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# SAVED PROCESS MANUAL

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Rev. 1

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# SAMH PROCESS MANUAL

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**Florida Alcohol and Drug Abuse Association**  
1030 E. Lafayette Street, Suite 100, Tallahassee, FL 32301-4559



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# INTRODUCTION

*The Substance Abuse Mental Health Process Manual is the third in a series of adolescent treatment monographs funded by Department of Health and Rehabilitative Services (HRS), Alcohol, Drug Abuse and Mental Health Program Office (ADM) and produced by Florida Alcohol and Drug Abuse Association (FADAA) and HRS to assist Quality Team Program grant recipients in providing adolescent treatment services. This monograph provides an introduction to the Substance Abuse Mental Health-1 (SAMH-1) screening instrument and the Substance Abuse Mental Health-2 (SAMH-2) assessment instrument, instructions for each, special systems and clinical considerations, and copies of the actual forms.*

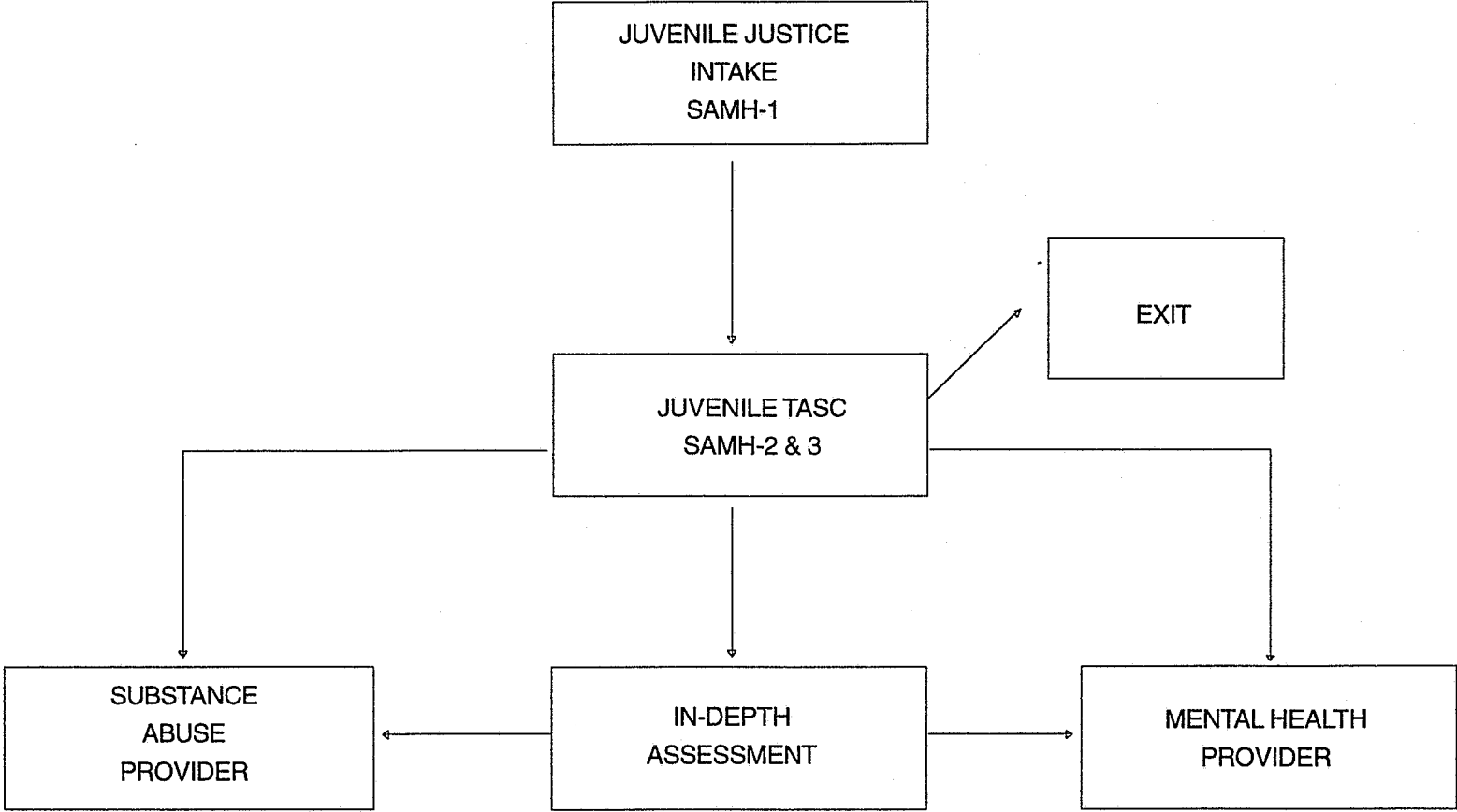
Chapter 39 Florida Statutes (amended by Conference Subcommittee for Senate Bill 1325) provides for the screening and assessment of children and families referred for delinquency. According to the statute, the purpose of intake "shall be to choose and promote the most appropriate services through a process that balances the interests and needs of the child, the family, and the public. The intake officer shall be responsible for making informed decisions and recommendations to other agencies, the state attorney, and the courts, so that the child and family may receive the least intrusive services alternative throughout the judicial process."

