

ASAM Criteria-(B) Training
Understanding the ASAM Criteria
in the Context of the California Treatment System
July 28, 2017: 9:00 AM – 4:00 PM

Trainer:

Andrew Kurtz, MA, MFT
UCLA-ISAP

Course Description

This training is designed for Substance Use Program Analyst and Administrative Staff interested in understanding integrated treatment planning and the documentation required to support current level of care placements and transitions to other levels of care appropriate for consumers with substance use issues. The training format will include lecture with a focus on transfer of knowledge to immediate workplace application.

Learning Objectives

1. Demonstrate ability to apply ASAM risk ratings to information gathered through multidimensional assessment
2. Demonstrate an ability to create an individualized treatment plan based upon the ASAM criteria and risk across the six dimensions of multidimensional patient assessment.
3. Use progress notes to demonstrate movement toward attainment of treatment plan goals

Training Agenda

- | | |
|-------------|--|
| 9:00-10:15 | I. Introduction: <ul style="list-style-type: none">A. Overview of ASAM CriteriaB. Cross-walk between the levels of care articulated in the ASAM criteria and as defined by the DMC-ODS Waiver |
| 10:15-10:30 | MORNING BREAK |
| 10:30-12:00 | II. The Six Dimensions: Multidimensional Assessment Criteria and the relationship to treatment decisions |
| 12:00-12:30 | LUNCH |
| 12:30-1:30 | III. Assessing Placement Priorities <ul style="list-style-type: none">A. Immediate Needs and Imminent DangerB. Assessing risk for each dimension |
| 1:30-2:15 | IV. Treatment Planning and the ASAM Criteria <ul style="list-style-type: none">A. Problem & Goal Statement ExamplesB. Treatment Plan Components |
| 2:15-2:30 | AFTERNOON BREAK |
| 2:30-4:00 | V. Documentation – Basic Guidelines <ul style="list-style-type: none">A. Legal Issues and RecommendationsB. Methods of Documentation |



Technical Assistance (TA) and Training Evaluation Form

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. **For Example: Correct ● Incorrect: ✗**

Training Topic:

ASAM Criteria-B

Training Date: MMDDYY

0 7 2 8 1 7

Consultant(s) who provided service:

Grant Hovik, MA

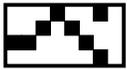
Please respond to the following questions about the technical assistance or training you received through CIBHS.

	Very	Somewhat	Not Very	Not at All	Don't Know
1. How useful was the training or TA to your organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How relevant was the TA or training to your organization's goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were you given practical examples during the TA or training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Were you given suggestions for applying the information in your own organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Would you recommend this TA or training to colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In retrospect, was the time you spent in TA or training worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6a. If not, why?

7. Any suggestions for future training topics?

8. Do you think this training should have contained additional information? Or less information? Please *specify*.



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Technical Assistance (TA) and Training Evaluation Form

Please respond to the following questions about the technical assistance or training you received through CIBHS.

9. What elements of the TA or training were most useful? Please be *specific*.

10. What elements of the TA or training were least useful? Please be *specific*.

11. What elements of the TA or training have you put into practice? Please be *specific*.

12. How often have you participated in the following activities since the TA or training?

a) Shared some of the acquired information with others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Used training or TA materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Applied ideas from the TA or training to the operations of your organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Have you trained others in what you learned? Yes
 No

If yes, how many people have you trained?

14. Whom did you train?

- Subordinates
- Supervisors
- Other colleagues
- Persons outside the organization

Continuing Education (CE) Course Evaluation

ASAM Criteria Training (B- Understanding the ASAM Criteria in the Context of the California Treatment System)

**Friday, July 28, 2017, Partnership HealthPlan, Redding (Live Location) with remote sites in Eureka,
Fairfield and Ukiah, California**

Please answer the following questions:

1. What is your current professional status (check all disciplines that apply)?

	ACCBC/CAADE (CATC)		CAMFT (LMFT, LPCC, LEP, or LCSW)
	CADTP (CAODC)		Student or Intern
	CCAPP (RADT I/II, CADC-CAS, CADC I/II, CADC-CS, LAADC)		Other (Please specify):

2. What was your primary reason for selecting this program (check all that apply)?

	Subject of Interest
	Reputation of Leaders
	Important to job activities
	Other (please explain):

Please circle the item which best describes your feelings about the following statements:

3)	Were the learning goals and objectives met?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
4)	Was the course appropriately challenging and taught at the promised level?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
5)	Was information presented in the course current and accurate?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
6)	Did the course expand knowledge in the topic by using experiential or active learning techniques?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
7)	Was material relevant to participant education, experience/practice, and licensure level?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
8)	Did the instructor(s) know the subject matter and deliver the content clearly and accurately?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
9)	Were the instructor(s) able to utilize course-appropriate technology to support learning?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
10)	Were the instructor(s) responsive to participant questions?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
11)	Were the instructional materials suitable and useful?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
12)	Were the location, facilities, technology, and administration of the course well managed?	Absolutely	Somewhat	Uncertain	Probably Not	Absolutely Not
13)	How would you rate the overall value of the program?	Excellent	Good	Fair	Poor	

- 13) Suggestions for future CE course topics?

ASAM Criteria Training (B), July 28, 2017, Redding (Live Location) with remote sites in Eureka, Fairfield and Ukiah, CA

Please use the reverse side of this sheet for additional comments.

Evaluation Form
UCLA Integrated Substance Abuse Programs
CE Program for Psychologists and Registered Nurses ONLY

SESSION TITLE: ASAM Criteria Training (B): (Friday, July 28, 2017, Redding (Live Location) with remote sites in Eureka, Fairfield, and Ukiah, California

PARTICIPANT’S NAME (optional): _____

PRIMARY EMPLOYMENT SETTING: _____

PLEASE CIRCLE ONE: PSYCHOLOGIST REGISTERED NURSE

We appreciate your help in evaluating this CE program. Please indicate your rating of the presentation(s) in the categories below by circling the appropriate number, using a scale of **1 (low/strongly disagree)** through **5 (high/strongly agree)**:

<u>OBJECTIVES</u>	
The stated program objectives were met:	
1. List the six dimensions of multidimensional patient assessment.	1 2 3 4 5
2. Explain how the five broad levels of care recommended by ASAM criteria reflect specific services that are available throughout California.	1 2 3 4 5
3. Demonstrate ability to apply ASAM risk ratings to information gathered through multidimensional assessment.	1 2 3 4 5
<u>SPEAKERS</u> (generally)	
1. Knowledgeable in content area(s)	1 2 3 4 5
2. Content consistent with stated objectives	1 2 3 4 5
3. Content presented in an organized manner	1 2 3 4 5
4. Content presented clearly and effectively	1 2 3 4 5
5. Responsive to questions/comments	1 2 3 4 5

