Case Scenario

Mr. John Doe is a 27-year-old Caucasian man with a history of opioid misuse who was referred to substance use treatment for heroin use.

Mr. Doe entered an intensive outpatient program (IOP) two weeks ago. Prior to treatment, he had visited a local emergency department, looking for "pills." He was reported to have been hostile and manipulative after being denied pain pills, and stated "if you don't give me what I want, I'm going to kill myself." However, after further evaluation, he said the only reason why he said that was because he "just wanted to avoid withdrawals." He then reluctantly agreed to enter detox and intensive outpatient (IOP).

After completing detox, he reported that his cravings were still very strong. He also said "I don't believe in treatment, but I'll give it a try as long as I have help with these cravings." He entered an IOP program and was given a referral for medication-assisted treatment (MAT) and was started on buprenorphine. Mr. Doe reported that he has been using opioids for the past three years. He initially began using Vicodin, after it had been prescribed for pain management from a bicycle accident three years ago. He had been hit by a car while riding his bike. He stated that soon he was "using any pill that I could get" and reported using heroin for the past 8 months. He reported drinking alcohol since he was 16 years old; however, he only drinks socially. He reported occasional marijuana use and also that he smokes 2-3 regular cigarettes per day.

Mr. Doe is currently transient and unemployed. He had previously worked in sales, but was unable to function at work due to his increasing substance use. He lost his job approximately one year ago, and also lost his apartment and began "crashing" on friend's couches. He reported doing "odd jobs" for food and drugs, and reports little social support, stating that his family was "unaware" of his drug use. He reported feelings of sadness, lowered self-worth, and loss of interest since his accident, stating that he did not care if he was sad as long as he could "get high with pills or smack".

**Note: The questions from the ASAM assessment tool should be used to help determine the most appropriate level of care and treatment services that best meet a client's current needs. Factors such as prior history, current presentation, and anticipated needs in the immediate future (e.g., withdrawal symptoms that are not currently present, but anticipated as a result of client's history of use) should be considered when using the ASAM Criteria to determine appropriate care. In contrast, establishing a DSM-5 diagnosis involves assessing for the presence of DSM-5 criteria over the past 12 months. As a result, findings from ASAM Criteria assessments will be more plastic and may shift more readily than DSM-5 diagnoses. Given that substance use disorders are chronic conditions that evolve with time, it is possible that someone may meet the DSM-5 criteria for a severe substance use disorder, but be assessed to have less severe needs according to the ASAM Criteria based on their current presentation.*

ASAM Dimension Problem List Worksheet

Review the Case, identify and list the problems in the space provided below which are related to the ASAM Dimension (1-6) that you have been assigned. It is important to note the resources and strengths of an individual, as well as the challenges she/he faces in regards to a specific dimension.

Dimension 1

Resources/Strengths	Challenges

Dimension 2

Resources/Strengths	Challenges

Dimension 3

Resources/Strengths	Challenges

Dimension 4

Resources/Strengths	Challenges

Dimension 5

Resources/Strengths	Challenges

Dimension 6

Resources/Strengths	Challenges

ASAM Criteria – Multidimensional Assessment

Dimension #1: **Acute Intoxication and/or Withdrawal Potential** Risk Rating:

Rationale:

Dimension #2: **Biomedical Conditions and Complications** Risk Rating:

Rationale:

Dimension #3: **Emotional, Beh. or Cog. Conditions and Complications** Risk Rating:

Rationale:

Dimension #4: **Readiness to Change** Risk Rating:

Rationale:

Dimension #5: **Relapse, Cont. Use, or Continued Problem Potential** Risk Rating:

Rationale:

Dimension #6: **Recovery/Living Environment** Risk Rating:

Rationale:

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

Demographic information

Name: John Doe
Date: 1/27/16
Phone Number: (987)654-3210
Okay to leave voicemail? ☑ Yes ☐ No

