GPH Guidelines for Assessing Level of Care and Overdose Risk for Office-Based Buprenorphine Treatment

Client Name: _____

Date of Review: _____

Level of Care

Scoring Key:

0-5 Excellent candidate for office-based treatment at 180 or Brickhill

6-15 Good candidate for office-based treatment at 180

16-27 Candidate for daily dosing program at Bayside or methadone program referral

Questions	**Points:**	**Yes**	**No**
Are you employed?		□	□ 1
Do you have supportive family and/or friends?		□	□ 1
Does your partner (if applicable) use drugs or alcohol?		□ 1	□
Do you have stable housing?		□	□ 1
If homeless, do you have a safe place to store medication?		□	□ 1
Do you have any legal troubles?		□ 1	□
Do you have any convictions for drug trafficking?		□ 2	□
If yes to legal troubles, are you on probation?		□	□ 1
Have you been diagnosed with a psychiatric condition, for example, major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial/borderline/sociopathy?		□ 2	□
Do you have unmet pain needs?		□ 2	□
Do you have reliable transportation?		□	□ 1
Do you have a reliable phone number with a voicemail?		□	□ 1
Have you been on medication assisted therapy before?		□	□ 1
Was the medication assisted therapy successful for you?		□	□ 2
Are you regularly using alcohol?		□ 2	□
Are you regularly using cocaine/amphetamines/stimulants?		□ 1	□
Are you regularly using benzodiazepines?		□ 2	□
Are you regularly using marijuana?		□ 1	□
Is the person motivated for treatment in the office?		□	□ 1
Are you currently going to counseling, AA, NA and/or SMART?		□	□ 2
Total points possible: 27	**Total each column:**		
	Total both columns:		

OVERDOSE RISK SCORE:

Critical (4) High (3) Medium (2) Low (1) None (0

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Low Barrier MAT Ranking Form

Intention: This form and the client's score is designed to help the selection process for the most "At Risk" clients for low barrier, comprehensive MAT and is only a tool to assist the process.

Please answer the following questions:

Opioid User?	Yes	No	
Current IVDU?	Yes	No	
Sharing Needles?	Yes	No	
Insured?	Yes	No	
Pregnant?	Yes	No	
Female?	Yes	No	
History of OD?	Yes	No	**Most Recent OD:**
Leaving Detox?	Yes	No	
Recent Incarceration?	Yes	No	
Trans identity	Yes	No	
Social Supports?	Yes	No	

Where are you currently sleeping? (outside, shelter, hotel, friend, etc)

Please check off the appropriate level						**Score**
1. Chronic Homelessness	**High (Over 5 yrs)**	**Moderate (2-5 years)**	**Low (1-2 years)**			_____
2. Substance Use History	**High (over 2 years)**	**Moderate (1-2 years)**	**Low (<1 year)**			_____
3. Housing/Treatment Barriers:						
Mental Illness	**Critical**	**High**	**Medium**	**Low**	**None**	_____
Active Psychosis	**Critical**	**High**	**Medium**	**Low**	**None**	_____
Substance Use Disorder*	**Critical**	**High**	**Medium**	**Low**	**None**	_____
Medical	**Critical**	**High**	**Medium**	**Low**	**None**	_____
4. Overall vulnerability in the community	**Critical**	**High**	**Medium**	**Low**	**None**	_____

When scoring please use these as general rules for categories:

Patient name: _____ DOB: _____

Date of Assessment: _____

Critical: This category affects the client daily in a way that endangers their life. The client poses severe risk of death with previous recorded incidents. Examples must be able to be provided if requested, including any corroboration services/sources.

High: This category affects the daily life in a major way that frequently puts the client and/or others in dangerous situations which threaten safety and well being. There is a chance of serious injury, with previous incidents recorded.

Medium/Moderate: This category affects the majority of the client's daily life, and can at times put the client and/or others at risk of harm, danger, or injury. The client has a possible risk of danger, with very little previously recorded major incidents.

Low: This category occasionally affects the client's daily life in minor ways that are not immediately dangerous but may provide barriers. Risk of dangers present but manageable

None: The client does not present this barrier and/or it does not affect daily life in a negative way.

Intake Staff: _____

Clinician Referral: _____