RESPONSE SCALE: 1 (low/strongly disagree) through 5 (high/strongly agree)

<u>CONTENT</u>	
1. Visual aids, handouts, and oral presentations clarified content	1 2 3 4 5
2. Consistent with stated objectives	1 2 3 4 5
3. The program content met my needs	1 2 3 4 5
4. The length of the course was appropriate	1 2 3 4 5
<u>TEACHING METHODS</u>	
1. Visual aids, handouts, and oral presentations clarified content	1 2 3 4 5
2. Teaching methods were appropriate for subject matter	1 2 3 4 5
<u>FACULTY</u>	
Albert Hasson, MSW	
1. Knowledgeable in content area(s)	1 2 3 4 5
2. Content consistent with stated objectives	1 2 3 4 5
3. Content presented in an organized manner	1 2 3 4 5
4. Content presented clearly and effectively	1 2 3 4 5
5. Responsive to questions/comments	1 2 3 4 5

COMMENTS:

<u>RELEVANCY</u>	
1. Information could be applied to practice	1 2 3 4 5
2. Information could contribute to achieving of personal/professional goals	1 2 3 4 5
<u>FACILITY/ARRANGEMENTS</u>	
1. Was appropriate for session	1 2 3 4 5
2. Was comfortable and provided adequate space	1 2 3 4 5
3. Day of week/time of day was appropriate	1 2 3 4 5

How much did you learn during this program? (Circle one)	Very Little	Little	Some	A Good Bit	A Great Deal
--	--------------------	---------------	-------------	-------------------	---------------------

How useful was the content of this CE program for your practice or other professional development? (Circle one)	Not Useful	A Little Useful	Somewhat Useful	A Good Deal Useful	Extremely Useful
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Did this program enhance your professional expertise? (Circle one)	Yes	No
Would you recommend this program to others? (Circle one)	Yes	No

EVALUATION OF SPECIFIC CONTENT (Short Answer):

1. List the six dimensions of multidimensional patient assessment.

2. Explain how the five broad levels of care recommended by ASAM criteria reflect specific services that are available throughout California.

3. Demonstrate ability to apply ASAM risk ratings to information gathered through multidimensional assessment.

As a result of attending this program, I see the value to me in the following ways (check all that apply):

- I gained one or more specific areas that I can implement in my area of practice.
- I learned a new approach to my practice.
- It may help me do a better job.
- I do not see the impact of the course on my job.
- Other (please specify)

By attending this program, I believe (check all that apply):

- I was able to update my skills.
- I acquired new and/or advanced skills.
- I have better knowledge upon which to base my decisions/actions in the practice setting.
- I am reconsidering my views toward the topic(s) presented.
- The topic(s) presented was appropriate, but I am undecided as to my own views.
- Other (please specify)

Overall, I would rate this program as:

- _____ Excellent
- _____ Good
- _____ Average
- _____ Poor

COMMENTS/PROGRAM IMPROVEMENTS:

I would like UCLA Integrated Substance Abuse Programs to provide CE programs on the following topics:

If you would like to provide comments directly to the ISAP CE Program Administrator, please contact Thomas E. Freese, Ph.D., at (310) 267-5397.

THANK YOU!

Understanding the American Society of Addiction Medicine (ASAM) Criteria in the Context of the California Treatment System

Thomas E. Freese, PhD
Albert L. Hasson, MSW

University of California, Los Angeles
Integrated Substance Abuse Programs
David Geffen School of Medicine at UCLA

Pacific Southwest Addiction Technology Transfer Center

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Disclosures

- The following planners and faculty disclosed no relevant financial relationships with commercial interests:
 - Gary Tsai, MD, Larissa Mooney, MD, Thomas E. Freese, PhD, Christine Oh, PhD, Richard Rawson, PhD, Darren Urada, PhD, Beth Rutkowski, MPH, Holly McCravey, MA, Lydia Becerra, and Donna K. Lee-Liu
- There was no commercial support for this activity.

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The Mission of the ASAM Criteria

1. To help clients/patients to receive the most appropriate and highest quality treatment services,
2. To encourage the development of a comprehensive continuum of care,
3. To promote the effective, efficient use of care resources,
4. To help enhance access and protect funding for care.

The ASAM criteria offer a system for improving the “modality match” through the use of multidimensional assessment and treatment planning that permits more objective evaluation of patient outcomes.

3

Guiding Principles of the ASAM Criteria

- Moving from one-dimensional to multidimensional assessment
- Clarifying the goals of treatment, and “Medical Necessity”
- Focusing on treatment outcomes while moving away from using previous “treatment failure” as an admission prerequisite
- Moving toward an interdisciplinary, team approach to care and clarifying the role of the physician
- Engaging with “informed consent”
- Incorporating ASAM’s definition of addiction
- Identifying adolescence specific needs

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Six Dimensions of a Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

5

Assessment Dimensions	Assessment and Treatment Planning Focus
1. Acute Intoxication and/or Withdrawal Potential	
2. Biomedical Conditions and Complications	
3. Emotional, Behavioral or Cognitive Conditions and Complications	

6

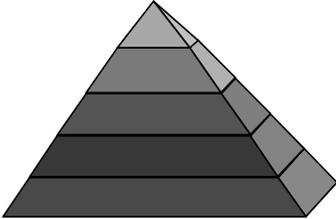
Assessment Dimensions	Assessment and Treatment Planning Focus
4. Readiness to Change	
5. Relapse, Continued Use or Continued Problem Potential	
6. Recovery Environment	

ASAM Dimensions	ASI* Domains
▪ Acute Intoxication and/or Withdrawal Potential	▪ Alcohol, Drugs
▪ Biomedical Conditions and Complications	▪ Medical
▪ Emotional, Behavioral, or Cognitive Conditions and Complications	▪ Psychiatric
▪ Readiness to Change	
▪ Relapse, Continued Use, or Continued Problems Potential	▪ Alcohol, Drugs
▪ Recovery and Living Environment	▪ Employment support, Legal, Family social

*ASI: Addiction Severity Index, most commonly used assessment in CA

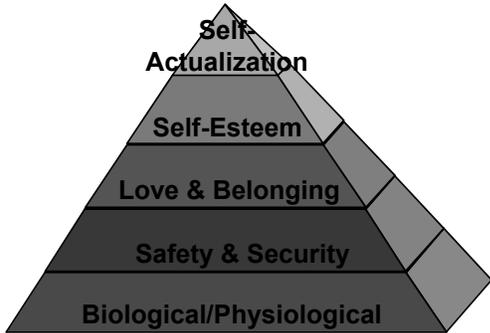
Now that we have the dimensions identified . . .

How do we prioritize them when making placement decision?