Address: 100 Verdean Road, Neverland, CA

DOB: 1/1/1989
Age: 27
Gender: Male

Race/Ethnicity: Caucasian
Preferred Language: English
Medi-Cal ID #: 123-45-6789
Other ID# (Plan):

Insurance Type: ☐ None ☐ MyHealthLA ☐ Medicare (Plan): ☑ Medi-Cal (Plan): Health Net ☐ Private (Plan): ☐ Other (Plan):

Living Arrangement: ☐ Homeless ☐ Independent living ☑ Other (specify): Sleeps on friend's couch

Referred by (specify): Hospital Case Manager

Explanation of why client is currently seeking treatment: Current symptoms, functional impairment, severity, duration of symptoms (e.g., unable to work/school, relationship/housing problems): Mr. Doe has been abusing opioid pain medication for the past three years, and began using heroin 8 months ago, after his doctor refused to refill his medication. He suffers chronic pain from a bicycle accident that occurred 3 years ago that has impaired his ability to function. He lost his job and apartment due to opioid use and has been staying with friends.

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

1. **Substance use history:**

Alcohol and/or Drug Types	Recently Used? (Past 6 Months)	Prior Use? (Lifetime)	Route (Inject, Smoke, Snort)	Frequency (Daily, Weekly, Monthly)	Duration (Length of Use)	Date of Last Use
Amphetamines (Meth, Ice, Crank)	☐	☐				
Alcohol	☑	☑	Oral	Weekly	10 years	3 weeks ago
Cocaine/Crack	☐	☐				
Heroin	☑	☑	Smoke	Daily	8 months	3 weeks ago
Marijuana	☑	☑	Smoke	Weekly	5 years	3 weeks ago
Opioid Pain Medications Misuse or without prescription	☑	☑	Oral	Daily	3 years	3 weeks ago
Sedatives (Benzos, Sleeping Pills) Misuse or without prescription	☐	☐				
Hallucinogens	☐	☐				
Inhalants	☐	☐				
Over-the-Counter Medications (Cough Syrup, Diet Aids)	☐	☐				
Nicotine	☑	☑	Smoke	Daily	10 years	Current
Other:	☐	☐				

Additional Information: Client reported that his primary substance of choice was opioids. Client reported that he has most recently used heroin, but would take any pain medications if he were able to obtain them.

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

Treatment Agency: Healing SUD Treatment Center

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

2. **Do you find yourself using more alcohol and/or drugs than you intend to?** ☑ Yes ☐ No

   Please describe: "I initially took the pills as my doctor prescribed, but over time I found myself having to take more, just to make the pain tolerable."

3. **Do you get physically ill when you stop using alcohol and/or drugs?** ☑ Yes ☐ No

   Please describe: "When I have trouble getting enough pills, I have tried to reduce my use, or I have trouble getting enough, my nose runs, I begin to sweat, start sneezing, get the chills and get nauseated."

4. **Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, blackouts, anxiety, vomiting, etc.?** ☐ Yes ☑ No

   Please describe specific symptoms and consider immediate referral for medical evaluation: The client is not currently experiencing withdrawals, but reported feeling anxious, sweating, some nausea and loose stools prior to his induction onto buprenorphine.

5. **Do you have a history of serious withdrawal, seizures, or life-threatening symptoms during withdrawal?** ☐ Yes ☑ No

   Please describe and specify withdrawal substance(s): The client denied a history of seizures, though there were times when he was in severe withdrawals, with nausea and vomiting and thought he was going to die.

6. **Do you find yourself using more alcohol and/or drugs in order to get the same high?** ☑ Yes ☐ No

   Please describe: The client reported needing to use more drugs to get the same effect. He reported that "after a while, I would need more pills or smack just to feel ok."

7. **Has your alcohol and/or drug use changed recently (increase/ decreased, changed route of use)?** ☑ Yes ☐ No

   Please describe: " I haven't used since my induction onto buprenorphine." However, the client reported that he had been using heroin for 8 months, after his primary care doctor refused to refill his pain medication which he had been using for almost 3 years.

