

**MCCMH-SUD ASAM ASSESSMENT
ADULT SUBSTANCE ABUSE OUTPATIENT PLACEMENT**
(Required for Direct Outpatient and IOP Admissions)

This ASAM-based placement tool is to be used as a guide to determine whether or not a consumer is appropriate for the ambulatory (outpatient/IOP) level of treatment. It is required to be placed in all MCCMH-SUD funded ambulatory treatment substance abuse records when an ASAM Continuum is not completed. It may also be used for substance abuse treatment funded by other sources.

Consumer Name: _____ Identification No: _____

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, such as seizures, stroke, hypertension, etc., that would complicate outpatient detoxification? No Yes

If yes, specify: _____

Is client appropriate for ambulatory level of treatment? No Yes*

DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS (not related to withdrawal):

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

If yes, specify: _____

Current prescribed medications that may interfere with abstinence? No Yes

If yes, describe: _____

Is client appropriate for ambulatory level of treatment? No Yes*

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

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

If yes, specify: _____

Does consumer meet criteria for Serious and/or Persistent Mental Condition with co-occurring substance use disorder? No Yes

Current psychiatric medication use? No Yes

If yes, specify type/date of last use: _____

Is client appropriate for ambulatory level of treatment? No Yes*

****If answering "No," not appropriate for ambulatory treatment, to any of ASAM Dimensions 1, 2 or 3, consider phone contact with the AMS to screen for an alternate level of treatment. Individuals with acute Medical and/or Psychiatric problems should be directly referred to Medical or Psychiatric emergency/urgent services for stabilization prior to referral to CARE or admission to treatment.***

DIMENSION 4. READINESS TO CHANGE

- Lacks internal motivation for treatment? No Yes
- Refuses to accept other's perceptions that s/he has a substance use problem? No Yes
- Impulse control is poor, does not respond to negative consequences? No Yes

Is client appropriate for ambulatory level of treatment? No Yes**

DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

- Potential for continued or increased use is high? No Yes
- Lacks recovery skills to cope with addiction and avoid relapse? No Yes
- Lacks awareness of relapse triggers, urge management techniques? No Yes
- If abstinent, risk for using(including needle use) or imminent crisis is high? No Yes N/A

Is client appropriate for ambulatory level of treatment? No Yes**

DIMENSION 6. RECOVERY ENVIRONMENT

- Family/living circumstances pose a threat to engaging or succeeding in Tx ? No Yes
- Lacks sufficient drug free social outlets or friendships to support abstinence/recovery? No Yes
- Family/living environment limits access to substances and/or other using individuals? No Yes

Is client appropriate for ambulatory level of treatment? No Yes**

*****If answering "No,"not appropriate for ambulatory treatment, to two or more of ASAM Dimensions 4, 5 or 6, consider phone contact with the AMS to screen for referral to an alternate level of treatment.***

Consumer is appropriate for the following level of care (check THE most acute problem area that applies):

- Outpatient (Level I) _____ (Direct admission, MCO screen not required) (Direct
- Intensive Outpatient (Level II) _____ admission, MCO screen not required) (Requires MCO
- Detox- Subacute (Level III.2/7 D) _____ Screen)
- Residential (Level III.7) _____ (Requires MCO Screen)
- Detox- Acute Hospital Based _____ (Not a MCCMH-SUD-funded service, refer as needed)
- Inpatient Medical/Psych (Level IV) _____ (Not a MCCMH-SUD-funded service, refer as needed)
- Methadone (MOUD) _____ (Requires MCO screen)

ASSESSOR'S NAME: _____

DATE: _____