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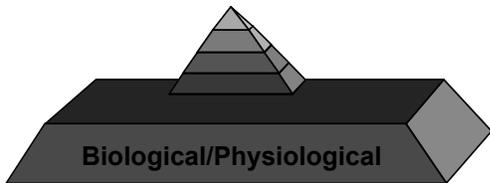
Remember Maslow's Hierarchy of Needs?



10

Physical Needs

- **Substance Use**
- **Physical Health Management**
- **Medication Adherence Issues**



11

Safety & Security

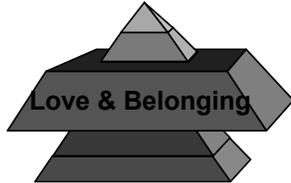
- **Mental health management**
- **Functional impairments**
- **Legal issues**



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Love & Belonging Needs

- **Social & interpersonal skills**
- **Need for affiliation**
- **Relationships-Family and Friends**



13

Self-Esteem

- **Achievement and mastery**
- **Independence/status**
- **Prestige**



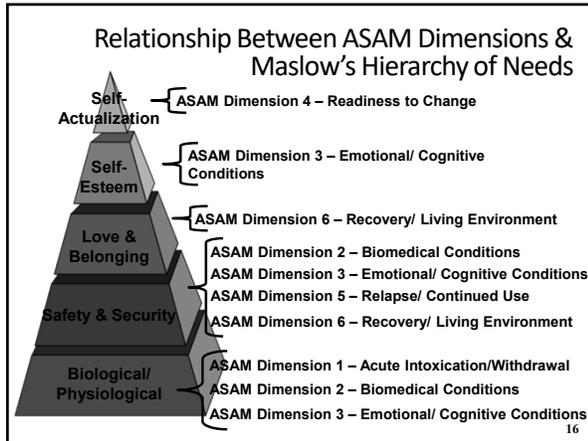
14

Self-Actualization

- **Seeking personal potential**
- **Self-fulfillment**
- **Personal growth**



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Case Scenario

John Doe

Case Scenario

John Doe

- 27 year old Caucasian man with a history of opioid misuse who was referred to substance use treatment for heroin use and depression.
- Entered Intensive Outpatient (IOP) two weeks ago.
- Prior to treatment, went to ER, looking for “pills.” Was hostile and manipulative later admitting that he “just wanted to avoid withdrawals.” He then reluctantly agreed to enter detox and intensive outpatient (IOP).
- Strong cravings after medically assisted withdrawal. Willing to try treatment even though he doesn't believe in it.”
- Given a referral for medication-assisted treatment (MAT) and was started on buprenorphine.



Case Scenario



John Doe

- Using opioids for the past three years, originally for pain. Switched to heroin 8 months ago. Drinking alcohol since 16, “socially.” Occasional marijuana use and 2-3 tobacco cigarettes per day.
- Currently transient and unemployed. Unable to function at work due to his increasing substance use. Lost his job and apartment one year ago, and is “crashing” on friend’s couches.
- Little social support; his family was “unaware” of his drug use.
- He reported feelings of sadness, lowered self-worth, and loss of interest; just wants to “get high with pills or smack”.

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.*

Six Dimensions of Multidimensional Assessment

<ol style="list-style-type: none"> 1. Acute Intoxication and/or Withdrawal Potential 2. Biomedical Conditions and Complications 3. Emotional, Behavioral, or Cognitive Conditions and Complications 4. Readiness to Change 5. Relapse, Continued Use, or Continued Problems Potential 6. Recovery and Living Environment 	<table border="0"> <tr> <td style="text-align: center;">4</td> <td>Utmost Severity Imminent Danger</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Serious Issue, high risk or near imminent danger</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Moderate difficulty, with some persistent chronic issues</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Mild difficulty, Chronic issue likely to resolve soon</td> </tr> <tr> <td style="text-align: center;">0</td> <td>Non-issue, or very low-risk issue. chronic issues likely to be mostly or entirely resolved</td> </tr> </table>	4	Utmost Severity Imminent Danger	3	Serious Issue, high risk or near imminent danger	2	Moderate difficulty, with some persistent chronic issues	1	Mild difficulty, Chronic issue likely to resolve soon	0	Non-issue, or very low-risk issue. chronic issues likely to be mostly or entirely resolved
4	Utmost Severity Imminent Danger										
3	Serious Issue, high risk or near imminent danger										
2	Moderate difficulty, with some persistent chronic issues										
1	Mild difficulty, Chronic issue likely to resolve soon										
0	Non-issue, or very low-risk issue. chronic issues likely to be mostly or entirely resolved										

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What guides placement priorities?

- The highest severity problem, with specific attention to Dimensions 1, 2, and 3 should guide the patient’s entry point into the treatment continuum.
- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care.

Assessing “Immediate Needs” and “Imminent Danger”

- Immediate can be assessed in person or over the phone,
- Should address each of the six dimensions,
- Includes three components:
 - The strong probability that certain behaviors will occur (i.e., continued alcohol or drug use, etc.),
 - That such behaviors will present a significant risk of serious adverse consequences to individual and/or others (i.e., driving while intoxicated, neglect of child, etc.),
 - The likelihood these events will occur in the very near future (within hours or days, **not** weeks or months).

Practice Prioritizing

- Review the Case and list the problem areas:
- Order the list starting with the highest priority
- What is the rationale for making this priority



ASAM Dimensions

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

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Assessing Risk for Each Dimension

4 Utmost severity. Critical impairments/symptoms indicating imminent danger

3 Serious issue or difficulty coping. High risk or near imminent danger

2 Moderate difficulty in functioning with some persistent chronic issues

1 Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon

0 Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

Now it's time to rate JD on the 6 Dimensions

- Review the Full ASAM Assessment and rate the level of severity of the specific dimension that you were assigned
- Break out into 6 groups, with each group taking one dimension. If your group finishes, continue the discussion for the next dimension until time is called



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:	Date:	Phone Number:			
Okay to leave voicemail? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Address:					
DOB:	Age:	Gender:			
Race/Ethnicity:	Preferred Language:	Medi-Cal ID #:			
Other ID# (Plan):					
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> MyHealthLA <input type="checkbox"/> Medicare (Plan): <input checked="" type="checkbox"/> Medi-Cal (Plan): <input type="checkbox"/> Private (Plan): <input type="checkbox"/> Other (Plan):					
Living Arrangement: <input type="checkbox"/> Homeless <input type="checkbox"/> Independent living <input checked="" type="checkbox"/> Other (specify):					
Referred by (specify):					

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): _____

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)	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>				
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Opioid Pain Medications <small>Misuse or without prescription</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Sedatives (Benzos, Sleeping Pills) <small>Misuse or without prescription</small>	<input type="checkbox"/>	<input type="checkbox"/>				
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>				
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				
Over-the-Counter Medications (Cough Syrup, Diet Aids)	<input type="checkbox"/>	<input type="checkbox"/>				
Nicotine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Other:	<input type="checkbox"/>	<input type="checkbox"/>				

