

IMMEDIATE NEED PROFILE

Assessor considers each of the six dimensions checking “yes” or “no” to these questions and obtaining from the client/caller just sufficient data to assess for immediate needs.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

(a) Past history of serious withdrawal, life-threatening symptoms or seizures during withdrawal? e.g., need for IV therapy; hospitalization for seizure control; psychosis with DT's; medication management with close monitoring and medical management? ___ No ___ Yes;

(b) Currently having similar withdrawal symptoms? ___ No ___ Yes

Dimension 2: Biomedical Conditions/Complications

Any current severe physical health problems? e.g., bleeding from mouth or rectum in past 24 hours; recent, unstable hypertension; recent, severe pain in chest, abdomen, head; significant problems in balance, gait, sensory or motor abilities not related to intoxication. ___ No ___ Yes

Dimension 3: Emotional/Behavioral/Cognitive Conditions/Complications

(a) Imminent danger of harming self or someone else e.g., suicidal ideation with intent, plan and means to succeed; homicidal or violent ideation, impulses and uncertainty about ability to control impulses, with means to act on it?

___ No ___ Yes;

(b) Unable to function in activities of daily living, self with imminent, dangerous consequences e.g., unable to bath, feed, groom and care for self due to psychosis, organicity or uncontrolled intoxication with threat of imminent safety to self, others as regards death or severe injury?

___ No ___ Yes;

(c) Is there evidence of a serious psychological/psychiatric condition that will require immediate evaluation/treatment, e.g., severe depression or anxiety, possible active psychosis, serious PTSD symptoms, such as extreme withdrawal from others, flashbacks, hyper-vigilance, etc.? ___

No ___ Yes;

Dimension 4: Readiness to Change

(a) Does client appear to need alcohol or other drug treatment/recovery and/or mental health treatment, but ambivalent or feels it unnecessary? e.g., severe addiction, but client feels controlled use still OK; psychotic, but blames a conspiracy

___ No ___ Yes;

(b) Client has been coerced, mandated or required to have assessment and/or treatment by the criminal justice system, health or social services, work/school, or family/significant other? ___

No ___ Yes

Dimension 5: Relapse/Continued Use/Continued Problem Potential

(a) Is client currently under the influence? ___ No ___ Yes;

(b) Is client likely to continue to use or relapse in an imminently dangerous manner, without immediate care? ___ No ___ Yes;

(c) Is client's most troubling, presenting problem(s) that brings the client for assessment, dangerous to self or others? (See examples above in dimensions 1, 2 and 3) ___ No ___ Yes

Dimension 6: Recovery Environment

Is there any dangerous family, sig. others, living/work/school situations threatening client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; physically abused by partner or significant other; homeless in freezing temperatures ___ No ___ Yes

SCORING THE IMMEDIATE NEED PROFILE

- “Yes” to questions **1a and 1b; 2 and/or 3 require** that the caller/client immediately receive medical or psychiatric care for evaluation of need for acute, inpatient care.
- “Yes” to question **3c** may require referral to a program capable of simultaneously assessing and addressing mental health conditions, e.g., a co-occurring enhanced program.
- “Yes” to questions **4a and/or 4b alone, require** caller/client to be seen for assessment within 48 hours, and preferably earlier, for motivational strategies, unless patient imminently likely to walk out and needs a more structured intervention.
- For a “Yes” to question **5a**, assess further for need for immediate intervention (e.g., taking keys of car away; having a relative/friend pick client up if severely intoxicated and unsafe; evaluate need for immediate psychiatric intervention). Also assess for 1a risks based on past withdrawal history.
- “Yes” to questions **5b, 5c and/or 6, without any “Yes” in questions 1, 2 and/or 3, require** that the caller/client be referred to a safe or supervised environment (e.g., shelter, alternative safe living environment, or residential or subacute care setting, depending, on level of severity and impulsivity).