

SUD Assessment Tip Sheet

This Tip Sheet will walk users through the SUD Assessment form. This Tip Sheet may change as our trainings and systems are updated. Please visit our website <https://dhs.saccounty.gov/BHS/Avatar/Pages/Avatar.aspx> for the most updated version. If any additional help is needed you can contact us at Avatar@saccounty.net.

Documentation:

Quality Management provides Documentation Training which will provide information as to what would be appropriate to enter into the form. The content below is meant for navigational purposes.

SUD Assessment Scoring:

The screenshot shows the 'SUD ASSESSMENT' interface. At the top, there are buttons for 'Submit', 'Backup', 'Discard', 'Send To Do', and 'Add to Favorites'. The main content area is titled 'SUD Assessment Information' and contains several fields and sections:

- 1**: 'Assessment Date *' - A date input field with a calendar icon and dropdowns for month and year.
- 2**: 'Minutes for SUD Assessment Completion *' - A text input field.
- 3**: 'Draft/Final *' - Radio buttons for 'Draft' and 'Final'.
- 4**: 'Type of Screening *' - Radio buttons for 'Brief Initial Screen', 'Initial Assessment', and 'Followup Assessment'.
- 5**: A navigation sidebar on the left lists various assessment sections, with 'SUD Assessment Scoring' and 'Substance Use History' bolded.
- 6**: A section titled 'DIMENSION 1- Acute Intoxication and/or Withdrawal Potential' containing two questions about life-threatening withdrawal symptoms, each with 'Yes' and 'No' radio buttons.

- Date:** Enter the date of assessment. Once the form has been saved (even if in draft) the date field will lock in. The only way to change the date would be to delete the assessment and re-enter. Make sure to enter the correct date before submitting.
- Minutes for SUD Assessment Completion:** Once you have completed the assessment, come back to this field and enter how long it took you to complete.
- Draft/Final:** Save the item in draft if you have not completed working on it. You can access the draft item on your To-Do Widget or by re-opening the form. Save the item in Final if you have completed the assessment.
- Type of Screening:** System of Care will complete the Brief Initial Assessment, providers will complete the Initial Assessment. If this is a follow up assessment, choose the option for Follow up Assessment.
- Dimensions:** There are 6 dimensions to be completed. You can scroll down the form to complete them. If you need to jump up or down to a specific dimension, you can click on the dimension number in the navigation box.
- Additional Pages:** The bolded sections in the navigation box are additional pages to the assessment. Make sure to address each page.

At the bottom of the first page will be your Risk Rating Score Summary. The ratings that you entered throughout the assessment will populate in the summary. If you need to change a rating, go back to that dimension and change the rating you entered. Enter your Rationale for each of the dimensions.

▼ RISK RATING SCORE SUMMARY

Dimension 1- Acute Intoxication and/or Withdrawal Potential	Rationale- Dimension 1
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Dimension 2- Biomedical Conditions and Complications	Rationale- Dimension 2
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Dimension 3- Emotional, Behavior, or Cognitive Conditions and Complications	Rationale- Dimension 3
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Dimension 4- Readiness to Change	Rationale- Dimension 4
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Dimension 5- Relapse, Continued Use, or Continued Problem Potential	Rationale- Dimension 5
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Dimension 6- Recovery/Living Environment	Rationale- Dimension 6
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Substance Use History

SUD ASSESSMENT Autosaved at 10:45 AM Submit Backup Discard Send To Do Add to Favorites

SUD Assessment Scoring

- SUD Assessment
- Information
- DIMENSION 1- Acute Intoxication and/or Withdrawal Potential
- DIMENSION 2- Biomedical Conditions and Complications
- DIMENSION 3- Emotional, Behavior or Cognitive Conditions and Complications
- DIMENSION 4- Readiness to Change
- DIMENSION 5- Relapse, Continued Use, or Continued Problem Potential
- DIMENSION 6- Recovery/Living Environment
- RISK RATING SCORE SUMMARY
- Substance Use History**
- Treatment History
- Reporting Summary
- Routine Reporting
- Delayed Admission

▼ Substance Use History *

Substance	Primary or secondary?	How do you use it?	Date of last use?	Total amount used in last 2...
Alcohol	Primary	Oral	04/28/2022	
Marijuana/Cannabis	Secondary	Smoking	04/28/2022	

Add New Item
Edit Selected Item
Delete Selected Item

Substance

Heroin
 Alcohol
 Barbiturates
 Methamphetamine

Primary or secondary?

Primary
 Secondary
 Other

How often do you use this substance?

Use the Multi-iteration table to fill in the client's substance use. Click on "Add New Item" to add a new substance. If a mistake is made you can click on "Delete Selected Item". Only delete an item if it was

done in error, otherwise you can “Edit Selected Item”. Make sure not to add blank rows, this will give you an error message when you go to submit the form.