8. **Please describe family history of alcohol and/or drug use:** The client reported that his father drank a lot when he was growing up. "My dad was an alcoholic. He was never around much. He went to work and afterwards spent most of his time drinking with his friends at a neighborhood bar."

Please circle one of the following levels of severity

Severity Rating- Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferers with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.

Additional Comments: Client is not exhibiting signs of withdrawal at the time of this assessment.

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FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

Dimension 2: Biomedical Conditions and Complications

9. **Please list known medical provider(s)**

Physician Name	Specialty	Contact Information
Dr. Bob	Primary Care	111-22-3344

10. **Do you have any of the following medical conditions**:

☐ Heart Problems	☐ Seizure/Neurological	☑ Muscle/Joint Problems	☐ Diabetes
☐ High Blood Pressure	☐ Thyroid Problems	☐ Vision Problems	☑ Sleep Problems
☐ High Cholesterol	☐ Kidney Problems	☐ Hearing Problems	☑ Chronic Pain
☐ Blood Disorder	☐ Liver Problems	☐ Dental Problems	☐ Pregnant
☑ Stomach/Intestinal Problems	☐ Asthma/Lung Problems	☐ Sexually Transmitted Disease(s): _____	
☐ Cancer (specify type[s]):_____		☐ Infection(s): _____	
☐ Allergies: _____		☐ Other: _____	

11. **Do any of these conditions significantly interfere with your life?** ☑ Yes ☐ No

Please describe: Client reported problems with his back pain, that has caused sleep problems. "I used to like to ride my bike, go hiking and camping, but it's hard to do those things when I'm in pain." "It was tough to get to sleep some nights cause the pain is so bad."

12. **Provide additional comments on medical conditions, prior hospitalizations (include dates and reasons):** Client had been hospitalized 3 years ago after being hit by a car while riding his bicycle. Client reported that he still experiences some residual pain from the accident.

13. **Question to be answered by interviewer: Does the caller report a medical symptoms that would be considered life-threatening or require immediate medical attention?** ☐ Yes ☑ No

** If yes, consider immediate referral to emergency room or call 911*

14. **List all current medication(s) for medical condition(s):**

Medication	Dose/Frequency	Reason	Effectiveness/Side Effects
Suboxone	12mg daily	opioid use disorder	"works well"/"constipation"

Please circle one of the following levels of severity

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FULL ASAM ASSESSMENT- ADULT

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Severity Rating- Dimension 2 (Biomedical Conditions and Complications)				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Fully functional/ able to cope with discomfort or pain.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected.	Serious medical problems neglected during outpatient or intensive outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Additional Comments: Until 8 months ago, the client had been prescribed Oxycodone, Percocet, and Vicodin. After several attempts to get pills from other physicians, his doctor refused to refill his pain medication.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

15. **Do you consider any of the following behaviors or symptoms to be problematic?**

Mood

☑ Depression/sadness	☐ Loss of Pleasure/Interest	☑ Hopelessness	☑ Irritability/Anger
☐ Impulsivity	☐ Pressured Speech	☐ Grandiosity	☐ Racing Thoughts

Anxiety

☐ Anxiety/Excessive Worry	☐ Obsessive Thoughts	☐ Compulsive Behaviors	☑ Flashbacks

Psychosis

☐ Paranoia	☐ Delusions: _____	☐ Hallucinations: _____

Other

☑ Sleep Problems	☐ Memory/Concentration	☐ Gambling	☐ Risky Sex Behaviors

☐ Suicidal Thoughts: please describe _____

☐ Thoughts of Harming Others: please describe _____

☐ Abuse (physical, emotional, sexual): _____

☑ Traumatic Event(s): Client was hit by a car while riding his bicycle.

