assessment Form

Client Information

Client Name: (last) _____ (first) _____ Today's Date: ____ / ____ / ____
Please Print Please Print (Month) (Date) (Year)

☐ Male ☐ Female ☐ Other DOB: ____ / ____ / ____ SSN (Last 4 #'s): _____
(Month) (Date) (Year)

Race/Ethnicity: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Assessors Information

Name: _____ Phone: _____

Type of Assessment

☐ Brief Initial ☐ Initial ☐ Follow-Up

Children in Household

Do you have children under the age of 18? ☐ Yes ☐ No
Do you have custody of your children? ☐ Yes ☐ No
Number of children in the household? _____

Dimension 1 -Acute Intoxication and/or Withdrawal Potential

Have you ever had life threatening withdrawal sypmtoms such as

☐ Psychosis ☐ DT's ☐ Seizures ☐ None

Have you received withdrawal management services?

☐ Yes ☐ No

Are you currently having life threatening withdrawal symptoms - or - are you likely to experience them if you stop using today?

☐ Yes ☐ No

Dimension 1 comments:

_____
_____
_____
_____
_____
_____
_____

Risk Rating - Dimension 1

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe ☐ 4=Very Severe

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Dimension 2 -Biomedical Conditions and Complications

Do you have any current, severe or concerning physical health problems? ☐ Yes ☐ No

Describe:

Are you currently under the care of a doctor for any medical conditions? ☐ Yes ☐ No

Are you taking medications for this condition? ☐ Yes ☐ No

Medication(s):

Are there prescribed medications that you are NOT taking ☐ Yes ☐ No

Medication(s):

Are you using any medical devices (CPAP, oxygen, injections) ☐ Yes ☐ No

Do you require help with medications or medical devices? ☐ Yes ☐ No

Any history of seizures, heart or medical problems? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No Due Date: _____

Receiving prenatal care? ☐ Yes ☐ No

Dimension 2 comments:

Risk Rating - Dimension 2

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe ☐ 4=Very Severe

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Dimension 3 -Emotional, Behavior or Cognitive Conditions and Complications

Have you ever been diagnosed with a mental illness or developmental disability? ☐ Yes ☐ No

In the past 30 days, have you felt or had difficulty with:

☐ Sad, depressed ☐ Anxious thoughts and feelings ☐ Intrusive thoughts
☐ Suicidal thoughts ☐ Homicidal behavior or thoughts ☐ Wanting to hurt others
☐ None

Do you feel you can participate in SUD treatment considering your mental health history? ☐ Yes ☐ No

Are you a victim of any of the following:

☐ Childhood Trauma ☐ Community Violence ☐ Complex Trauma
☐ Denies ☐ Early Childhood Trauma ☐ Emotional Abuse
☐ Family Issues ☐ Medical Trauma ☐ Natural Disasters
☐ Neglect ☐ None ☐ Other
☐ Physical Abuse ☐ Perpetrating Domestic Violence ☐ Refugee and War Zone Trauma
☐ School Violence ☐ Sexual Abuse ☐ Terrorism
☐ Traumatic Grief ☐ Traumatic Death of Parent ☐ Unknown
☐ Domestic Violence ☐ Witnessing Domestic Violence

Do you have a current mental health diagnosis? ☐ Yes ☐ No Diagnosis: _____

Have you ever been diagnosed with:

☐ Depression ☐ Anxiety ☐ PTSD
☐ Bipolar Disorder ☐ Developmental Disability ☐ ADHD
☐ Schizophrenia/Schizoaffective Disorder ☐ Other: _____

Are you currently or have a history of taking psychiatric medication? ☐ Yes ☐ No

Medications:

_____

Have you ever had hallucinations that were not substance related? ☐ Yes ☐ No

Do you have a history of aggressive behavior? ☐ Yes ☐ No

Have you ever been placed on a 5150 hold? ☐ Yes ☐ No

Number of times? _____ Dates of 5150(s): _____

Dimension 3 comments:

_____

_____

_____

_____

_____

_____

Risk Rating - Dimension 3

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe ☐ 4=Very Severe

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Dimension 4 -Readiness to Change

On a scale of 1-5 (5 being highest) how ready are you to address your SUD need?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Do you feel treatment or recovery is necessary at this time? ☐ Yes ☐ No

Client desires and is ready to change their SUD behavior? ☐ Yes ☐ No

Ready for treatment with reservations

☐ Denial ☐ Minimization ☐ Ambivalence ☐ Seeks Treatment

State of change/ motivation level for treatment of SUD

☐ Pre-contemplation ☐ Contemplation ☐ Determination

☐ Active Change ☐ Relapse

Dimension 4 comments:

Risk Rating - Dimension 4

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe ☐ 4=Very Severe

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

Do you feel that you will either relapse or continue to use without treatment or additional support?