Effective use of the screening and assessment process is a critical factor in making appropriate decisions about treatment, criminal justice response and social services interventions.

For more information, contact the HRS Alcohol, Drug Abuse and Mental Health Supervisor in your district.



**HRS ALCOHOL AND DRUG ABUSE PROGRAM  
JUVENILE JUSTICE REFORM ACT OF 1990**





# THE JUVENILE JUSTICE REFORM ACT SYSTEM

The coordinated system for screening and assessment of juveniles with a possible substance abuse or mental health problem is known as the Juvenile Justice Reform Act (JJRA) System.

## JUVENILE JUSTICE INTAKE

A juvenile client enters the system through the Department of Juvenile Justice (JJ). JJ has a single intake system for all of its clients. When a delinquency petition is filed on the child, the staff person known as a JJ case manager completes an initial screening utilizing a Substance Abuse and Mental Health Preliminary Screening Form (SAMH-1).

If there is no indication of a substance abuse or mental health problem, the client completes the juvenile justice process with no further involvement of the JJRA system.

## JUVENILE JUSTICE ASSESSMENT CENTER

The JJRA system may be altered for the Juvenile Assessment Centers (JAC) created by the Juvenile Justice legislation of 1994.

When a district has a JAC the district may opt to discontinue the use of the SAMH-1 screening and replace it with the SAMH-2 assessment for delinquents seen at the JAC. Also some districts may not use the term JAC for their central intake system. Other names currently being used are Juvenile Intake Facility (JIF) and Juvenile Assessment Facility (JAF).

## JUVENILE TASC

For clients whose SAMH-1 interview indicates the presence of a substance abuse or mental health problem or those who require further investigation of their substance abuse/mental health status, a referral is made to a Juvenile TASC (Treatment Alternatives to Street Crime) program. The program may be a part of a direct-service agency or may be an independent, free-standing unit. TASC will be a component of the JAC in most districts. The Juvenile TASC worker completes the SAMH-2 assessment from interviews with the client and information from collateral sources. The TASC worker also completes the Substance Abuse Mental Health-3 (SAMH-3) form, which outlines recommendations for the disposition of the case, for all clients referred for treatment. Options include treatment in either a substance abuse or mental health setting, in-depth assessment to determine appropriate treatment response, or termination of substance abuse/mental health involvement.

## SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS

Upon recommendation from the TASC worker and disposition by the juvenile court judge, a client is referred to an agency which can provide the appropriate level of care for the client's substance abuse or mental health problem. HRS funds a specific number of residential, outpatient and overlay services to accommodate this need.

## IN-DEPTH ASSESSMENT

In rare circumstances, a client's problems may appear so complex or his symptoms so confusing that additional evaluation or testing may be required before an appropriate recommendation for treatment can be made. If the Juvenile TASC worker determines that such evaluation is necessary, a referral for in-depth assessment is made **prior to a specific treatment recommendation**. Generally, these in-depth assessments are conducted by specialists, either independent practitioners or professionals working within substance abuse or mental health agencies.

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# SAMH-1

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## Introduction

The SAMH-1 was established to screen all juveniles entering the Juvenile Justice (JJ) system due to the filing of a delinquency petition. The screening process identifies a series of "risk factors" which **may** indicate the presence of a substance abuse or mental health problem. A positive response on any **one** of the factors included on this form requires that further assessment be performed.

The 14 questions on the SAMH-1 are used to determine if there is a "hit" or positive response on any one of the items. The JJ worker is not limited to the responses of the client in identifying the presence of a problem and may utilize the observation of parents, law enforcement records and his/her judgment to make such a determination.

The purpose of SAMH-1 screening is essentially to identify those juveniles whose delinquency situation may be complicated by other problems, specifically substance abuse and mental health issues, and to allow for a more thorough assessment of the needs of those clients.

## Instructions for Juvenile Justice Staff

1. Have a consent for the release of confidential information, the SAMH-4 (Consent to prepare Predisposition Report - PDR, see Appendix), signed by the client.
2. Conduct an interview with the client using the SAMH-1. This interview will determine if the client needs further substance abuse or mental health assessment based on the results of the SAMH-1 14 item list.

3. The SAMH-1 form should include an explanation for each item checked. If there are no observed or suspected problems, check the space called "No items marked based upon available information" which indicates no further assessment is needed and the file is now complete.

When completing the SAMH-1, it is important to remember that a "hit" can be indicated from information gathered from sources other than the client, i.e., an interview with family, the police, or known information about the client.

4. In all cases where there is a "hit" a copy of SAMH-1 is sent to the TASC provider. The originals should be placed in the client's file with JJ.