☐ Other: _____

16. **Have you ever been diagnosed with a mental illness?** ☐ Yes ☑ No ☐ Not Sure

Please describe (e.g., diagnosis, medications?) Client denied being diagnosed with mental illness.

17. **Are you currently or have you previously received treatment for psychiatric or emotional problems?** ☐ Yes ☑ No

Please describe (e.g., treatment setting, hospitalizations, duration of treatment): "No, I've never received treatment, but I think that after the accident, someone at the hospital mentioned that I should get some help. But I don't remember what."

18. **Do you ever see or hear things that other people say they do not see or hear?** ☐ Yes ☑ No

Please describe: Client denied hearing or seeing things.

19. **<u>Question to be answered by interviewer</u>: Based on previous questions, is further assessment of mental health needed?** ☑ Yes ☐ No

Please describe: Client reported feelings of depression, has lost interest in things he usef to enjoy and reported being "startled awake with images of the car about to hit him." Client could benefit from a mental health assessment.

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

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20. **List all current medication(s) for psychiatric condition(s):**

Medication	Dose	Reason	Effectiveness/Side Effects
N/A			

21. **Please list mental health provider(s):**

Provider Name	Contact Information
N/A	

Please circle one of the following levels of severity

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

Additional Comments: Client reported to being "open" to talking with someone about his re-occurring dreams.

Dimension 4: Readiness to Change

22. **Is your alcohol and/or drug use affecting any of the following?**

☑ Work	☐ Mental Health	☑ Physical Health	☑ Finances
☐ School	☑ Relationships	☐ Sexual Activity	☐ Legal Matters
☑ Handling Everyday Tasks	☑ Self-esteem	☐ Hygiene	☑ Recreational Activities
☐ Other:			

23. Do you continue to use alcohol or drugs despite having it affect the areas listed above**?** ☑ Yes ☐ No

Please describe: Client reported that he continued to use despite having difficulties with his relationships, loss of work, and housing. "I just got into the cycle of using, plus it took the edge off, so I didn't have to think about my problems."

24. **Have you received help for alcohol and/or drug problems in the past?** ☐ Yes ☑ No

Please list treatment provider(s)

Provider Name	Contact Information
N/A	

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

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25. **What would help to support your recovery?** Client reported that "having some support from friends and family", financial support, and help with his cravings would help with recovery. Client also discussed that he needs help with his pain and ability to improve his physical functions.

26. **What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)?** Client reported several barriers, such as limited income, living with friends that "drink and smoke" and nagging pain.

27. **How important is it for you to receive treatment for:**

Alcohol Problems:	☑ Not at all	☐ Slightly	☐ Moderately	☐ Considerably	☐ Extremely
Drug Problems:	☐ Not at all	☐ Slightly	☑ Moderately	☐ Considerably	☐ Extremely

Please describe: Client reported that he does not "feel like an addict". Client stated that he does not see a problem with his drinking or pot use. However, the client reported that he is willing to "look" at his opioid use as long as he has help with his pain.

Please circle one of the following levels of severity

Severity Rating- Dimension 4 (Readiness to Change)				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/unable to follow through with treatment recommendations.

Additional Comments: Client appeared willing to enter treatment if his pain management and craving needs would be met. Client appears unaware of how his marijuana and alcohol use may impact his treatment. Client reported that he is fearful of it being "too hard to quit". Client may need extra support in addressing his substance use.

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

28. **In the last 30 days, how often have you experienced cravings, withdrawal symptoms, disturbing effects of use?**

Alcohol:	☑ None	☐ Occasionally	☐ Frequently	☐ Constantly
Drug:	☐ None	☐ Occasionally	☐ Frequently	☑ Constantly

Please Describe: "I really don't crave alcohol or pot, but the cravings for pills or heroin can be intense."