Additional Information: _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.	Client Name: _____ Medi-Cal ID: _____ Treatment Agency: _____
--	---

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: _____

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

Please describe: _____

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: _____

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): _____

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

Please describe: _____

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

Please describe: _____

8. **Please describe family history of alcohol and/or drug use:** _____

Please circle one of the following levels of severity

Severity Rating- Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)				
0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferes 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: _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Client Name: _____ **Medi-Cal ID:** _____

Treatment Agency: _____

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

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizure/Neurological | <input checked="" type="checkbox"/> Muscle/Joint Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Vision Problems | <input checked="" type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Hearing Problems | <input checked="" type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Liver Problems | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Pregnant |
| <input checked="" type="checkbox"/> Stomach/Intestinal Problems | <input type="checkbox"/> Asthma/Lung Problems | <input type="checkbox"/> Sexually Transmitted Disease(s): _____ | |
| <input type="checkbox"/> Cancer (specify type[s]): _____ | | <input type="checkbox"/> Infection(s): _____ | |
| <input type="checkbox"/> Allergies: _____ | | <input type="checkbox"/> Other: _____ | |

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

Please describe: _____

12. Provide additional comments on medical conditions, prior hospitalizations (include dates and reasons): _____

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

Please circle one of the following levels of severity

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FULL ASAM ASSESSMENT- ADULT

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

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: _____

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

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

Mood			
<input checked="" type="checkbox"/> Depression/sadness	<input type="checkbox"/> Loss of Pleasure/Interest	<input checked="" type="checkbox"/> Hopelessness	<input checked="" type="checkbox"/> Irritability/Anger
<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Pressured Speech	<input type="checkbox"/> Grandiosity	<input type="checkbox"/> Racing Thoughts
Anxiety			
<input type="checkbox"/> Anxiety/Excessive Worry	<input type="checkbox"/> Obsessive Thoughts	<input type="checkbox"/> Compulsive Behaviors	<input checked="" type="checkbox"/> Flashbacks
Psychosis			
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Delusions: _____	<input type="checkbox"/> Hallucinations: _____	
Other			
<input checked="" type="checkbox"/> Sleep Problems	<input type="checkbox"/> Memory/Concentration	<input type="checkbox"/> Gambling	<input type="checkbox"/> Risky Sex Behaviors
<input type="checkbox"/> Suicidal Thoughts: please describe _____			
<input type="checkbox"/> Thoughts of Harming Others: please describe _____			
<input type="checkbox"/> Abuse (physical, emotional, sexual): _____			
<input checked="" type="checkbox"/> Traumatic Event(s): _____			
<input type="checkbox"/> Other: _____			

16. Have you ever been diagnosed with a mental illness? Yes No Not Sure
 Please describe (e.g., diagnosis, medications?) _____

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): _____

18. Do you ever see or hear things that other people say they do not see or hear? Yes No
 Please describe: _____

19. Question to be answered by interviewer: Based on previous questions, is further assessment of mental health needed? Yes No
 Please describe: _____

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FULL ASAM ASSESSMENT- ADULT

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

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

Medication	Dose	Reason	Effectiveness/Side Effects

21. Please list mental health provider(s):

Provider Name	Contact Information

Please circle one of the following levels of severity

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)				
0 None	1 Mild	2 Moderate	3 Severe	4 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: _____

Dimension 4: Readiness to Change

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

<input checked="" type="checkbox"/> Work	<input type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Physical Health	<input checked="" type="checkbox"/> Finances
<input type="checkbox"/> School	<input checked="" type="checkbox"/> Relationships	<input type="checkbox"/> Sexual Activity	<input type="checkbox"/> Legal Matters
<input checked="" type="checkbox"/> Handling Everyday Tasks	<input checked="" type="checkbox"/> Self-esteem	<input type="checkbox"/> Hygiene	<input checked="" type="checkbox"/> Recreational Activities
<input type="checkbox"/> Other: _____			

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

Please describe: _____

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

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Client Name: _____ Medi-Cal ID: _____
 Treatment Agency: _____

FULL ASAM ASSESSMENT- ADULT

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

25. What would help to support your recovery? _____

26. What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)? _____

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: _____

Please circle one of the following levels of severity

Severity Rating- Dimension 4 (Readiness to Change)				
0	1	2	3	4
None	Mild	Moderate	Severe	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: _____

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: _____

29. Do you find yourself spending time searching for alcohol and/or drugs, or trying to recover from its effects?

Yes No

Please describe: _____

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

Please describe: _____

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

Please check off any triggers that may apply:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Strong Cravings | <input type="checkbox"/> Work Pressure | <input type="checkbox"/> Mental Health | <input checked="" type="checkbox"/> Relationship Problems |
| <input checked="" type="checkbox"/> Difficulty Dealing with Feelings | <input type="checkbox"/> Financial Stressors | <input type="checkbox"/> Physical Health | <input type="checkbox"/> School Pressure |
| <input checked="" type="checkbox"/> Environment | <input checked="" type="checkbox"/> Unemployment | <input checked="" type="checkbox"/> Chronic Pain | <input type="checkbox"/> Peer Pressure |

Other: _____

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Client Name: _____ Medi-Cal ID: _____

Treatment Agency: _____

FULL ASAM ASSESSMENT- ADULT

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

32. What do you do if you are triggered? _____

33. Can you please describe any attempts you have made to either control or cut down on your alcohol and/or drug use?

34. What is the longest period of time that you have gone without using alcohol and/or drugs? _____

35. What helped and didn't help? _____

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: _____

Dimension 6: Recovery/Living Environment

36. Do you have any relationships that are supportive of your recovery? (e.g., family, friends) _____

37. What is your current living situation (e.g., homeless, living with family/alone)? _____

38. Do you currently live in an environment where others are using drugs? Yes No
 Please describe: _____

39. Are you currently involved in relationships or situations that pose a threat to your safety? Yes No
 Please describe: _____

40. Are you currently involved in relationships or situations that would negatively impact your recovery? Yes No
 Please describe: _____

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

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FULL ASAM ASSESSMENT- ADULT

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

Please describe (e.g., where employed, duration of employment, name and type of school): _____

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

Yes No

Please describe: _____

If on parole/probation:

Name of Probation/Parole Officer	Contact Information

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: _____

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Client Name: _____ **Medi-Cal ID:** _____

Treatment Agency: _____

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	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 2 Biomedical Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 4 Readiness to Change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 5 Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 6 Recovery/Living Environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	

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Client Name: _____ **Medi-Cal ID:** _____

Treatment Agency: _____

FULL ASAM ASSESSMENT- ADULT

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

Diagnosis: Diagnostic Statistical Manual, 5th Edition (DSM-5) Criteria For Substance Use Disorder

#	Substance Use Disorder Criteria (DSM-5)	Name of Substance(s)		
		#1:	#2:	#3:
1	Substance often taken in larger amounts or over a longer period than was intended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is a persistent desire or unsuccessful efforts to cut down or control substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Craving, or a strong desire or urge to use the substance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Important social, occupational, or recreational activities are given up or reduced because of substance use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Recurrent substance use in situations in which it is physically hazardous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tolerance, as defined by either of the following: - A need for markedly increased amounts of the substance to achieve intoxication or desired effect. - A markedly diminished effect with continued use of the same amount of the substance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Withdrawal, as manifested by either of the following: - The characteristic withdrawal syndrome for the substance. - Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Number of Criteria				

Please check off any symptoms that have occurred in the past 12 months.

