

**Brief Screening Instructions  
(For use by ACL/Program)**

**REQUIRED FORM:** For the ACL (Access and Crisis Line)

**OPTIONAL FORM:** For any other SUD Treatment program

**WHEN:** To be completed by a designated screen personnel/staff as each client call is received.

**PURPOSE:** The Brief Screening Tool provides identification of immediate needs and a provisional level of care determination based on ASAM criteria.

**REQUIRED ELEMENTS:**

- **Client Name:** Client's full name.
- **Date:** Enter date of phone call.
- **City/geographic region:** Enter information.
- **Phone:** Enter the client's contact number.
- **Okay to leave a V/M:** Check Yes or No. This is important for privacy reasons.
- **Referral source:** Check the appropriate box. If "Other", enter details.
- **Gender:** Check the appropriate box. If "Other", enter information as provided by client. "Unknown" may be selected when someone other than the client is calling on the client's behalf and does not have the information.
- **If Female, are you currently pregnant?** Check the appropriate box.
- **Sexual Orientation:** Check the appropriate box. If "Other" enter information as provided by client. "Unknown" may be selected when someone other than the client is calling on the client's behalf and does not have the information.

**ASAM DIMENSION 1: WITHDRAWAL/DETOX POTENTIAL**

**1. Are you experiencing any current severe withdrawal symptoms?**

Check Yes, No, Unknown, or N/A. (cite examples if asked; nausea, vomiting, excessive sweating, fever, tremors, seizures, rapid heart rate, blackouts, hallucinations, "DTs")

- If YES, *make immediate referral for medical evaluation of need for acute, inpatient care. Follow agency policy and procedure; respond as directed by agency policy and procedure.*
- "Unknown" may be selected if the caller is not the client, but someone calling on the client's behalf (and they do not know the answer). "N/A" may be selected if the client responded and the item did not apply to the client.

**2. Are you under the influence of any substances right now?**

Check Yes, No, Unknown or N/A

- "Unknown" may be selected if the caller is not the client, but someone calling on the client's behalf (and they do not know the answer). "N/A" may be selected if the client responded and the item did not apply to the client.

**3. If no to above question, have you used any substances in the last 1 – 3 days?**

Check Yes, No, Unknown or N/A

If yes to the above question, consider Withdrawal Management. Continue screening.

- "Unknown" may be selected if the caller is not the client, but someone calling on the client's behalf (and they do not know the answer). "N/A" may be selected if the client responded and the item did not apply to the client.

**4. How does drinking alcohol/using drugs impact your daily life or functioning?**

Please describe:

**Severity Rating – Dimension 1 (Substance Use, Acute Intoxication, and Withdrawal Potential):** Follow the prompts and check the current, assessed level of risk.

**ASAM DIMENSION 2: BIOMEDICAL CONDITIONS/COMPLICATIONS (not related to Withdrawal)**

**1. Are you having a medical emergency:**

Check Yes, No, Unknown or N/A

- a. If yes to 1, *make an immediate referral for further medical evaluation of need for acute, impatient care.* **STOP SCREEN**
- b. If no, continue the screening.
- o “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**2. Do you have any physical health conditions or disabilities?**

Check Yes, No, Unknown or N/A

- a. If yes, obtain additional information: type, how severe, under current treatment, is it a barrier for access to treatment services?
- b. If yes to #2, do any of these health conditions have an impact on your daily life or functioning?**  
Check Yes, No, Unknown or N/A
- c. If yes, obtain additional information.
- o “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**3. Do you require any special accommodations? (e.g., wheelchair, other?)** Check Yes,

No, Unknown or N/A

- a. If yes, obtain additional information (i.e. need for wheelchair, walker, therapy animal, hearing impaired, deaf, etc.)
- o “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**Severity Rating – Dimension 2 (Biomedical Conditions and Complications):** Follow prompts and check the current, assessed level of risk.

