

**MCOSA ASAM ASSESSMENT  
ADOLESCENT SUBSTANCE ABUSE OUTPATIENT TREATMENT**

***This ASAM-based placement tool is to be used as a guide to determine whether or not an adolescent consumer is appropriate for the outpatient level of treatment. It is required to be placed in all MCOSA-funded outpatient substance abuse treatment records, but may be used for substance abuse treatment funded by other sources.***

Adolescent Consumer Name: \_\_\_\_\_ Identification No: \_\_\_\_\_

**ADOLESCENT DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL**

Intoxicated/high during assessment?  No  Yes

Current withdrawal signs?  No  Yes

If yes, specify: \_\_\_\_\_

History of severe withdrawals?  No  Yes

If yes, specify: \_\_\_\_\_

History of medical problems that would complicate outpatient detox?  No  Yes

***Appropriate for Adolescent Outpatient Level of treatment?\****  No  Yes\*

**ADOLESCENT DIMENSION 2. BIOMEDICAL CONDITIONS/COMPLICATIONS (not related to withdrawal)**

Current and/or chronic physical/medical illnesses that may complicate Tx?  No  Yes

If yes, specify: \_\_\_\_\_

***Appropriate for Adolescent Outpatient Level of treatment?\****  No  Yes\*

**ADOLESCENT DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND/OR COMPLICATIONS**

Is at the cognitive level of at least eleven (11) years of age?  No  Yes

Current and/or chronic co-occurring mood and/or thought disorder(s) or symptoms(s) that needs to be addressed immediately or will interfere with treatment?  No  Yes

If yes, specify: \_\_\_\_\_

Current psychiatric medication use?  No  Yes

If yes, specify type/date of last use: \_\_\_\_\_

Does adolescent consumer meet criteria for Severe Emotional Disturbance (SED) with co-occurring substance use disorder?  No  Yes

***Appropriate for Adolescent Outpatient Level of treatment?\****  No  Yes\*

***\*If answering "No, not appropriate" for Adolescent outpatient substance abuse treatment, to any of ASAM Dimensions 1, 2 or 3, consider phone contact with the AMS to screen for an alternate level of treatment. Adolescents with acute Medical and/or Psychiatric problems should be directly referred to Medical or Psychiatric emergency or urgent services for stabilization.***

ADOLESCENT DIMENSION 4. READINESS TO CHANGE

Refuses to accept other’s perceptions that s/he has a substance use problem?  No  Yes  
If adolescent denies there is a problem, is there strong family/school  
corroboration that a substance use problem is present? \_\_\_\_\_  No  Yes  
Impulse control is poor, does not respond to negative consequences?  No  Yes

**Appropriate for Adolescent Outpatient Level of treatment?\***  No  Yes\*\*

ADOLESCENT DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

Potential for continued or increased use is high?  No  Yes  
Lacks awareness of relapse triggers, urge management techniques?  No  Yes  
If abstinent, is in crisis or at high risk for using?  No  Yes  N/A

**Appropriate for Adolescent Outpatient Level of treatment?\***  No  Yes\*\*

ADOLESCENT DIMENSION 6. RECOVERY ENVIRONMENT

Family members/peers do not support abstinence or the appropriate use of  
alcohol and drugs?  No  Yes  
Family/legal guardian are un willing and/or unable to provide consistent participation in treatment,  
including reliable transportation and availability?  No  Yes  
Current living environment is unsafe or there is a possible risk of physical, sexual  
or emotional attack or victimization?  No  Yes

**Appropriate for Adolescent Outpatient Level of treatment?\***  No  Yes\*\*

**\*\*If answering “No, not appropriate” for Adolescent outpatient treatment to two or more of ASAM Dimensions 4, 5 or 6, consider phone contact with the AMS to screen for alternate level of treatment.**

**Adolescent is appropriate for the following level of care, check THE most acute problem that applies:**

- Outpatient (Level I) \_\_\_\_\_ (Direct admission, AMS screen not required)
- Detox- Subacute (Level III.2/7 D) \_\_\_\_\_ (Requires AMS Screen)
- Residential (Level III.7) \_\_\_\_\_ (Requires AMS Screen)
- Detox- Acute Hospital Based \_\_\_\_\_ (Not a MCOSA-funded service, refer as needed)
- Inpatient Medical/Psych (Level IV) \_\_\_\_\_ (Not a MCOSA-funded service, refer as needed)

**ASSESSOR'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_