List of Substance Use Disorder(s) that Meet DSM-5 Criteria and Date of DSM-5 Diagnosis (specify severity level):

* The presence of **at least 2** of these criteria indicates a **substance use disorder**.

** The severity of the substance use disorder is defined as:

- **Mild:** Presence of **2-3 criteria**
- **Moderate:** Presence of **4-5 criteria**
- **Severe:** Presence of **6 or more criteria**

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Client Name: _____ **Medi-Cal ID:** _____

Treatment Agency: _____

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)?																				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe: <u>Client has been inducted on to Suboxone for his opioid use disorder.</u>																									

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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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Service Not Available | <input type="checkbox"/> Provider Judgment | <input type="checkbox"/> Client Preference |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Financial | <input type="checkbox"/> Preferred to Wait |
| <input type="checkbox"/> Language/ Cultural Considerations | <input type="checkbox"/> Environment | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Other: _____ | | | |

Briefly Explain Discrepancy: _____

Designated Treatment Location and Provider Name: _____

Counselor/LPHA Name: _____ Signature: _____ Date: _____

*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.

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Client Name: _____ Medi-Cal ID: _____

Treatment Agency: _____

Assessment Considerations: Dimension 1

1. Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

- ❖ What risk is associated with current level of intoxication?
- ❖ Are intoxication management services needed?
- ❖ What is the risk of severe withdrawal symptoms, seizures or other medical complications?
- ❖ Are there current signs of withdrawal?
- ❖ What are the scores of the standardized withdrawal rating scales?
- ❖ What are the patient's vital signs?
- ❖ Does the patient have support to complete an ambulatory withdrawal, if medically safe to consider?



Assessment Considerations: Dimension 2

2. Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

- ❖ Other than withdrawal, what are the current physical illnesses that should be addressed?
- ❖ What are the chronic conditions that need to be stabilized?
- ❖ Is there a communicable disease present?
- ❖ Is the patient pregnant? What is her pregnancy history?



Assessment Considerations: Dimension 3

3. Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring thoughts, emotions, and mental health issues

- ❖ Are there psychiatric, psychological, behavioral, emotional or cognitive conditions needing to be addressed?
- ❖ What if any chronic conditions need to be stabilized (eg, bipolar disorder or chronic anxiety)?
- ❖ Are the behavioral or cognitive symptoms part of the addictive disorder?
- ❖ Do the emotional, cognitive or behavioral conditions require mental health system care (eg, suicidal ideation and depression)?
- ❖ Is the patient able to participate in daily activities?
- ❖ Can she/he cope with these symptoms?



Assessment Considerations: Dimension 4

4. Readiness to Change

Exploring an individual's readiness and interest in changing

- ❖ How aware is the patient of the relationship between her/his substance use and behaviors involved in the pursuit of reward or relief of negative life consequences?
- ❖ How ready, willing or able does the patient feel to make changes to her/his behaviors?
- ❖ How much does the patient feel in control of his or her treatment service?



Assessment Consideration: Dimension 5

5. Relapse, Continued Use, or Continued Problems

Exploring an individual's relapse experiences/history of continued use

- ❖ Is the patient in immediate danger of continued mental health distress or substance use?
- ❖ Does the patient have an understanding of how to manage his mental health condition, in order to prevent continued use?
- ❖ What is her/his experience with addiction and/or psychotropic meds?
- ❖ How well can she/he cope with withdrawal, craving, or impulses?
- ❖ How well can the patient cope with negative affects, peer pressure and stress?
- ❖ How severe are the problems that may continue or reappear if the patient isn't successfully engaged in treatment?
- ❖ Is the patient familiar with relapse trigger and does she/he possess the skills to control her/his impulses to use or harm her/himself?



Assessment Considerations: Dimension 6

6. Recovery and Living Environment

Evaluating the individuals living situation, environmental resources and challenges, including family and friends

- ❖ What in the individuals environment poses a threat to the persons safety or ability to engage in treatment?
- ❖ What are the environment resources the individual can draw upon, including family, friends, education or vocational that can support her/his recovery?
- ❖ Are there any legal, vocational or social mandates that may enhance treatment engagement?
- ❖ What are environmental barriers that need to be addressed, including transportation, child care, housing, employment, etc.?



What guides placement priorities?

- The highest severity problem, with specific attention to Dimensions 1, 2, and 3 should guide the patient’s entry point into the treatment continuum.

- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care.

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Levels of Care

- 0.5 Early Intervention
1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

ASAM Levels of Care

	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT).	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Partial Hospitalization Facilities
ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate/use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM designated Residential Providers
ASAM	Title	Description	Provider
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospitals; FreeStanding Psychiatric Hospitals.
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Recovery Hospitals, Hospitals; Free Standing Psychiatric Hospitals.
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT).	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	Department of Health Care Services (DHCS) Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Partial Hospitalization Facilities

Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate/use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM designated Residential Providers

Ok...So it's a little more complicated than that, but only in the specific

ASAM	Title	Description	Provider
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospitals, Free Standing Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Recovery Hospitals, Hospitals; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

Engage the person in their own care!



Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Levels of Care

- 0.5 Early Intervention
1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment

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 Stability of Acute Intoxication, Withdrawal Potential			Dimension 2 Biomedical Conditions and Complications			Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications			Dimension 4 Readiness to Change			Dimension 5 Relapse, Continued Use, or Continued Problems Potential			Dimension 6 Recovery/Living Environment						
		None	Mild	Mod	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev			
Atypicality of Withdrawal Management without Extended On-Site Monitoring	3-WSM																						
Atypicality of Withdrawal Management with Extended On-Site Monitoring	2-WSM																						
Clinically Monitored Residential Withdrawal Management	3.2-WSM																						
Medically Monitored Inpatient Withdrawal Management	3.7-WSM																						
Medically Monitored Intensive Inpatient Withdrawal Management	4-WSM																						
ASAM Criteria Level of Care - Other Treatment and Recovery Services																							
Severity / Support Rating		None	Mild	Mod	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev
Early Intervention	0.5																						
Outpatient Services	1																						
Intensive Outpatient Services	2																						
Partial Hospitalization Services	2.5																						
Clinically Monitored Low-Intensity Residential Services	3.1																						
Clinically Monitored Population-Specific High-Intensity Residential Services	3.3																						
Clinically Monitored High-Intensity Residential Services	3.5																						
Medically Monitored Intensive Inpatient Services	3.7																						
Medically Monitored Intensive Inpatient Services	4																						
ASAM Criteria Level of Care - Other Treatment and Recovery Services																							
Severity / Support Rating		None	Mild	Mod	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev	None	Mild	Sev
Special Treatment Program																							
Would the patient with alcohol or opioid use disorders benefit from and be interested in Medication-Assisted Treatment (MAT)? Please describe: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure																							

Treatment Planning and the ASAM Criteria



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Treatment Plan Components

1. **Problem Statements** are based on information gathered during the assessment
2. **Goal Statements** are based on the problem statements and are reasonably achievable during the active treatment phase



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Problem Statement Examples

- Van* is experiencing increased tolerance for alcohol as evidenced by the need for more alcohol to become intoxicated or to achieve the desired effect
- Meghan* is currently pregnant and requires assistance obtaining prenatal care
- Tom's* psychiatric problems compromise his concentration on recovery



*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt

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Goal Statement Examples

- Van* will safely withdraw from alcohol, stabilize physically, and begin to establish a recovery program
- Meghan* will obtain necessary prenatal care
- Reduce the impact of Tom's* psychiatric problems on his recovery and relapse potential



*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt 46

Treatment Plan Components

3. Action Steps are linked to the goals and indicate specific actions (small steps) meet those goals

- a. what the client will do to meet the goals
- b. what the staff will do

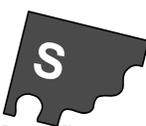


Other common terms:

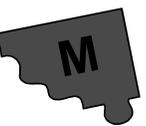
- Action Steps
- Measurable activities
- Treatment strategies
- Benchmarks
- Tasks

47

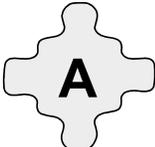
Let make sure that our Action Steps are S.M.A.R.T.



S
Specific



M
Measurable



A
Attainable



R
Realistic



T
Time-bound

48

Objectives & Interventions (It M.A.T.R.S.!)

Specific



- Objectives and interventions are specific and goal-focused
- Address in specific behavioral terms how level of functioning or functional impairments will improve

Examples of Objectives

Specific



- Van will report acute withdrawal symptoms
- Van will begin activities that involve a substance-free lifestyle and support his recovery goals
- Meghan will visit an OB/GYN physician or nurse for prenatal care
- Tom will list 3 times when psychological symptoms increased the likelihood of relapse

Examples of Interventions

Specific



- Staff medical personnel will evaluate Van's need for medical monitoring or medications
- Staff will call a medical service provider or clinic with Meghan to make an appointment for necessary medical services
- Staff will review Tom's list of 3 times when symptoms increased the likelihood of relapse and discuss effective ways of dealing with those feelings

Objectives & Interventions (It M.A.T.R.S.!)



Measurable

- Objectives and interventions are measurable
- Achievement is observable
- Measurable indicators of client progress
 - Assessment scales/scores
 - Client report
 - Behavioral and mental status changes

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Objectives & Interventions (It M.A.T.R.S.!)



Attainable

- Objectives and interventions are attainable during active treatment phase
- Focus on “improved functioning” rather than a “cure”
- Identify goals attainable in level of care provided
- Revise goals when client moves from one level of care to another

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Objectives & Interventions (It M.A.T.R.S.!)

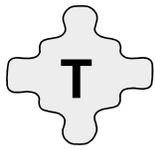


Realistic

- Client can realistically complete objectives within specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

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Objectives & Interventions (It M.A.T.R.S.!)



Time-limited

- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

Examples of Goals and Action Steps

1. Will engage in social activities with family and friends at least once a week for the next month.

1a. Attend social activities or have a phone conversation with friends at least once a week for the next month.

2. Will identify a sponsor within the next 2 weeks.

2a. Provide Client with the resource list for self-help groups .

2b. Client will attend at least 3 support groups to explore the possibility of connecting with a sponsor within the next week

2c. Will follow up on client's progress in acquiring a sponsor in the next 2 weeks (at the next clinic visit.)



Considerations in Writing . . .

- All problems identified are included regardless of available agency services
- Include all problems whether deferred or addressed immediately
- Each dimension should be reviewed
- A referral to outside resources is a valid approach to addressing a problem



Tips on Writing Problem Statements

- **Non-judgmental**
- **No jargon statements**
 - Client is in denial.**
 - Client is co-dependent.**



Changing Language

1. **Client has low self-esteem.**
2. **Client is in denial.**
3. **Client is alcohol dependent.**
4. **Client is promiscuous.**
5. **Client is resistant to treatment.**
6. **Client is on probation because he is a bad alcoholic.**



Changing Language - Examples

1. Client has low self-esteem.
Client averages 10 negative self-statements daily
2. Client is in denial.
Client reports two DWIs in past year but states that alcohol use is not a problem
3. Alcohol Dependent.
Client experiences tolerance, withdrawal, loss of control, and negative life consequences due to alcohol use



Changing Language - Examples

- 4. Client is promiscuous.
Client participates in unprotected sex four times a week
- 5. Client is resistant to treatment.
In past 12 months, client has dropped out of 3 treatment programs prior to completion
- 6. Client is on probation because he is a bad alcoholic.
Client has legal consequences because of her/his alcohol-related behavior

Problem Statements



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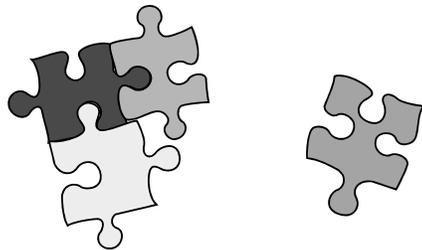
The S.M.A.R.T. Test



- Specific?** Will client understand what is expected and how program/staff will assist in reaching goals
- Measurable?** Can change be documented?
- Attainable?** Achievable within active treatment phase?
- Realistic?** Is it reasonable to expect the client will be able to take steps on his or her behalf? Is it agreeable to client and staff?
- Time-Related?** Is time frame specified? Will staff be able to review within a specific period of time?

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Let's Practice Setting Goals and Actions Steps for a Treatment Plan



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**SUBSTANCE ABUSE PREVENTION AND CONTROL
TREATMENT PLAN FORM**

Mail: Substance Abuse Prevention and Control
1000 S. Fremont Ave, Bldg. A9 East, 3rd Floor, Alhambra, CA 91803
To check submission status call (XXX) XXX-XXXX (XXX) XXX-XX

Website: <http://publichealth.lacounty.gov/sapc/>
Fax: (XXX) XXX-XXX

1. Name (Last, First, and Middle) Doe, John		2. Date of Birth (MM/DD/YY): 1/1/1989	3. Medi-Cal Identification Number: 123-45-6789
4. Primary Counselor's Name: Greg Lollipop		5. Treatment Provider: Healing SUD Treatment Center	
6. DSM-5 Diagnosis(es): Opioid Use Disorder (Severe)			
7. Is Patient's Physical Examination Result Available? <input checked="" type="checkbox"/> If yes, provide the date the physical exam was completed: 8/21/2015 <input type="checkbox"/> If no, provide the date of scheduled physical exam appointment:			
8. Assessment Date: 1/21/16		9. Updated Treatment Plan Date:	

ASAM Dimensions: 1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment
Severity: 0 - None; 1 - Mild, 2 - Moderate, 3 - Severe, and 4 - Very Severe.

PROBLEM # 1			
10. Problem Statement: Opioid abuse.			
11. Long-Term Goal: "I want to stop using drugs"			
12. Treatment Start Date: 1/21/2016	13. Dimension: 5	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	
15. Short-Term Goal(s) (SMART): 1. Client will learn to recognize at least 3 triggers to reduce the chance of relapse within 1 month. 2. Client will increase control over cravings by learning to use coping skills from 0 per week to 3 per week to prevent relapse. 3. Client will continue with Suboxone as prescribed by the MAT provider.		16. Action Steps: 1.a Client will participate in relapse prevention group sessions 3 times a week. 2.a CBT group counseling by SUD provider 3 times a week. 3.a Will follow up with Client on experience with MAT and coordinate care with MAT prescriber weekly.	
17. Target Date(s): 1.a 2/21/2016 2.a 3/21/2016 3.a 4/21/2016		18. Complete Date:	

PROBLEM # 2			
10. Problem Statement: Currently living on friends' couches.			
11. Long-Term Goal: "To have my own place to live"			
12. Treatment Start Date: 1/21/2016	13. Dimension:	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
15. Short-Term Goal(s) (SMART): 1. Identify at least 2 housing options within 1 month.		16. Action Steps:	
17. Target Date(s): 1.a 1/28/2016 1.b 2/21/2016 1.c 2/4/2016		18. Complete Date:	

<small>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.</small>	Client Name: John Doe	Medi-Cal ID: 123-45-6789
	Treatment Agency: Healing SUD Treatment Center	

PROBLEM # 3		
10. Problem Statement: No support from family and friends.		
11. Long-Term Goal: "To have supportive people surrounding me"		
12. Treatment Start Date:	13. Dimension:	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15. Short-Term Goal(s) (SMART):		16. Action Steps:
17. Target Date(s):		18. Complete Date:

PROBLEM # 4		
10. Problem Statement: Patient reported symptoms of depression.		
11. Long-Term Goal: "I have been feeling upset and having flashbacks from accident".		
12. Treatment Start Date:	13. Dimension:	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15. Short-Term Goal(s) (SMART):		16. Action Steps:
17. Target Date(s):		18. Complete Date:

TYPE OF SERVICES PROVIDED		
19. <input type="checkbox"/> Individual Counseling as needed: _____ x week	<input type="checkbox"/> Group Counseling: _____ x week	<input type="checkbox"/> Community Support Gro _____ x week
<input type="checkbox"/> UA/Breathalyzer: _____ x week	<input type="checkbox"/> Case Management: _____ x week	<input type="checkbox"/> Recovery Services: _____ x week
<input type="checkbox"/> Crisis Intervention: _____ x week	<input type="checkbox"/> Other: _____	
Referred for Medication-Assisted Treatment (MAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason(s), Yes or No: _____		

Use the addendum for additional problems to complete the treatment plan if necessary.

20. Patient's Signature: <i>John Doe</i>	21. Date: 1/21/2016
---	------------------------

22. If the above required patient signature is absent, please explain the refusal or unavailability of the patient's signature. Include the plan to engage the patient to participate in treatment plan development/updates: Not Applicable

23. Print Counselor's Name: Greg Lollipop	24. Counselor's Signature: <i>Greg Lollipop</i>	25. Date: 1/21/2016
26. Print LPHA's Name: Mary Sunshine, LCSW	27. LPHA's Signature: <i>Mary Sunshine, LCSW</i>	28. Date: 1/21/2016

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	Treatment Agency: Healing SUD Treatment Center	

TREATMENT PLAN FORM INSTRUCTIONS

1. Enter the patient's name in the order of last name, first name, and middle name.
2. Enter the patient's date of birth.
3. Enter the patient's Medi-Cal number.
4. Enter the primary counselor's name.
5. Enter the agency's name.
6. Enter the patient's DSM-5 Diagnosis(es).
7. Answer the question "Is Patient's Physical Examination Result Available?" If the answer is affirmative, mark the "yes" box; if the physical exam result is not available mark the "no" box and enter the date of scheduled physical exam appointment.
8. Enter the date the patient assessment was performed.

9. Enter the date the treatment plan is updated.

PROBLEM(S) # 1-4

- 10. Enter the problem statement. Problem statements focus on the patient’s current areas of concern and their most immediate areas of need.
- 11. Enter the long-term goal for this problem. Long-term goals are the ultimate results desired when a plan is established or revised.
- 12. Enter the treatment start date.
- 13. Enter the relevant ASAM dimension for respective problem.
- 14. Select severity level for the respective problem (0 for none; 1 for mild, 2 for moderate, 3 for severe, and 4 for very severe).
- 15. Enter the short-term goal for this problem. Short-term goals can be achieved in a limited period of time and frequently lead to the achievement of a long-term goal. Short-term goal(s) must be SMART: Specific, Measurable, Attainable within the treatment plan review period, Realistic, and Time-bound. SMART goals must be linked to the patient’s functional impairment and diagnosis, as documented in the assessment. Multiple short-term goals should be prioritized numerically (1, 2, 3, etc).
- 16. Enter the action steps that will be implemented to achieve the correlated short-term goal. Multiple action steps should be prioritized sequentially (1a, 1b, 1c, etc).
- 17. Enter the projected target date(s) for the patient to achieve the correlated short-term goal(s).
- 18. Enter the completion date the patient actually achieved the short-term goal(s).
- 19. Mark the type and frequency of services to be provided to the patient. (“x week” means the number of times the marked service will be provided to the patient per week).
Additionally, indicate if the patient is referred for Medication-Assisted Treatment (MAT) and provide the reasons why patient is referred or not referred (e.g., opioid user, patient is already on MAT, patient declined, etc.).