☐ Yes ☐ No

Are you likely to continue using? ☐ Yes ☐ No

What is the longest period in the last year that you have gone without using any substance?

Describe attempts made to control or cut down on current use:

Have you been arrested for any of the following?

☐ DUI ☐ Intoxicated in public ☐ Alcohol and drug related charges

Do you have cravings or strong desire to use?

☐ Yes ☐ No

Do you have frequent thoughts about substances?

☐ Yes ☐ No

Do you have increased tolerance or need to use more substances?

☐ Yes ☐ No

Do you spend time trying to obtain substances?

☐ Yes ☐ No

Do you argue with family, friends or loved ones about substances?

☐ Yes ☐ No

Dimension 5 comments:

Risk Rating - Dimension 5

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe

☐ 4a=Severe- No Immediate Action ☐ 4b=Severe- Immediate Action

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Dimension 6 -Recovery/Living Environment

Do you have "recovery" supportive friends/family in your life? ☐ Yes ☐ No

Do you live in an environment where others are using drugs? ☐ Yes ☐ No

Are you currently homeless? ☐ Yes ☐ No

Are you currently in a relationship that poses a threat to your safety? ☐ Yes ☐ No

Are you currently involved with social services or the legal system? ☐ Yes ☐ No

Does the client have the life skills and/or support necessary to participate? ☐ Yes ☐ No

Does anyone in your family use alcohol or drugs? ☐ Yes ☐ No

Family Member _____

Primary Drug of Choice:

☐ Alcohol
☐ Barbiturates
☐ Cocaine/Crack
☐ Ecstasy
☐ Heroin
☐ Inhalants
☐ Marijuana/Cannabis
☐ Methamphetamine
☐ Non-Prescription Methadone
☐ Other Amphetamines
☐ Other Club Drugs
☐ Other Opiates and Synthetics
☐ Other Sedatives or Hypnotics
☐ Other Stimulants
☐ Other Tranquilizers
☐ Over The Counter
☐ OxyContin
☐ PCP
☐ Tranquilizers (Benzodiazepine)
☐ Other (Specify) _____

Did they seek treatment? ☐ Yes ☐ No

Outcome: _____

Are you currently employed or going to school? ☐ Yes ☐ No

Is your work / school environment clean and sober? ☐ Yes ☐ No

Are you on probation or parole? ☐ Yes ☐ No

Criminal / Court History

☐ Previous Arrests ☐ Previous Drug Related Arrests ☐ Previous DUI's
☐ Previous CPS Case

Comments:

_____

_____

_____

Education:

☐ No schooling completed ☐ Nursery school to 8th grade ☐ Some high school, no diploma
☐ High school graduate, diploma or the equivalent (for example: GED)
☐ Some college credit, no degree ☐ Trade/technical/vocational training
☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate degree

Employment / Financial Status:

☐ Employed for wages ☐ Self-employed ☐ Out of work and looking for work
☐ Out of work but not currently looking for work ☐ A homemaker ☐ A student
☐ Military ☐ Retired ☐ Unable to work ☐ Receiving SSI/SSDI

Dimension 6 -Recovery/Living Environment (Continued)

Are there any dangerous family, significant others, living/work/school situations threatening the client's safety, well being and/or sobriety? ☐ Yes ☐ No

Dimension 6 comments:

Risk Rating - Dimension 6

☐ 0=None ☐ 1=Mild ☐ 2=Moderate ☐ 3=Severe ☐ 4=Very Severe

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Risk Rating Score Summary

Dimension 1 -Acute Intoxication and/or Withdrawal Potential 1 2 3 4

Rationale:

Dimension 2 -Biomedical Conditions and Complications 1 2 3 4

Rationale:

Dimension 3 -Emotional, Behavior or Cognitive Conditions and Complications 1 2 3 4

Rationale:

Dimension 4 -Readiness to Change 1 2 3 4

Rationale:

Dimension 5 -Relapse, Continued Use, or Continued Problem Potential 1 2 3 4a 4b

Rationale:

Dimension 6 -Recovery/Living Environment 1 2 3 4

Rationale:

Substance Use Disorder Assessment Form

Substance Use History

Populate field(s) below with this list of Substances:

☐ Alcohol ☐ Inhalants ☐ Heroin
☐ Barbiturates ☐ Marijuana/Cannabis ☐ PCP
☐ Cocaine/Crack ☐ Methamphetamine ☐ Over The Counter
☐ Ecstasy ☐ Non-Prescription Methadone ☐ Other (Specify) ____________
☐ Tranquilizers (Xanax or other Benzodiazepines) ☐ ____________
☐ Opioids (OxyContin, Norco, Vicodin, Fentanyl, Morphine, Dilaudid, Percocet, Tramadol, etc.)