In all cases where there is a "hit" on a client who is not being detained, call the TASC office to schedule an appointment within 48 hours. The TASC office will attempt to keep one staff member free to conduct a SAMH-2 assessment for those clients not detained. When this is not possible, an appointment will be made for the client to report to the TASC office.

When there is a "hit," be sure that copies of the SAMH-1 and SAMH-4 forms are forwarded to the TASC office prior to the SAMH-2 assessment. The JJ supervisor will have the correct address for the TASC office.

5. TASC will send one copy of the SAMH-3 to the client's HRS counselor responsible for preparation of the Predisposition Report (PDR), to be retained in the client's file. A copy of SAMH-2 is available upon request.
6. When completing the PDR, do not attempt to summarize the SAMH-2 evaluation or any subsequent evaluation. Rather, note the findings of the SAMH-3 recommendation and attach the recommended summaries to the PDR.
7. If the recommendations to the court are not clear, please feel free to invite the TASC counselor to the commitment staffing to assist in interpreting the findings of the assessment and/or evaluation, even though the summaries and assessments will be in the client's file.

### **FORM DEFINITIONS:**

1. SAMH-1 — Juvenile Justice screening form for mental health and substance abuse problems
2. SAMH-2 — TASC assessment instrument
3. SAMH-3 — TASC recommendation for treatment
4. SAMH-4 — Consent to preparation of a pre-dispositional report

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## Sample SAMH-1 Interview

Hi, my name is \_\_\_\_\_. I've worked with many young people caught up in this system. I'm here to help you, but you must help me. There are a few questions I'm required by law to ask you. Some of these questions are very personal and may embarrass you. Your honest answers to these questions will help us to make recommendations on how best to help you.

1. **Suicidal Thought/Actual Suicide Attempt**

(Look for signs of self-mutilation on wrists or other visible signs.)

How do you feel right now?

How are you dealing with arrest?

Have you ever felt like hurting yourself?

Has that been recently?

Have you intentionally hurt yourself?

Have you tried to commit suicide? When?

2. **Parental Incarceration**

Are both of your parents residing at your home?

If not where is the absent parent?

3. **Attempted Homicide**

Have you ever tried to hurt anyone? Recently?

Have you tried to kill anyone? When? How?

4. **Sets Fires**

Do you like to watch fires burn?

Have you ever started a fire to watch it burn?

Have you set fires which destroyed property?

Was this on purpose?

5. **Intentionally Hurts Animals**

Are there any pets in your home?

Who takes care of them?

Have you killed, or helped to kill or hurt animals?

6. **Perpetrates Sexual Abuse**

Have there been times when you had sex with someone much younger than you?

Have you forced anyone to have sex with you?

7. **Reports or Documented Evidence of Sexual/Physical Abuse**

(Look at juvenile for signs of physical abuse.)

Have any reports of physical or sexual abuse been filed on your parents or adults living in your home?

How are you disciplined at home?

Who disciplines you?

Have you been physically hurt by parents or other adults in your home?

When?

Why were you disciplined?

Have you had sex with any adults in your home?

Did you feel forced to do this?

How long ago was this?

(If "hit" you must report to Child Abuse Hotline.)

**8. Hallucinations (voices, visual, tactile)**

Have you ever felt like you were living in a dream?

Have you heard voices when no one was there?

Have you ever hallucinated?

Were you doing LSD or any other kind of drug when this happened?

**9. Enrolled in Special Education**

What school do you attend, and grade level?

Do you attend any special education classes?

**10. Suspected Use or Abuse of Drugs or Alcohol**

(Any arrest for drug/alcohol possession is a "hit".)

Do your friends smoke cigarettes? Do you?

How much pot do you use weekly?

If you don't, it must be hard to resist the pressure to use.

Are there any (other) drugs that you use?

LSD is popular in some schools now. Do you see it at yours?

How many times have you tried it? (LSD)

Everybody drinks at parties. Do you like beer, wine coolers, or hard liquor best?

How much can you drink?

**11. Parent/Peer Substance Abuse**

Do your parents or close friends use alcohol or drugs?

Has anyone ever said or have you ever thought that your parents or any of your close friends have a substance abuse problem?

**12. Criminal Behavior While Under the Influence**

Have you ever stolen anything while you were high?

Have you committed any (other) crime while high?

Were you caught?

**13. Suspended/Expulsion or Poor School Performance/Attendance**

Are you currently attending school?

Have you ever been suspended or expelled?

How are your grades?

Do you miss much school?

