

NORTH CHARLES, INC. / MONTHLY TAKE HOME ASSESSMENT

Client Name: _____ DRS #: _____ DOA: _____ Date: _____

Clinician, Degree/Lic: _____ Signature: _____

Please complete this Take Home Assessment *monthly* with all patients/clients and file in their treatment records. For clients on more than 6 take homes, the Assessment *must* take place during a week they *do not* attend the clinic. Attach a *copy* of the latest Assessment to all Take Home and Resume Take Home applications.

1. If the Monthly Take Home Assessment could not be completed because the client *missed* the Monthly Take Home Assessment counseling session, document this in the session progress note and check here: _____
 2. If client attended the Monthly Take Home Assessment session but is *not interested* in take home(s) or additional take home(s) at this time, document this in the session progress note and check here: _____
 3. If a take home application is submitted/pending, submit a copy of this assessment to the Take Home Committee to verify patient's continued eligibility to be on take homes and check here: _____
 4. If the patient is not eligible for more take homes until a later date, as indicated on a recent Take Home Decision Letter, check here: _____
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Check all Risk Categories below that apply to the patient/client at this time:

Risk to Self: _____ No _____ Yes *If "yes", circle all risks below that apply*

- Direct: Patient verbalizing suicidality or manifesting thoughts (e.g., "life would be easier for self or others if I was not here") or actions (e.g., isolation) that increase risk of suicide. Or recent suicide attempt by overdose or significant history of suicide attempts by overdose, regardless of whether the overdose is by illicit substances, alcohol, or prescribed medications. (Note: if there is SI with intent and a plan, please report this to a manager immediately as client may need to be sectioned.)
- Indirect: Patient's judgement and/or behavior are impaired because of psychiatric and/or cognitive symptoms, putting person at risk of self-harmful behaviors (e.g., taking more medication in an attempt to "feel better", forgetting whether medication was already taken). This would also include being impaired/disinhibited at the clinic, ongoing significant use of fentanyl even if not presenting impaired (note that frequent missed doses may be a sign of someone avoiding denied doses), using multiple other sedating substances (e.g., alcohol, benzodiazepines, other opiates).

Risk to Others/Community: _____ No _____ Yes *If "yes", circle all risks below that apply*

- Evidence of Diversion: Toxicology screens negative for methadone, credible reports from other clients or members of the community that client is selling methadone, did not respond appropriately to a recent "call back" (e.g., did not call/present to 2500 Mass Ave, doses were missing from locked box, etc.).
- Inability to Safely Transport and/or Store Methadone: Losing locked box, homeless and not in a shelter with a private locker, unsafe housing situation with no safe place to store the methadone, or concerns about inability to safely transport/store due to psychiatric and/or cognitive issues.
- Behavioral Lack of Control/Impulsivity: This includes threatening outbursts/actions, homicidal ideation (note: if there is HI with intent and a plan, please report this to a manager immediately).

Unable to Assess Risk Due to Insufficient Information: _____ No _____ Yes

- Too few clinical encounters to make an informed risk assessment decision (e.g., missing too many counseling sessions and/or doses, drug screens, annual Physical Exam and/or MD appointments).

If *any* of the 3 Risk Categories above are checked "Yes", client is *not eligible* for take homes at this time. If *none* of the 3 Risk Categories are checked "Yes", and #s 1-4 above are not checked, client may apply for take homes/more take homes. Clinicians: please provide patient with individualized reason(s) for ineligibility along with guidance and support on becoming eligible and document this conversation in the counseling progress note. If client is already on take homes and assessed as not eligible, please inform the Take Home Committee. Rev 1/26