☐ ____________ ☐ Primary ☐ Secondary ☐ Other
How often do you use this substance? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other ____________
How much each time? ____________
How do you use it? ☐ Oral ☐ Injection ☐ Smoking ☐ Inhalation ☐ Other ____________
Date of last use? ____________ Amount of last use? ____________
Total amount used in last 24 hours (relates to Dimension 1)? ____________

☐ ____________ ☐ Primary ☐ Secondary ☐ Other
How often do you use this substance? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other ____________
How much each time? ____________
How do you use it? ☐ Oral ☐ Injection ☐ Smoking ☐ Inhalation ☐ Other ____________
Date of last use? ____________ Amount of last use? ____________
Total amount used in last 24 hours (relates to Dimension 1)? ____________

☐ ____________ ☐ Primary ☐ Secondary ☐ Other
How often do you use this substance? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other ____________
How much each time? ____________
How do you use it? ☐ Oral ☐ Injection ☐ Smoking ☐ Inhalation ☐ Other ____________
Date of last use? ____________ Amount of last use? ____________
Total amount used in last 24 hours (relates to Dimension 1)? ____________

☐ ____________ ☐ Primary ☐ Secondary ☐ Other
How often do you use this substance? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other ____________
How much each time? ____________
How do you use it? ☐ Oral ☐ Injection ☐ Smoking ☐ Inhalation ☐ Other ____________
Date of last use? ____________ Amount of last use? ____________
Total amount used in last 24 hours (relates to Dimension 1)? ____________

☐ ____________ ☐ Primary ☐ Secondary ☐ Other
How often do you use this substance? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other ____________
How much each time? ____________
How do you use it? ☐ Oral ☐ Injection ☐ Smoking ☐ Inhalation ☐ Other ____________
Date of last use? ____________ Amount of last use? ____________
Total amount used in last 24 hours (relates to Dimension 1)? ____________

Treatment History

Populate field(s) below with this list of Treatments:

- ☐ Detox/Withdrawal Management
- ☐ Education Programming
- ☐ Medication Assisted Treatment
- ☐ Outpatient
- ☐ Intensive Outpatient
- ☐ Residential
- ☐ Transitional Housing/ Sober Living
- ☐ Harm Reduction
- ☐ None
- ☐ Mental Health

☐ ____________________ ☐ Current ☐ Past

Start Date ____________ End Date: ____________

Duration of Treatment? ____________________

Contract Provider ____________________

Did you complete the program? ☐ Yes ☐ No ☐ Unknown

Was it beneficial? ☐ Yes ☐ No

Describe treatment outcomes:

____

____

____

☐ ____________________ ☐ Current ☐ Past

Start Date ____________ End Date: ____________

Duration of Treatment? ____________________

Contract Provider ____________________

Did you complete the program? ☐ Yes ☐ No ☐ Unknown

Was it beneficial? ☐ Yes ☐ No

Describe treatment outcomes:

____

____

____

☐ ____________________ ☐ Current ☐ Past

Start Date ____________ End Date: ____________

Duration of Treatment? ____________________

Contract Provider ____________________

Did you complete the program? ☐ Yes ☐ No ☐ Unknown

Was it beneficial? ☐ Yes ☐ No

Describe treatment outcomes:

____

____

____

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Routine Reporting

Routine Reporting

1. Indicated level of care

- None
- NTP/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 IOP
- 2.5 Partial Hospital
- 3.1 Low RES
- 3.3 SP-Pop High-Int RES
- 3.5 High RES
- 3.7 Med-Monitored IN
- 4 Med-Managed IN
- 1-WM Amb-w/o onsite
- 2-WM Amb-w/ext monitoring
- 3.2-WM Clinical RES
- 3.7-WM Med-monitored-IN
- 4-WM Med-managed

2. Actual level of care

- None
- NTP/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 IOP
- 2.5 Partial Hospital
- 3.1 Low RES
- 3.3 SP-Pop High-Int RES
- 3.5 High RES
- 3.7 Med-Monitored IN
- 4 Med-Managed IN
- 1-WM Amb-w/o onsite
- 2-WM Amb-w/ext monitoring
- 3.2-WM Clinical RES
- 3.7-WM Med-monitored-IN
- 4-WM Med-managed

