

CALIFORNIA TREATMENT/RECOVERY PLACEMENT INDICATORS (1/26/2001)*

Page 1

For Research Purposes – Not a Mandated Standard

Name of Client _____ Date of Interview _____ Client Log# _____ Phone Interview ___ Admit ___ During TX ___
Exit ___

IMMEDIATE NEED TRIAGE

Dimension	Questions	Yes	No
1. Acute Intoxication and/or Withdrawal Potential	1a) Have you ever had life threatening symptoms during withdrawal?		
	1b) Are you currently having similar withdrawal symptoms?		
2. Biomedical Conditions and Complications	2) Do you have any current, severe and untreated physical health problems?		
3. Emotional / Behavioral Conditions and Complications	3) Do you feel that you are imminently in danger of harming yourself or someone else? (mental health)		

→Yes to question 1a and 1b, or 2, or 3 requires that the caller/client immediately receive medical or psychiatric care.

4. Treatment Acceptance / Resistance / Readiness to Change	4a) Do you feel you have an immediate need for AOD (alcohol and other drugs) treatment / recovery?		
	4b) Have you been referred or required to have an assessment and/or enter treatment by the criminal justice system, health or Social Services, work/school, or family member/significant other?		

→Yes to question 4a and/or 4b alone, requires caller/client be seen for an assessment within 48 hours or preferably earlier.

5. Relapse Continued Use Potential	5a) Are you currently under the influence?		
	5b) Are you likely to continue use of alcohol and/or other drugs or to relapse, in an imminently dangerous manner?		

→Yes to question 5a alone requires referral to 24-hour facility or as per agency procedure as regards observation/assessment of safety and risk of continued use.

6. Recovery Environment (Family, Social)	6) Are there any dangerous family, significant other, living / working / school situations threatening your safety, immediate well being, and/or sobriety?		
--	--	--	--

→Yes to question 5b and/or 6, without any yes in question 1, 2 and/or 3 requires that the client be referred to a safe or supervised environment.

LEVEL OF FUNCTION

Using assessment protocols that address all six dimensions, assign a rating of high, moderate or low for each dimension that best reflects the client's functioning.

DIMENSION	HIGH: Minimal difficulty or impairment. Absent or minimal signs and symptoms.	MODERATE: Moderate difficulty or impairment. Moderate to serious signs and symptoms.	LOW: Severe difficulty or impairment. Serious, gross or persistent signs & symptoms.
1. Acute Intoxication and / or Withdrawal Potential:			
2. Biomedical Conditions and Complications (Physical Health):			
3. Emotional / Behavioral Conditions and Complications (Mental Health):			
4. Treatment Acceptance / Resistance / Readiness to Change:			
5. Relapse / Continued Use Potential:			
6. Recovery Environment (Family, Social):			

*California specific implementation of levels of care based upon, "American Society of Addiction Medicine: Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, ASAM PPC-2, 1996" with California specific modifications. The assessment and placement tools, those conducting assessments and AOD service providers will be responsive to diverse cultural ethnic, linguistic, age, race, gender, social, sexual orientation, religion, disability, socio-economic and other cultural lifestyle identifications and the unique needs of rural/urban environments, distinct community characteristics, diverse funding criteria and target and priority populations.

Page 2

Open box indicates appropriate level of care placement			CLIENT LEVEL OF FUNCTION																	
DIMENSION			D1: Acute Intoxication / Withdrawal Potential			D2 Biomedical Conditions/Complicatns			D3: Emotional / Behavioral			D4: Treatment Acceptance / Resistance			D5: Relapse / Continued Use Potential			D6: Recovery Environment		
California Levels of Care			H	M	L	H	M	L	H	M	L	H	M	L	H	M	L	H	M	L
D E T O X	Outpatient (OP) Detoxification	I-D																		
	OP with extended on-site monitoring	II-D																		
	Clinically Monitored Residential	III.2-D																		
	Medically Monitored Residential	III.7-D																		
	Medically-Managed Inpatient	IV-D										Important but not applicable to placement decision.								
T R E A T M E N T C E N T R E S I D E N T I A L S E R V I C E S	Early Intervention	0.5																		
	Outpatient Services	I																		
	Intensive Outpatient Services	II.1																		
	Day Treatment	II.5																		
	Low Intensity Residential Services	III.1																		
	Medium/High Intensity Residential Services	III.5																		
	Residential Medically Monitored Intensive Sv	III.7																		
	Medically-Managed Inpatient	IV										Important but not applicable to placement decision.								
	Opioid Maintenance	OMT	2 year history of addiction, 2 treatment failures, 1 year of episodic or continual use prior to admission																	

PLACEMENT DECISION PROCESS

Choose the least intensive level of care that can safely deliver all the services needed to match the client's current level of function.

1. Note any Immediate Needs and the current Client Level of Function assessed and record on page 1.
2. Enter that profile at top of page by a check mark in all open, unshaded boxes in the appropriate High (H), Moderate (M), or Low (L) column for each assessment dimension.
3. Follow from left to right, the checked, unshaded boxes. Consider levels that have the most boxes checked and/or any levels with Low function in any of the dimensions.
4. Using the admission criteria of the ASAM Patient Placement Criteria, Second Edition (PPC-2) and clinical judgment, choose the least intensive, but safe level of care.
5. Record the indicated and actual level of care received in the boxes at the bottom of this page and circle the reason for any discrepancy.

Level of Care Indicated --insert the ASAM level number that offers the most appropriate level of care based on the client's level of function.		
Level of Care Received --ASAM level number--if the most appropriate level of care is not utilized, insert the most appropriate placement available and circle the Reason for the Difference between indicated level and level received.		30 days or less ? ___ Yes ___ No
Reason for Difference --Circle only one number: (1) Service not available, (2) Criminal justice, (3) Provider judgment: _____, (4) Client preference, (5) On waiting list for appropriate level, (6) No payment source for service, (7) Geographic accessibility, (8) Family responsibility, (9) Language, (10) Not listed: _____, (11) Not applicable		

Client Log# _____