29. **Do you find yourself spending time searching for alcohol and/or drugs, or trying to recover from its effects?** ☑ Yes ☐ No

Please describe: Client reported that he had spent most of his time searching for or using drugs. "It had become more of an effort to score heroin." Client reported "feeling unsure" of what to do with his time now that he wasn't using.

30. **Do you feel that you will either relapse or continue to use without treatment or additional support?** ☑ Yes ☐ No

Please describe: Client reported that he would "definitely continue to use" without the buprenorphine.

31. **Are you aware of your triggers to use alcohol and/or drugs?** ☑ Yes ☐ No

Please check off any triggers that may apply:

☑ Strong Cravings	☐ Work Pressure	☐ Mental Health	☑ Relationship Problems
☑ Difficulty Dealing with Feelings	☐ Financial Stressors	☐ Physical Health	☐ School Pressure
☑ Environment	☑ Unemployment	☑ Chronic Pain	☐ Peer Pressure
☐ Other:			

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

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32. **What do you do if you are triggered?** Client stated that he would use when he felt triggered. "I can't fight the urge. The need to use won't go away until I do."

33. **Can you please describe any attempts you have made to either control or cut down on your alcohol and/or drug use?** Until entering treatment, the client denied any attempts to quit using altogether.

34. **What is the longest period of time that you have gone without using alcohol and/or drugs?** Client reported that these past few weeks were the longest that he has gone without using "something" since the accident.

35. **What helped and didn't help?** Client reported that he had decreased his alcohol consumption after college. He stated that "I was no longer in that party environment."

Please circle one of the following levels of severity

Severity Rating- Dimension 5 (Relapse, continued Use, or Continued Problem Potential)				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Low/no potential for relapse. Good ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/ addiction problems. Substance use/behavior, places self/other in imminent danger.

Additional Comments: The client appears to have minimal coping skills to prevent relapse. He stated that he would continue to use without buprenorphine, and would like help with his pain and cravings. Certainly could benefit from CBT/Relapse Prevention strategies.

Dimension 6: Recovery/Living Environment

36. **Do you have any relationships that are supportive of your recovery? (e.g., family, friends)** Client reported having a poor relationship with his father and an "okay" relationship with his mother and siblings. Client stated "my family might be supportive if they knew what was going on." He reported that he had some supportive friends, but that most of them don't know he was using heroin.

37. **What is your current living situation (e.g., homeless, living with family/alone)?** Client reported that he is currently "crash-ing" with different friends. Client reported having lost his apartment last year after losing his job due to missing so much work.

38. **Do you currently live in an environment where others are using drugs?** ☑ Yes ☐ No

Please describe: Client reported that his friends drink and smoke pot but do not use opiates, including heroin.

39. **Are you currently involved in relationships or situations that pose a threat to your safety?** ☐ Yes ☑ No

Please describe: Client denied being involved in dangerous relationships, but stated the place where he was buying his heroin is "kinda shady."

40. **Are you currently involved in relationships or situations that would negatively impact your recovery?** ☑ Yes ☐ No

Please describe: Client reported that since most of his friends drink or smoke, they might not be supportive of his treatment. "I'm a bit worried to see how they will react when I tell them I'm in treatment for heroin use."

41. **Are you currently employed or enrolled in school?** ☐ Yes ☑ No

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

Treatment Agency: Healing SUD Treatment Center

Please describe (e.g., where employed, duration of employment, name and type of school): Client is currently unemployed and lost his job. Client had previously worked in sales and has a business degree from a 4-year university.

42. **Are you currently involved with social services or the legal system (e.g., DCFS, court mandated, probation, parole)?**

☐ Yes ☑ No

Please describe: Client denied legal problems but stated that "I did sue the person who hit me."

If on parole/probation:

Name of Probation/Parole Officer	Contact Information
N/A	

Please circle one of the following levels of severity

Severity Rating- Dimension 6 Recovery/Living Environment				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
Able to cope in environment/ supportive.	Passive/disinterested social support, but still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment, difficulty coping even with clinical structure.	Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety.

