

Facility: _____

Date of Assignment: _____

Name: _____

GDC#: _____

DOB: _____

Race: _____

Integrated Treatment Programs 4 Quadrant Assignment

In addition to all of the assessment information collected, this tool is a guideline for assigning offenders to the counselor with the most appropriate credentials and experience. It is not intended to be a diagnostic tool. The assignment is based on the clinical judgment of the intake counselor and the psychologist/psychiatrist.

Substance Use Disorder Severity	HIGH	Quadrant III	Quadrant IV
		<i>High severity substance use disorder / Low or moderate severity mental health disorder</i>	<i>High substance use disorder / High severity mental health disorder</i>
	LOW	Quadrant I	Quadrant II
		<i>Low severity substance use disorder / Low severity mental health disorder</i>	<i>Low severity substance use disorder / Moderate to high severity mental health disorder</i>
		LOW	HIGH
		----- Mental Health Disorder ----- Severity	

Quadrant Assigned: I II III IV	Counselor Assigned:
Reason for Quadrant:	

Comments (Please list mental health diagnosis in this section and suggested activity therapy and therapy groups):	

Intake Counselor Name: _____ (print) Intake Counselor Signature: _____ (signature)

Title: _____

Clinical Director Name: _____ (print) Clinical Director: _____ (signature)

Revised 06/2020

Retention: Attachment 2 will be placed in the offender's mental health record, section one (1). At the end of the offender's need for mental health services and/or sentence, the mental health record will be placed within the offender's health record and retained for 10 years.