**14. Other** (References to gangs, cults/Satanism or any other bizarre behavior.)

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## Clinical Considerations

1. Sequencing of questions may be altered depending upon the needs of the client and the progress of the interview.
2. If the response to one questions contradicts information obtained earlier in the interview, repeat the earlier questions.
3. Be aware that some of these questions ask the client to incriminate him/herself. Negative responses to these questions should be verified with collateral data whenever possible.
4. The purpose of this screening is not to determine that a problem **definitely** exists, but that there is reason to investigate the **possibility of a problem**. If you think that there is sufficient reason to probe further on any one of these points, that is indicative of a "hit".
5. Self-report data is the most accessible information for completing this screening but may not be the most reliable. You may want to ask questions which are related to the items on the form, but are less direct, to corroborate information.
6. Though the time frame for conducting the interview is limited, it is important to spend some time developing rapport and preparing the client for the sensitivity of the interview.
7. Be conscious of the use of "loaded" words such as suicide and sexual abuse. When possible, describe these terms rather than using them directly.
8. Ask follow-up questions when necessary but do not attempt to document the full specifics of incidents. **Your job in this interview is screening, not assessment or evaluation.** Your interview should be geared to placing the client in one of three categories:
  - Does not have indications of a substance abuse or mental health problem
  - Has indications of a substance abuse or mental health problem
  - Needs further assessment before determining if a problem exists.
9. If a client falls into the second or third category, the client should be referred for assessment.

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## Systems Considerations

1. Court hearings are scheduled differently throughout the state. Some courts collapse arraignments, adjudicatory and dispositional hearings, which affects the time frames for case managers to make recommendations.
2. The Juvenile Alternative Services Program (JASP) is often used as a diversion by the court in many jurisdictions.
3. Practices by state attorneys on filing decisions for petitions varies among jurisdictions, which will have an impact on the number of assessments.
4. JJ staff, under constant pressure from the juvenile justice system due to limited resources, need to include realistic, timely recommendations in the assessments they present to the court.
5. TASC case workers should be aware of alternative daytime programs, such as marine institutes when they are developing recommendations that include outpatient counseling. JJ funds such programs in some locations.
6. If a youth is already on supervision, community control, commitment, post-commitment community control, furlough, or re-entry, the TASC case worker should be aware of the current treatment plan in integrating services.



## SUSTANCE ABUSE AND MENTAL HEALTH PRELIMINARY SCREENING

Client's Name \_\_\_\_\_ CID/Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Client's Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

Parent/Guardian \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

\_\_\_\_\_  
City State ZIP Home Phone Work Phone

District of Residence \_\_\_\_\_ Case # \_\_\_\_\_

Current Charge(s) \_\_\_\_\_

If Suicide Risk, Screening Instrument Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)

If currently in SA or MH treatment \_\_\_\_\_  
Provider's Name Type of Treatment

Date of Screening \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ (a.m./p.m.) Location \_\_\_\_\_

Screening Completed by \_\_\_\_\_ Assigned Counselor \_\_\_\_\_  
JJ Counselor & Phone JJ Counselor, Phone & Unit

Respondent \_\_\_\_\_  
Name Relationship to Client

Respondent \_\_\_\_\_  
Name Relationship to Client

Referred to \_\_\_\_\_

\_\_\_\_ a) for assessment      Date Assessment Recommendation Due to JJ case manager \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ b) for referral for crisis intervention/treatment

\_\_\_\_ c) no referral necessary based upon available information      In Detention? \_\_\_\_ yes \_\_\_\_ no

Place a check next to each item which describes behaviors or incidents which have occurred within the past six months.  
 Any item checked will result in referral for further assessment.

<input type="checkbox"/> 1) Suicide thoughts/attempt	<input type="checkbox"/> 6) Perpetrates sexual abuse	<input type="checkbox"/> 11) Parent/Peer substance abuse
<input type="checkbox"/> 2) Parental incarceration	<input type="checkbox"/> 7) Reports or documented evidence of sexual and/or physical abuse	<input type="checkbox"/> 12) Criminal behavior while under the influence of drugs/alcohol
<input type="checkbox"/> 3) Attempted homicide	<input type="checkbox"/> 8) Hallucinations (voices, drugs or alcohol)	<input type="checkbox"/> 13) Suspended/expulsion or poor school performance/attendance
<input type="checkbox"/> 4) Sets fires	<input type="checkbox"/> 9) Enrolled in special education	<input type="checkbox"/> 14) Other (specify in comments)
<input type="checkbox"/> 5) Intentionally hurts animals	<input type="checkbox"/> 10) Suspected use or abuse of drugs or alcohol	<input type="checkbox"/> No items marked based upon available information

For items checked, provide Item # and specific comments on back  
 Original: PDR; Copies: child's file; TASC office (if referred)

Comments for each item checked (reference #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCEDURES**

- A preliminary screening for substance abuse and mental health problems should be done on all cases.
- Narrative summaries of the preliminary screening and the substance abuse and mental health (SAMH) assessment must be incorporated into the predisposition report (PDR).
- Any behavior or incident checked on the screening criteria must result in referral to the designated assessment provider for the assessment. Information should be gathered from those individuals who are most familiar with the client, i.e., parent, school, victim, law enforcement, etc. List the individuals contacted as respondents.