**ASAM DIMENSION 3: EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS/COMPLICATIONS**

**1. Are you currently having thoughts suicide or hurting yourself?**

Check Yes, No, Unknown or N/A

- a. If YES, ask additional questions to client to further assess if client has a plan and the means to harm themselves or others. If clinically indicated due to client’s answers, refer to the nearest psychiatric emergency facility, follow and respond as directed agency policy and procedure.
- o “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**2. Are you currently having thoughts or causing physical harm to others?**

Check Yes, No, Unknown or N/A

- a. If yes, do you have a plan and the means to harm others?

- b. If YES, ask additional questions to further assess for Tarasoff. **If found to be a Tarasoff incident, follow current Tarasoff process.**
- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**3. Are you currently experiencing a behavioral health crisis, such as severe mental or emotional issues?**

Check Yes, No, Unknown or N/A

- a. If yes, document in detail additional information. If clinically indicated due to client’s answer “yes” and details, refer to the nearest psychiatric emergency facility, follow and respond as directed by agency policy and procedure. **STOP SCREEN**
- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**4. Do you have a mental health diagnosis?**

Check Yes, No, Unknown or N/A

- a. If yes, enter details.
- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

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

- a. If yes, describe in detail
- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**Severity Rating – Dimension 3 (Emotional, Behavioral or Cognitive (EBC) Conditions or Complications):** Follow prompts and check the current, assessed level of risk.

**ASAM DIMENSION 4: READINESS TO CHANGE**

**1. Have you been mandated or directed to receive SUD (substance use disorder) treatment?**

Check Yes, No, Unknown or N/A

- a. If yes, describe in detail.
- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**2. How ready are you to change your alcohol or other drug use now?** Check the appropriate box: Not Ready, Getting Ready, Ready, In process of making changes, Sustained Change made. DO NOT LEAVE BLANK.

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**Severity Rating – Dimension 4 (Readiness to Change):** Follow prompts and check the current, assessed level of risk.

## **ASAM DIMENSION 5: RELAPSE, CONTINUED USE POTENTIAL**

### **1. Have you drank or used on most days (15 or more) in the last 30 days?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

### **2. Are you likely to continue to drink/use without treatment?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

### **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? Fill in client self-report in the appropriate numbered box. DO NOT LEAVE BLANK.**

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**Severity Rating** – Dimension 5 (Relapse, continued Use, or Continued Problem Potential): Follow the prompts and check the current, assessed level of risk.

## **ASAM DIMENSION 6: RECOVERY ENVIRONMENT**

### **1. Is your current living situation unsafe or harmful to your recovery?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

### **2. Do you have relationships that are supportive of you and your recovery?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

### **3. Do you struggle to care for yourself?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

### **4. Have you ever been arrested/charged/convicted/registered for arson?**

Check Yes, No, Unknown or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**5. Have you ever been arrested/charged/convicted/registered for a sex crime(s)?**

Check Yes, No, Unknown, or N/A

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**Severity Rating – Dimension 6 (Recovery Environment):** Follow the prompts and check the current, assessed level of risk.

**LEVEL OF CARE INQUIRY**

- **Do you have an idea about the type of treatment you’re interested in?**

Check Yes, No, Unknown or N/A

a. If yes, check the appropriate box: Outpatient, Intensive Outpatient, Residential, MAT, or Other.

If “Other”, enter client self-report on the line provided.

- “Unknown” may be selected if the caller is not the client, but someone calling on the client’s behalf (and they do not know the answer). “N/A” may be selected if the client responded and the item did not apply to the client.

**LEVEL OF CARE DISPOSITION**

- **Recommended Level of Care:** Check appropriate box based on ASAM risk ratings.
- **Actual Level of Care Offered:** Check the appropriate box based on client referral.
- **Reason for Discrepancy (if any):** Check reasons for difference between levels of care recommendation vs level of care offered within the box selections. If “Other” is selected, enter more details.
- **Program Referral:** Enter information regarding the program(s) client was referred to.
- **Printed Name:** Print name of person completing screen.
- **Signature:** Signature of person completing the screen.
- **Date:** Enter date screening was completed and signed.