Additional Comments: Client reported having limited social and financial support. Client would most likely benefit from the clinical structure of treatment.

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

Summary of Multidimensional Assessment

Dimension	Severity Rating (Based on Ratings Above)				Rationale
Dimension 1 Substance Use, Acute Intoxication, Withdrawal Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 2 Biomedical Condition and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 4 Readiness to Change	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 5 Relapse, Continued Use, or Continued Problem Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	
Dimension 6 Recovery/Living Environment	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3-4 Severe	

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

ASAM LEVEL OF CARE DETERMINATION TOOL

Instructions: For each dimension, indicate the least intensive level of care that is appropriate based on the client's severity/functioning and service needs.

ASAM Criteria Level of Care- Withdrawal Management	ASAM Level	Dimension 1 Substance Use, Acute Intoxication, Withdrawal Potential				Dimension 2 Biomedical Condition and Complications				Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications				Dimension 4 Readiness to Change				Dimension 5 Relapse, Continued Use, or Continued Problem Potential				Dimension 6 Recovery/Living Environment			
Severity / Impairment Rating		**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM																								
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM																								
Clinically Managed Residential Withdrawal Management	3.2-WM																								
Medically Monitored Inpatient Withdrawal Management	3.7-WM																								
Medically Managed Intensive Inpatient Withdrawal Management	4-WM																								
ASAM Criteria Level of Care- Other Treatment and Recovery Services																									
Severity / Impairment Rating		**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**
Early Intervention	0.5												Consider referral to mental health facility												
Outpatient Services	1																								
Intensive Outpatient Services	2.1																								
Partial Hospitalization Services	2.5																								
Clinically Managed Low-Intensity Residential Services	3.1																								
Clinically Managed Population-Specific High-Intensity Residential Services	3.3																								
Clinically Managed High-Intensity Residential Services	3.5																								
Medically Monitored Intensive Inpatient Services	3.7																								
Medically Managed Intensive Inpatient Services	4																								
ASAM Criteria Level of Care- Other Treatment and Recovery Services																									
Severity / Impairment Rating		**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**	**None**	**Mild**	**Mod**	**Sev**
Opioid Treatment Program	OTP																								

Would the patient with alcohol or opioid use disorders benefit from and be interested in Medication-Assisted Treatment (MAT)? ☑ Yes ☐ No

Please describe: Client has been inducted on to Suboxone for his opioid use disorder.

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

Treatment Agency: Healing SUD Treatment Center

FULL ASAM ASSESSMENT- ADULT

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

Placement Summary

Level of Care: Enter the ASAM Level of Care (e.g., 3.1, 2.1, 3.2, W.M) number that offers the most appropriate treatment setting given the client's current severity and functioning: _____

_____

Level of Care Provided: If the most appropriate Level of Care is not utilized, then enter the next appropriate Level of Care and check off the reason for this discrepancy (below):

Reason for Discrepancy:

☐ Not Applicable	☐ Service Not Available	☐ Provider Judgment	☐ Client Preference
☐ Transportation	☐ Accessibility	☐ Financial	☐ Preferred to Wait
☐ Language/ Cultural Considerations	☐ Environment	☐ Mental Health	☐ Physical Health
☐ Other: _____			

Briefly Explain Discrepancy: _____

_____

Designated Treatment Location and Provider Name: Healing SUD Treatment Center

Los Angeles, CA 111-22-3344

_____

_____

Greg Lollipop	*Greg Lollipop*	1/27/16
Counselor/LPHA Name:	**Signature:**	**Date:**
Mary Sunshine	Mary Sunshine, LCSW	1/27/16
***LPHA Name:**	**Signature:**	**Date:**

*Complete this line if individual conducting this assessment is not an LPHA

LPHA (Licensed Practitioner of the Healing Arts) includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

Client Name: Doe, John **Medi-Cal ID:** 123-45-6789

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