**FORM COMPLETION**

- **Other:** Other behaviors which, based upon the judgement of the JJ case manager, need further SA or MH assessment such as the following: persistent school suspension, persistent depression or anxiety, or any of the listed items which, although they occurred more than six months ago, need further assessment.
- **Comments for each item checked:** Counselor should provide details as to severity of incident, frequency, and any other information which will assist designated assessment provider in assessment. Peer substance abuse refers to close peer relationships.
- **Location:** Place where screening is actually being conducted, i.e., detention center, client's home, school, etc.
- **Referred to:**
  - Check a) if client should be referred to designated assessment provider for further assessment.
  - Check b) if client is in need of immediate emergency treatment, i.e., CSU, detox, hospital emergency room.
  - Check c) only if item "No items marked based upon available information" criteria is checked and the client does not appear to be in need of further assessment for substance abuse or mental health problems.
- **Date Assessment Recommendation Due to Intake:** Designated assessment provider will complete an assessment on youths in detention within **10 days** and within **14 days** for all other referred youth unless otherwise stipulated by the court.
- Make sure all items are completed either with the required information or by placing "N/A" in the blank if the information is not applicable or "UNK" if the information is unknown.

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# SAMH-2

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## Introduction

A referral for further assessment must be made for any juvenile whose SAMH-1 screening instrument form contains a "hit" or positive response on one or more items. This assessment is performed by a juvenile Treatment Alternatives to Street Crime (TASC) worker who may be based in an independent TASC program or in a substance abuse or mental health agency. The format for the assessment is outlined on the SAMH-2 assessment instrument form.

In performing the SAMH-2 assessment, the TASC worker is responsible for making one of the following determinations:

- No substance abuse or mental health problem which requires further attention exists at this time
- A substance abuse or mental health problem exists and a course action/treatment for that problem is recommended
- Further evaluation is required to determine the nature and appropriate course of action for substance abuse or mental health problems

The completeness and specificity of this assessment is a key factor in formulating the recommendation which goes to the juvenile court judge for his/her disposition of the case.

## Instructions

The assessment summary should contain the following information drawn from your interview with the client:

1. **Substance Abuse Problem:** What is the client's presenting problem? What is the client's drug of choice? Is there any indication of poly-drug use (including alcohol)? How severe is the substance abuse problem? What are the consequences the client has suffered as a result of substance abuse (specifics including duration and severity)? How long has this situation existed?
2. **Progression and Ability to Control:** Summarize this individual's history of chemical use, withdrawal, attempts to stop, and progression. Relate to this an estimate of his/her ability to remain substance free in less restrictive environment.
3. **Openness to Treatment:** How open to treatment is the client? How aware is the client of his/her drug problem? How large is the question of denial? What are the client's expectations from treatment? Does the client understand that addiction is a long-term problem that will not go away quickly or be "cured" by treatment? What steps is the client willing to take in order to change?
4. **Environmental Support for Assistance:** Describe the client's current living environment. Does it seem likely that the client could remain abstinent in this environment? Does it appear that the people around the client will be supportive during the client's treatment and during aftercare? Is the client willing and/or able to change the environment if necessary?
5. **Resources to Aid Recovery:** Describe the positive factors which may aid the client in living chemical-free, such as support from family, ability to support him/herself and family (if applicable), living arrangements, access to drug-free people and support groups, previous treatment experiences, support from employer, ability to learn, ability to think abstractly, ability to verbalize thoughts and feelings, etc.
6. **Relapse Factors or Barriers to Recovery:** Describe the factors which have to be addressed in treatment and aftercare planning in order to help the client remain abstinent, such as job, education skills or lack thereof, ability to develop and maintain support group contacts and drug-free friends or lack thereof, family issues, current living arrangements (in terms of both place and people), legal problems, physical problems, etc.
7. **Immediate Issues:** Describe any issues or problems which must be dealt with quickly upon admission by either clinical or medical staff (e.g, detox, CSU, school suspension or expulsion, jail imminent).
8. **Justify Intensity of Care:** Explain your recommendation for the client, keeping in mind that the objective is to assist the client in the least restrictive environment possible.

## Clinical Considerations

After obtaining the data in the interview, it is important that the following areas be addressed in the assessment summary:

**1. Description of use and his/her opinion of whether use is problematic**

Appearance, age, race, sex, attitude toward you

Pattern of use and his/her opinion of whether it's a problem. Drug of choice, frequency, severity, etc.

Your assessment of substance use being a problem based on areas of: concerns from certain people, legal problems, school problems, physical problems, emotional problems, frequency of use, family's use, and close peer use.

**2. Family Issues**

Who lives with the client?

What are their relationships to each other?

What is the family's substance use with client? Do they see this as problematic?

In your opinion, is the family supportive? If so, any verifying data?

Do the family issues need to be addressed in treatment?

Is either of the parents incarcerated?

**3. School Issues**

Is the client in school? If not, why not?

What is the client's background regarding grades, attendance, suspension, expulsion? Any verification?

What is the client's attitude toward school?

