

Level of Care Treatment Plan

Client: _____

| Phase I | SOCRATES 8D | ASUS | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|---|---------------|----------------------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|---|---|
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| | 90 Very High | | 19-20 | 39-40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | 18 | 37-38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 High | 35 | 17 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | 34 | 16 | 34-35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 Medium | 32-33 | 15 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | 31 | 14 | 31-32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 Low | 29-30 | 12-13 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 27-28 | 9-11 | 26-29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Very Low | 7-26 | 4-8 | 8-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments:

| Phase II | SOCRATES 8D | | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|---------------|----------------------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|--|---|
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| | Decile Scores | Recogn | Ambiv | Taking Steps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 Very High | | 19-20 | 39-40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | 18 | 37-38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 High | 35 | 17 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | 34 | 16 | 34-35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments:

| Phase III | SCORATES 8D | | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|------|----------------------|--------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|---|
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| 20 | 27-28 | 9-11 | 26-29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments:

| Phase IV | SCORATES 8D | ASUS | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|---------------|----------------------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|--|---|
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| 10 Very Low | 7-26 | 4-8 | 8-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments:

| Phase V | SCORATES 8D | | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|------|----------------------|--------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|---|
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| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments:

| Graduation- Exit | SCORATES 8D | ASUS | Level of Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|---------------|----------------------|--------------|--------------|--------------|--|-------|-------|----|--|----|-------|---------|----|----|----|----|----|----|-------|-----------|-------|----|----|----|----|----|-------|--------|-------|-------|----|----|-------|------|-------|-------------|------|-----|------|--|---|
| | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Decile Scores</th> <th>Recogn</th> <th>Ambiv</th> <th>Taking Steps</th> </tr> </thead> <tbody> <tr style="background-color: #f4a460;"> <td>90 Very High</td> <td></td> <td>19-20</td> <td>39-40</td> </tr> <tr style="background-color: #f4a460;"> <td>80</td> <td></td> <td>18</td> <td>37-38</td> </tr> <tr style="background-color: #f4a460;"> <td>70 High</td> <td>35</td> <td>17</td> <td>36</td> </tr> <tr style="background-color: #ffff00;"> <td>60</td> <td>34</td> <td>16</td> <td>34-35</td> </tr> <tr style="background-color: #ffff00;"> <td>50 Medium</td> <td>32-33</td> <td>15</td> <td>33</td> </tr> <tr style="background-color: #ffff00;"> <td>40</td> <td>31</td> <td>14</td> <td>31-32</td> </tr> <tr style="background-color: #ffcc00;"> <td>30 Low</td> <td>29-30</td> <td>12-13</td> <td>30</td> </tr> <tr style="background-color: #ffcc00;"> <td>20</td> <td>27-28</td> <td>9-11</td> <td>26-29</td> </tr> <tr style="background-color: #ffcc00;"> <td>10 Very Low</td> <td>7-26</td> <td>4-8</td> <td>8-25</td> </tr> </tbody> </table> | Decile Scores | Recogn | Ambiv | Taking Steps | 90 Very High | | 19-20 | 39-40 | 80 | | 18 | 37-38 | 70 High | 35 | 17 | 36 | 60 | 34 | 16 | 34-35 | 50 Medium | 32-33 | 15 | 33 | 40 | 31 | 14 | 31-32 | 30 Low | 29-30 | 12-13 | 30 | 20 | 27-28 | 9-11 | 26-29 | 10 Very Low | 7-26 | 4-8 | 8-25 | Level of Supervision: 1 2 3 4 5 INVOLVEMENT1 score _____ <input type="checkbox"/> High 8 - 10 <input type="checkbox"/> High-Medium 5.5 - 8 <input type="checkbox"/> Low-Medium 3 - 5.5 <input type="checkbox"/> Low 0 - 1 DISRUPTION1 score _____ <input type="checkbox"/> High 8 - 10 <input type="checkbox"/> High-Medium 5.5 - 8 <input type="checkbox"/> Low-Medium 3 - 5.5 <input type="checkbox"/> Low 0 - 1 | <input type="checkbox"/> Residential <input type="checkbox"/> IOP <input type="checkbox"/> EOP <input type="checkbox"/> OSAT <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> MRT <input type="checkbox"/> Individual Sessions <input type="checkbox"/> Mental Health referral <input type="checkbox"/> Other _____ |
| | Decile Scores | Recogn | Ambiv | Taking Steps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 Very High | | 19-20 | 39-40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | 18 | 37-38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 High | 35 | 17 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | 34 | 16 | 34-35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 Medium | 32-33 | 15 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | 31 | 14 | 31-32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30 Low | 29-30 | 12-13 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 27-28 | 9-11 | 26-29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Very Low | 7-26 | 4-8 | 8-25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Therapist comments: