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| **Eligibility for SUD Services for Individuals Aged 20 and Under:**  **Early Intervention Services:** Requires Youth SUD Screening showing that the youth meets Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct substance related condition, with the exception of tobacco-related conditions and non-substance related conditions.  **SUD Treatment Services:** Requires Full SUD Assessment showing that criteria for at least one diagnosis from the DSM-5, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders. |

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| **Person Served Information** | |
| **Person Served Name:** | **Person Served DOB:** Enter Person Served DOB |
| **Preferred Name:** | **Preferred Pronoun:** Choose pronouns |
| **Person Served Address:** | **Person Served Phone #:** |
| **Preferred Language:** Enter Language | **Interpreter Utilized?** Choose answer |
| **ID Number:** | **Insurance:** Choose answer |
| **Person Served Social Security #:** | **Person Served Medi-Cal # (optional):** |

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| **Provider Information** | | |
| **Program Name:** Enter Program Name | **Counselor/LPHA Name:** Enter Counselor/LPHA Name | |
| **Date:** Enter Service Date | **Start Time:** Start Time | **End Time:** End Time |
| **Total Time:** Total Minutes for Service including Documentation time | | |

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| **General Questions** |

**1. What is the main reason(s) you are seeking help today?** Please explain

**2. Are there other services, such as physical or mental health counseling that you are currently receiving?** Please explain

**3. Are there any family, financial, legal or school problems you are currently experiencing?** Please explain

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| **Dimension 1 – Acute Intoxication and/or Withdrawal Potential** |

***Have you experienced any of the following?***  Any past year substance use (**complete table on page 2**)  History of prior overdose  Early initiation and misuse of substance (< 12YO)  Route of use: injecting substances  Previous treatment for alcohol, drug use, or tobacco/nicotine  Other:

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| **Dimension 2 – Biomedical Conditions and Complications** |

***Are you having any serious medical concerns that need immediate attention?*** Choose answer

If yes, please explain: Please explain

***Do you have any medical/physical health condition(s)?***  Chronic pain  Asthma  Diabetes  Pregnancy

HIV / AIDS, other sexually transmitted infection  Other:

If serious medical concerns, make immediate referral to nearest Emergency Dept. for medical treatment/clearance, **Stop Screening**

If Pregnancy is reported, refer to a program with perinatal services.

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| **Dimension 3 – Emotional, Behavioral or Cognitive Conditions and Complications** |

***Are you currently having thoughts of causing physical harm to yourself or others?*** Choose answer

If Yes, do you have a plan and the means to harm yourself or others? Please explain

***Are you experiencing any depression, anxiety, or other mental health issues?***  Depression  Anxiety  Compulsive behavior

ADHD (Attention Deficit Hyperactivity Disorder)  PTSD (Post Traumatic Stress Disorder)  Other:

If current thoughts of harm, ask additional questions to further assess for Tarasoff. **If a Tarasoff incident, follow your current policies.**

**Also,** refer to Exodus Recovery Crisis Center at 559-453-1008 or Emergency Dept., **Stop Screening**

If MH issues present, consider referral to DBH UCWC (adults) at 559-600-9171 or YWC (adolescents) at 559-600-8918, continue screening.

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| **Dimension 4 – Readiness to Change** |

***Thinking about the effect of substance use, any area(s) of your life impacted by alcohol or other drug use?***  School  Work  Hobbies/Recreation  Personal Relationships (Family/Friends/Romantic Partners)  Other:

***Do you think you need treatment services to help change your use of substances?***  Yes  I don’t know  No, it is not a problem.  No, I can stop anytime without help.

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| **Dimension 5 – Relapse, Continued Use or Continued Problem Potential** |

***Are there any particular situations or stressors that would make you want to use?***  Cravings, withdrawal symptoms, or negative effects of substance use  Social Pressure (friends/partners, families, at school, at work, at home)  Triggers, including managing feelings/emotional stressors (trauma, sexual/gender identity, anxiety, depression, boredom, anger, etc.)  Other:

***At this time, which stressor(s) above are most problematic for you?*** Stressor(s):

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| **Dimension 6 – Recovery Environment** |

***Are you ever in an environment where drugs or alcohol are used?***  Family uses substances  Friends use substances

***Any factors that make not using substances or cutting back substance use more difficult?***  Lack of social support  Threatening relationships (gang, bullying, victimization)  Unstable housing / homelessness  Academic difficulty  Criminal-legal system involvement (such as juvenile hall)  Other:

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| **Past Year Substance Use:**  Complete the following screening of past year substance use based on the Screening to Brief Intervention (S2BI tool).  “Never” = No Substance Use which would warrant positive reinforcement.  “Once or Twice” = No Substance Use Disorder Risk but could warrant brief intervention.  “Monthly” = Mild/Moderate SUD Risk which would warrant brief intervention along with possible Full SUD Assessment.  “Weekly” = Severe SUD Risk which would warrant brief intervention along with Full SUD Assessment. | | | | |
| ***In the past year, how many times have you used the substances listed below?*** | **Never** | **Once or Twice** | **Monthly** | **Weekly** |
| 1. Tobacco Products |  |  |  |  |
| 2. Alcohol |  |  |  |  |
| 3. Cannabis / Marijuana |  |  |  |  |
| 4. Illegal Drugs (e.g., heroin, fentanyl, methamphetamine, and Ecstasy) |  |  |  |  |
| 5. Prescription drugs that were not prescribed for you (e.g., Pain Medication, such as Vicodin  or Percocet, Sedatives such as Valium or Xanax, or Stimulants like Ritalin or Adderall) |  |  |  |  |
| 6. Inhalants (e.g., nitrous oxide) |  |  |  |  |
| 7. Herbs or synthetic drugs (e.g., salvia, K2, or bath salts) |  |  |  |  |

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| **Narrative of Substance Use Risks:** |
| ***Describe the risk for SUD by summarizing the risk factors among the ASAM dimensions. Consideration for SUD risks must take into account all six ASAM dimensions, as interactions among the dimensions may increase/decrease the SUD risk.*** |

***Youth is determined to meet eligibility criteria for Early Intervention services:***  Yes  No

***Youth is determined to need a full SUD Assessment:***  Yes  No

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| **Referral Information** |

If the result of the Youth SUD Screening indicates that the youth meets EPSDT criteria for Early Intervention services, they should be enrolled in Early Intervention Services (ASAM 0.5). A full SUD Assessment is required to enroll in all other levels of care.

***Youth is accepting referral to another agency:***  Yes  No

**Designated Treatment Location/Referral Information:**

**Agency Referred To:**

**Agency Address:**

**Agency Phone:**

**Appointment Date/Time (if available):**

*\* Please make sure to complete an ROI if meeting in person with the youth or document that verbal ROI was given if meeting by telehealth or telephone prior to making any referrals.*

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| **Counselor/LPHA Name Printed:** | **Counselor/LPHA Signature:** | **Date:** |
| **Clinical Supervisor Name Printed (Optional):** | **Clinical Supervisor Signature (Optional):** | **Date:** |