What is the client's substance use in school (or absence and use)?

Describe the client's peer group in school and out of school.

Do school problems need to be explored in treatment?

Is the client in special education?

What special education problems exist?

**4. Legal Issues**

Does the client have any drug-related charges? Is there verification (criminal justice system reports, face sheets, etc.)?

What is the client's opinion of the seriousness of legal problems?

What is your assessment of the seriousness of legal problems?

Do legal issues need to be address in treatment?

**5. Client's Emotional/Physical Status:**

Does the client have any physical problems? Are these physical problems drug related? Any verification?

In your opinion, do the physical problems need to be addressed?

Does the client have any outstanding psychiatric problems? Does he/she need a psychiatric evaluation and/or dually-diagnosed treatment?

Does the client have any suicide attempts/thoughts (substance related)? Does the client need to address this issue in treatment? Has there been physical/sexual abuse? Was it reported? When and by whom? Verified?

**6. Treatment History**

Has the client had any substance abuse/psychiatric treatment in the past?

What is the client's opinion of past treatment (helpful, hated it)?

Has there been any amount of abstinence and/or improvement in behavior from this past treatment?

What is your opinion of the client's progress in the past?

Is the client currently on any medications?

What are your recommendations?

---

## Systems Considerations

1. Care must be taken in describing specific events **that may incriminate the client or others**. Although this information may be discussed in the interview and be noted on the assessment form, the summary will become part of the permanent court record. No mention of any information that may incriminate the client should be in the assessment summary.
2. Use of subjective opinions should be avoided. Objective data - supported information - is the goal. If an opinion is stated, it should be clearly identified as such.
3. Avoid "cliquish" terms and jargon, as they can be interpreted in different ways. Remember, many others may be reading and interpreting this information. Example: denial, resistance (use clear examples). "Client states he will never stay in residential, he will run, shoot everyone there, etc." Remember that being **resistant** to treatment may not mean the client won't enter and complete.
4. Attempt to condense writing without sacrificing essential data. Avoid redundant rambling sentences that may obscure real meaning.
5. Always keep in mind the goals of assessment:  
To gather information that can be useful in treatment later  
To recommend, refer and justify appropriateness of modality
6. A good "peer review" system will continue to insure better assessments. Review can also identify need for trainings.
7. Obtain verification whenever possible. This may be family's report, Criminal Justice System (CJS) reports, HRS worker or Public Defender's (PD) reports, etc. Address any conflicts in data.

**SUBSTANCE ABUSE AND MENTAL HEALTH ASSESSMENT**

Date SAMH-1 last administered \_\_\_\_\_  
 Name of Intake Screener \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name of Assessor \_\_\_\_\_ Date Completed / / Phone # \_\_\_\_\_  
 Designated Assessment Provider Agency \_\_\_\_\_

**PART I**

**I. IDENTIFYING DATA (To be completed by Assessor)**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth / /  
 Age \_\_\_\_\_ Address \_\_\_\_\_ Zip code \_\_\_\_\_  
 Client Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Ethnicity:**

- 1. American Indian
- 2. Asian American
- 3. Black
- 4. Hispanic (Specify) \_\_\_\_\_
- 5. White
- 6. Other (Specify) \_\_\_\_\_

**II. REASON FOR REFERRAL TO JJ (Please give specifics)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. LEGAL STATUS**

A. Current/Pending Offenses Arrest Date \_\_\_\_\_ Court Date \_\_\_\_\_

**B. Prior Offenses**

Date	Charge	Disposition

**IV. EDUCATIONAL/VOCATIONAL**

- A. Name of school in which enrolled \_\_\_\_\_  
 Highest grade completed \_\_\_\_\_ Date last attended \_\_\_\_\_
- B. Suspended \_\_\_\_\_ times for \_\_\_\_\_  
 Expelled \_\_\_\_\_ times for \_\_\_\_\_
- C. Last report card grades \_\_\_\_\_ GED (attained, in progress) \_\_\_\_\_
- D. Failed grade level \_\_\_\_\_ Special Education \_\_\_\_\_
- E. Current employment (dates) \_\_\_\_\_



F. Previous employment (dates) \_\_\_\_\_

G. Vocational training/skills \_\_\_\_\_

**V. HOME/LIVING SITUATION**

A. Names of people in household where you reside (probe for primary caregivers) \_\_\_\_\_  
\_\_\_\_\_

B. How are you related to these people?

\_\_\_\_\_ Biological Parents                      \_\_\_\_\_ Mother only

\_\_\_\_\_ Mother and Stepfather                      \_\_\_\_\_ Father only

\_\_\_\_\_ Father and Stepmother

\_\_\_\_\_ Other Arrangements (Please specify, i.e., homeless, foster care, friends) \_\_\_\_\_  
\_\_\_\_\_

C. How long have you been living in this household? \_\_\_\_\_

To whom do you feel closest? \_\_\_\_\_

Who is the head of the household? \_\_\_\_\_

What is the occupation of the head of the household in which you live? \_\_\_\_\_