Treatment History

SUD ASSESSMENT Autosaved at 10:45 AM [Submit](#) [Backup](#) [Discard](#) [Send To Do](#) [Add to Favorites](#)

SUD Assessment Scoring

SUD Assessment Information

DIMENSION 1- Acute Intoxication and/or Withdrawal Potential

DIMENSION 2- Biomedical Conditions and Complications

DIMENSION 3- Emotional, Behavior or Cognitive Conditions and Complications

DIMENSION 4- Readiness to Change

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

DIMENSION 6- Recovery/Living Environment

RISK RATING SCORE SUMMARY

Substance Use History

Treatment History

Reporting Summary

Routine Reporting

Delayed Admission

Treatment History *

SUD Treatment	Mode of treatment	Start date	End date	Contract provider
Past	Outpatient	04/03/2020	04/30/2020	

[Add New Item](#)
[Edit Selected Item](#)
[Delete Selected Item](#)

SUD Treatment

Current Past

Start date: 04/03/2020

End date: 04/30/2020

Mode of treatment

The Treatment History page works the same way as the Substance Use History page. Click on “Add New Item” to add the client’s treatment history. Multiple items can be added.

Reporting Summary

SUD ASSESSMENT Autosaved at 10:47 AM [Submit](#) [Backup](#) [Discard](#) [Send To Do](#) [Add to Favorites](#)

SUD Assessment Scoring

SUD Assessment Information

DIMENSION 1- Acute Intoxication and/or Withdrawal Potential

DIMENSION 2- Biomedical Conditions and Complications

DIMENSION 3- Emotional, Behavior or Cognitive Conditions and Complications

DIMENSION 4- Readiness to Change

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

DIMENSION 6- Recovery/Living Environment

RISK RATING SCORE SUMMARY

Substance Use History

Treatment History

Reporting Summary

Routine Reporting

Delayed Admission

Routine Reporting

1. Indicated level of care based on SUD Assessment *

- None
- Narcotic Tx Program/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 Intensive Outpatient
- 2.5 Partial Hospitalization
- 3.1 Clinically Managed Low-Intensity Residential
- 3.3 Clinically Managed Popn-Specific High-Int Residential
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically monitored intensive inpatient services
- 4 Medically Managed Intensive Inpatient Services
- 1-WM Ambulatory WM w/o extended onsite monitoring
- 2-WM Ambulatory WM w/extended onsite monitoring
- 3.2-WM Clinically managed residential WM
- 3.7-WM Medically monitored inpatient WM
- 4-WM Medically managed intensive inpatient WM

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

- None
- Narcotic Tx Program/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 Intensive Outpatient
- 2.5 Partial Hospitalization

2. Actual level of care client was referred to *

- None
- Narcotic Tx Program/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 Intensive Outpatient
- 2.5 Partial Hospitalization
- 3.1 Clinically Managed Low-Intensity Residential
- 3.3 Clinically Managed Popn-Specific High-Int Residential
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically monitored intensive inpatient services
- 4 Medically Managed Intensive Inpatient Services
- 1-WM Ambulatory WM w/o extended onsite monitoring
- 2-WM Ambulatory WM w/extended onsite monitoring
- 3.2-WM Clinically managed residential WM
- 3.7-WM Medically monitored inpatient WM
- 4-WM Medically managed intensive inpatient WM

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

- None
- Narcotic Tx Program/Opiate Tx Program
- 0.5 Early Intervention
- 1 Outpatient
- 2.1 Intensive Outpatient
- 2.5 Partial Hospitalization

1. **Indicated Level of care based on SUD Assessment:** This will be the level of care you feel the client should be placed in based on the assessment.
2. **Actual level of Care client was referred to:** Ideally this should match with number one, however, if the client is unable to be placed in the level of care that was determined by the assessment, you will indicate the level they were placed in.

1a,2a. If any additional services were recommended, enter the placement based on the assessment, as well as the actual level of placement.

Level of care reason for difference: If there was a difference between the indicated level of care and actual level of care, specify the reason. If there was no difference choose the option for “Not applicable-no difference”. If none of the reasons apply, choose the option for “Other” and explain below.

Additional Recommended Resources: Mark all that apply.

Delayed Admission: If there was any delay in admission, mark the reason. If none of the reasons apply, choose the option for “Other” and explain below. If there was no delay in admission, leave blank.

Initial Assessment Date: Enter the date of the initial assessment.

Auto save: The auto save feature will save your work every two minutes. If something happens and you lose your work, open the form again and you will receive a prompt asking if you want to open what was auto saved, choose Yes. If you want to auto save your work before the two minute mark, click on the Backup button next to the Submit button.

SUD Assessment Report

If you would like to view the assessment you entered you can run the “SUD Assessment Report”. Search the report in your universal search and enter the criteria for the SUD you would like to view.

SUD ASSESSMENT REPORT

Process

Discard
Add to Favorites

For Client *

Episode *

For SUD Assessment *

Click the “Process” button and the report will open in a separate window.

Sacramento County DBHS

SUD Assessment Report

Draft

TEST,CLARICE **788475564** **Episode: 2**

Assessment Date: 4/28/2022 Initial Assessment **1 Outpatient**

Submitted by Sarah Saldivar (LCSW) on 2022-04-28 at 10:53 AM

Do you have children under the age of 18? No

Do you have custody of your children? No

Number of children in the household?

Referral Source:

Other:

Comments:

SUBSTANCE USE HISTORY

<i>Alcohol</i>	Primary	Oral
	Frequency:	daily
	Amount:	1 liter
	Last Use:	4/28/2022
	Last 24 Hours:	
	Comments:	

<i>Marijuana/Cannabis</i>	Secondary	Smoking
	Frequency:	weekly
	Amount:	
	Last Use:	4/28/2022
	Last 24 Hours:	
	Comments:	

TREATMENT HISTORY