1a. Additional indicated level of care (if any)

- None
- NTP/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 IOP
- 2.5 Partial Hospital
- 3.1 Low RES
- 3.3 SP-Pop High-Int RES
- 3.5 High RES
- 3.7 Med-Monitored IN
- 4 Med-Managed IN
- 1-WM Amb-w/o onsite
- 2-WM Amb-w/ext monitoring
- 3.2-WM Clinical RES
- 3.7-WM Med-monitored-IN
- 4-WM Med-managed

2a. Additional actual level of care (if any)

- None
- NTP/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 IOP
- 2.5 Partial Hospital
- 3.1 Low RES
- 3.3 SP-Pop High-Int RES
- 3.5 High RES
- 3.7 Med-Monitored IN
- 4 Med-Managed IN
- 1-WM Amb-w/o onsite
- 2-WM Amb-w/ext monitoring
- 3.2-WM Clinical RES
- 3.7-WM Med-monitored-IN
- 4-WM Med-managed

Level of care reason for difference

- Not applicable-no difference
- Clinical Judgement
- Lack of insurance/payment source
- Legal issues
- Level of care not available
- Managed care refusal
- Patient preference
- Geographic accessibility
- Family responsibility
- Language
- Used 2 residential stays in year already
- Other (please explain below)

Additional recommended services

- [ ] Recovery Residence
- [ ] Long Term Program
- [ ] Self Help
- [ ] Case Management
- [ ] Aftercare/Relapse Prevention
- [ ] Other

Other additional recommended Services

Other level of care reason for difference

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Delayed Admission

Delayed Admission Reason

- ☐ Waiting for level of care availability
- ☐ Waiting- Special Popn Services
- ☐ Incarcerated
- ☐ Waiting for ADA accomodation
- ☐ Waiting for language-specific services
- ☐ Hospitalized
- ☐ Patient preferences
- ☐ Other (Please explain Below)

Initial Assessment Date: _____ (Month) / _____ (Date) / _____ (Year)

Other delayed admission reason:

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: "*I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.*"

Part A

During the PAST 12 MONTHS, on how many days did you:

1.	Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.	☐ # of days
2.	Use any **marijuana** (weed, oil, or hash, by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice") or "vaping" **THC oil**? Put "0" if none.	☐ # of days
3.	Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say "0" if none.	☐ # of days

Did the patient answer "0" for all questions in Part A?

Yes ☐ ↓ **Ask CAR question only, then stop**

No ☐ ↓ **Ask all six CRAFFT* questions below**

Part B		**No**	**Yes**
C	Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
R	Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
A	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
F	Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
F	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
T	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment Services
Parent/Guardian Questionnaire

Name of Youth: _____ Age: _____

Your Relation to the Youth: ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other

We greatly appreciate your input to help the Substance Use Prevention and Treatment Services Substance Use Disorder screening staff to make the most accurate treatment recommendation. Please answer the following questions to the best of your knowledge, checking the correct answer and writing any extra comments you think may help us better understand your adolescent.

1. Do you remember complaining about how often your adolescent drinks or uses drugs? Yes No
2. Have you been embarrassed by their drinking or using behavior? Yes No
3. Have you caught your adolescent lying about drinking or using drugs? Yes No
4. Is there a conflict in your house when discussing drugs and/or alcohol? Yes No
5. Are you having financial difficulties because of your adolescent's drug and/or alcohol use? Yes No
6. Does your adolescent's drug and/or alcohol use keep them away from home? Yes No
7. Have you ever had to lie for them because of their drug and/or alcohol use? Yes No
8. Have you contemplated calling 9-1-1 or seeking treatment because of their behavior? Yes No
9. Have you ever found drug paraphernalia in your house or in their room? Yes No
10. Are you concerned that your adolescent's drug and/or alcohol use will continue without help? Yes No
11. Before this last incident, has your adolescent previously been involved in illegal activities? Yes No

The following questions will also help us refer your adolescent to additional services that may be needed:

Has your adolescent ever participated in a drug and alcohol treatment program? Yes No

Are you concerned with your adolescent's mental health? Yes No

Does your adolescent have a mental health diagnosis? Yes No

Is your adolescent taking any medication? If so, please list below. Yes No

If **Yes**, please list_____ Taken as prescribed? Yes No

What type of insurance does your adolescent have? ☐ None ☐ Medi-Cal ☐ Other: _____

Thank you.

We strive to refer youth to services that are appropriate to the level of need and geographic location.