Is he/she currently employed? (get specifics) \_\_\_\_\_  
\_\_\_\_\_

How many families or places have you lived in the last year? \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ How often? \_\_\_\_\_

Do you identify with any religious denominations? \_\_\_\_\_

D. How many times have you run away? \_\_\_\_\_ been kicked out? \_\_\_\_\_

What is the longest period you've been gone from home? \_\_\_\_\_ Most recent date \_\_\_\_\_

**VI. OTHER PERSONAL INFORMATION**

A. Are you a member of any gang? (give specifics) \_\_\_\_\_  
\_\_\_\_\_

B. What do you do for thrills? (give specifics) \_\_\_\_\_  
\_\_\_\_\_

**VII. SUBSTANCE ABUSE HISTORY**

**Frequency of Use**

- 0=no use
- 1=less than once/week
- 2=once/week
- 3=several times/week
- 4=once daily
- 5=two-three times daily
- 6=more than three times daily

**Usual Route of Ingestion**

- 1=oral
- 2=smoking
- 3=inhalation
- 4=intramuscular
- 5=intravenous

TYPE OF DRUG	DATE/AGE 1ST USE	DATE/LAST USE	LAST 48 HOURS	MAX FREQ./ QUAN. USED	ROUTE
<u>Alcohol (includes beer and wine coolers)</u>					
<u>Cannabis (marijuana, hash)</u>					
<u>Sedatives/barbiturates (downers)</u>					
<u>Amphetamines (speed/uppers)</u>					
<u>Crack/Cocaine</u>					
<u>Hallucinogens (LSD, PCP, Ecstasy)</u>					
<u>Pain killers</u>					
<u>Prescription drugs (Darvon, Codeine)</u>					
<u>Narcotics (heroin, opiates)</u>					
<u>Inhalants (glue, gasoline)</u>					
<u>Other (rush, over-the-counter)</u>					
<u>Cigarettes (pack)</u>					
<u>Chewing tobacco</u>					
<u>Snuff</u>					
<u>Designer Drugs</u>					

	YES	NO	IF YES, EXPLAIN
A. 1. Has your use of alcohol caused you any problems in the past year (i.e., with school, friends, parents, police, your health)?			
2. Are you concerned about your drinking?			
3. Has anyone else expressed concern about your drinking?			
4. Have you ever blacked out after a drinking episode?			
B. 1. Has your use of drugs caused you any problems in the past year (i.e., with school, friends, parents, police, your health)?			
2. Are you concerned about your drug abuse?			
3. Has anyone else expressed concern about your drug abuse?			

C. At any time in the last 30 days, have you felt that you should reduce or stop:

1. Cigarette smoking    \_\_\_yes \_\_\_no

2. Alcohol use        \_\_\_yes \_\_\_no

3. Drug use            \_\_\_yes \_\_\_no

D. Have you ever received treatment for an alcohol or other drug abuse problem?        \_\_\_yes \_\_\_no

If yes, list program name, type, which drug problem, dates, outcome:

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E. How do you pay for your drugs or alcohol (give specifics, i.e., prostitution, dealing, theft, bag man, etc.)?

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**VIII. FAMILY HISTORY**

- A. Has any member of your family or household ever had problems with alcohol abuse?  yes  no  
 If yes, ask who had the problem \_\_\_\_\_
- B. Do your parents/guardian allow you to drink at home?  yes  no  
 If yes, ask who allows him/her to drink \_\_\_\_\_
- C. Has any member of your family or household family ever had problems with other drug abuse?  
 yes  no  
 If yes, ask who had a problem \_\_\_\_\_  
 What drugs did they use? \_\_\_\_\_
- D. Do your parents/guardian allow you to use drugs at home (e.g., marijuana)?  yes  no  
 If yes, ask who allows him/her to use drugs. \_\_\_\_\_
- E. Has any member of your family or household family ever had emotional or mental problems?  
 yes  no  
 If yes, ask which member of family/household had problems \_\_\_\_\_  
 What was the problem? \_\_\_\_\_  
 Was treatment received?  yes  no  
 What type of treatment did they receive:  
 hospital inpatient  
 outpatient  
 both hospital inpatient and outpatient  
 other (specify) \_\_\_\_\_
- F. Has any of your family or household besides yourself had involvement with the police or courts?  
 yes  no  
 If yes, ask if any of them have been:

	Yes	No	Don't Know
Arrested	1	2	3
Held in jail or detention	1	2	3
Adjudicated delinquent or convicted of a crime	1	2	3
Put on community control or probatiion	1	2	3
Sent to a training school or prison	1	2	3

- G. Do you have any children of your own (i.e., given birth or fathered a child)?  yes  no

**IX. PSYCHOLOGICAL/MEDICAL INFORMATION**

	YES	NO	IF YES, GET DETAILS, AGE OF OCCURRENCE
A. Have you ever seen a psychiatrist psychologist, social workers, or substance abuse/mental health counselor.			
B. Have you ever been hospitalized: (1) for a mental, emotional, behavior problem? (2) for alcohol or drug problem? (3) other physical health problem?			
C. Have you ever hurt yourself intentionally? If so, what was the situation, motivation, were you alone, severity, result?			
(1) Do you have thoughts of hurting yourself now? (probe for concrete plan, degree of hopelessness, actual desire to die, self-mutilating behavior, factors keeping client from following through)			
D. Have you ever taken medicine for your emotions or behavior problems? What, duration, circumstances, helpfulness?			
(1) Are you taking medicine for that condition now? What, duration, why, helpfulness, i.e., what's different now?			
E. Are you under the care of a doctor for any physical or medical problem? What condition, duration, details regarding treatment and impact on daily living, emotional state? When did you last see a doctor? Date: _____			
(1) Are you taking medication? For what medical condition? Is it prescribed?			

## PART II

## I. MENTAL HEALTH INFORMATION

## A. Appearance/Presentation (Based primarily on observations)

	YES	NO	COMMENTS
1. Does the client appear alert?			
2. Are there observable speech problems?			
3. Is there anything unusual about the client's appearance?			
4. Are there any observable problems with body movement (difficulties or unusual movements)?			
5. Is the client's mood and affect unusual?			
6. Is the client's activity level unusual?			
7. Does the client seem to have insight into his current problems?			
8. Does the client demonstrate capability of good judgement?			
9. Is client oriented to: Person? Place? Thing?			
10. Is there any evidence of hallucinations?			
11. Is there any evidence of delusions?			
12. Does the client have unusual fears?			
13. Does the client have trouble thinking and expressing his/her thoughts?			
14. Does the client exercise appropriate impulse control?			
15. Does the client appear depressed?			
16. Is there evidence of other bizarre behavior?			

B. Describe the client's overall mood (mood swings, manic highs, depression, anxiety/nervousness, anger, irritability, fearfulness) and any other impressions about the client's current mental health.

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**II. PHYSICAL/SEXUAL ABUSE INFORMATION**

A. Reports or documented evidence of having been a victim of physical abuse

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B. Reports or documented evidence of having been a victim of sexual abuse

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C. Reports or documented evidence of having been the perpetrator of physical or sexual abuse

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# APPENDIX





# SUBSTANCE ABUSE AND MENTAL HEALTH ASSESSMENT SUMMARY OF FINDINGS AND RECOMMENDATIONS

Client's Name CID # \_\_\_\_\_ Social Security # \_\_\_\_\_

**RECOMMENDATION:**

A. Client not in need of comprehensive assessment at this time.

Explanation:

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B. Client is recommended for direct referral for substance abuse treatment. \_\_\_yes \_\_\_no

If yes, list provider name/address/phone and contact person

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C. Client is recommended for direct referral to a mental health agency \_\_\_yes \_\_\_no

If yes, list provider name/address/phone and contact person

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D. Client requires additional evaluation. \_\_\_yes \_\_\_no

If yes, list type of evaluation and to whom referral is made

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E. Family has agreed and is willing to follow through with recommendations.

\_\_\_yes \_\_\_no \_\_\_unable to determine



**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE  
CONSENT TO PREPARATION OF A  
PRE-DISPOSITION REPORT**

Name of Child(ren) \_\_\_\_\_

The above-mentioned child(ren) and the parent(s) consent to a complete and detailed background report being prepared by an agency of the Department of Juvenile Justice. We understand this report may contain information concerning the following items if they apply:

- 1) The event(s) which brought us to the attention of the department
- 2) The previous contacts with the department
- 3) How the child did while in detention or shelter
- 4) The child's home
- 5) The child's school/work history
- 6) The family's community involvement and activities
- 7) The family relationships, marital history and financial situation
- 8) The child's physical health
- 9) The location of existing psychological or psychiatric reports concerning the child
- 10) Place where the child might live if unable to live at home
- 11) Substance abuse and mental health screening and assessment

We understand that it may be necessary for the agent of the department to contact persons outside the immediate family in order to compile this information.

We understand the results of the investigation will be reduced to written form in a Pre-Disposition Report. This report may be used by the court, if the child is required to appear before a judge, to determine what disposition is required to best protect the child and the community. In addition, the report may be used by counselors or workers, if the child is referred to another JJ or HRS program, to determine what type service is required by the child or family.

We understand that all or portions of the report may be disclosed to the child, his attorney, his parents, the State attorney's office, agents of the Department of Health and Rehabilitative Services Juvenile Justice or other service agencies agreed to by the family and/or ordered by the court.

We understand that by signing this form, we are **not admitting** to any accusation.

Counselor \_\_\_\_\_ Child \_\_\_\_\_

Date Signed \_\_\_\_\_ Parent \_\_\_\_\_

Child's Attorney (if applicable) \_\_\_\_\_

Parent \_\_\_\_\_