NAME AND SIGNATURE OF INVOLVED PARTIES

- 20. Enter the patient’s signature.
- 21. Enter the date the patient signs the treatment plan.
- 22. Mark “Not Applicable” if patient’s signature is present. If the required patient signature is absent, provide explanation of the refusal or unavailability of the patient signature and document the plan to engage the patient to participate in treatment plan development/updates.
- 23. Enter the counselor’s name.
- 24. Enter the counselor’s signature.
- 25. Enter the date the counselor signs the treatment plan.
- 26. Enter the LPHA’s name.
*Note: Licensed Practitioner of the Healing Arts [LPHA] includes Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologists [LCP], Licensed Clinical Social Workers [LCSW], Licensed Professional Clinical Counselors [LPCC], and Licensed Marriage and Family Therapists [LMFT] and licensed-eligible practitioners working under the supervision of licensed clinicians.
- 27. Enter the LPHA’s signature.
- 28. Enter the date the LPHA reviews and signs the treatment plan.

INTERNAL SAPC USE ONLY

This section reserved for internal SAPC use only.

<i>SUBMIT THE TREATMENT PLAN FORM TO:</i>	
Mail:	Substance Abuse Prevention and Control 1000 S. Fremont Ave., Bldg. A9 East, 3rd Floor Alhambra, CA 91803
Fax:	(XXX) XXX-XXXX
Website:	http://publichealth.lacounty.gov/sapc/

ADDENDUM - TREATMENT PLAN

PROBLEM # 5		
10. Problem Statement: Chronic back pain related to the bike accident 3 years ago		
11. Long-Term Goal: "I want to go back to work, but this back pain is killing me".		
12. Treatment Start Date: 1/21/2016	13. Dimension: 2	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15. Short-Term Goal(s) (SMART): 1. Ensure the client have an appointment to see his primary care provider (PCP) for pain management within next week.		16. Action Steps: 1a. Client will call his PCP to make an appointment by next week. 1b. Case manager/coordinator will follow up to ensure the client has made an appointment with PCP by next week.
17. Target Date: 1.a 1/28/2016 1.b. 1/28/2016		18. Complete Date:

PROBLEM #		
10. Problem Statement:		
11. Long-Term Goal:		
12. Treatment Start Date:	13. Dimension:	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15. Short-Term Goal(s) (SMART):		16. Action Steps:
17. Target Date:		18. Complete Date:

PROBLEM #		
10. Problem Statement:		
11. Long-Term Goal:		
12. Treatment Start Date:	13. Dimension:	14. Severity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
15. Short-Term Goal(s) (SMART):		16. Action Steps:
17. Target Date:		18. Complete Date:

TYPE OF SERVICES PROVIDED		
19. <input type="checkbox"/> Individual Counseling as needed: _____ x week	<input type="checkbox"/> Group Counseling: _____ x week	<input type="checkbox"/> Community Support Gro _____ x week
<input type="checkbox"/> UA/Breathalyzer: _____ x week	<input type="checkbox"/> Case Management: _____ x week	<input type="checkbox"/> Recovery Services: _____ x week
<input type="checkbox"/> Crisis Intervention: _____ x week	<input type="checkbox"/> Other: _____	
Referred for Medication-Assisted Treatment (MAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason(s), Yes or No: _____		

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	John Doe	123-45-6789
	Treatment Agency: Healing SUD Treatment Center	

Progress Notes

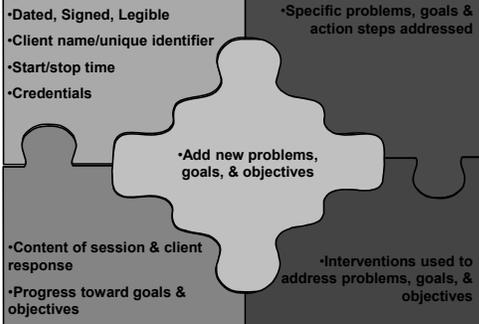
SOAP
Subjective-Objective-
Assessment-Plan

BIRP
Behavior-Intervention-
Response-Plan

GIRP
Goal-Intervention-
Response-Plan

SIRP
Situation-Intervention-
Response-Plan

Documentation – Basic Guidelines



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Documentation: Basic Guidelines

Entries should include . . .

- Your professional assessment
- Continued plan of action



66

Documentation: Basic Guidelines

Describes . . .

- **Changes in client status**
- **Response to and outcome of interventions**
- **Observed behavior**
- **Progress towards goals and completion of objectives**



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Documentation: Basic Guidelines

The client's treatment record is a legal document



68

Documentation: Basic Guidelines

Legal Issues & Recommendations:

- **Document non-routine calls, missed sessions, and consultations with other professionals**
- **Avoid reporting staff problems in case notes, including staff conflict and rivalries**
- **Chart client's non-conforming behavior**
- **Record unauthorized discharges and elopements**
- **Note limitations of the treatment provided to the client**



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S.O.A.P. Method of Documentation

Subjective - client's observations or thoughts, client statement

Objective - counselor's observations during session

Assessment - counselor's understanding of problems and test results 

Plan - goals, objectives, and interventions reflecting identified needs

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Other Formats

GIRP	SIRP	BIRP
Goal: Patient's current focus and/or short-term goal, based on the assessment and treatment plan.	Situation: Patient's presenting situation at the beginning of intervention	Behavior: Patient statements that capture the theme of the session and provider observations of the patient. Quotes or paraphrase
Intervention: Methods used to address the patient's goal, provider's observations, and treatment goals and objectives.	Intervention: Methods used to address the patient's goal, provider's observations, and treatment goals and objectives.	Intervention: Methods used to address the patient's goal, provider's observations, and treatment goals and objectives.
Response: Patient's response and progress made toward goals and objectives.	Response: Patient's response and progress made toward goals and objectives.	Response: Patient's response and progress made toward goals and objectives.
Plan: The treatment plan moving forward, based on the clinical information acquired and the assessment	Plan: The treatment plan moving forward, based on the clinical information acquired and the assessment	Plan: The treatment plan moving forward, based on the clinical information acquired and the assessment

Let's Write Some Notes.

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SOAP FORMAT)**

DSM-5 DIAGNOSIS(ES)

Opioid Use Disorder: Severe

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SOAP FORMAT

S - Subjective:

Patient statements that capture the theme of the session. Brief statements as quoted by the patient may be used, as well as paraphrased summaries.

Client reported feeling depressed, but not suicidal, since his bike accident and stated "I didn't care if I was sad with the pills or smack." He stated, "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." He reported residual pain from his bike accident.

O - Objective

Observable data or information supporting the subjective statement. This may include the physical appearance of the patient (e.g., sweaty, shaky, comfortable, disheveled, well-groomed, well-nourished), vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.

Client was withdrawn and guarded. He participated in group therapy and engaged in the group process with the help of the counselor. He was able to identify two "triggers," such as "seeing the scars from my accident" and "being around other people who use stuff." Withdrawal symptoms have resolved; however, he still has strong cravings despite improvement since starting Suboxone.

A - Assessment

The counselor's or clinician's assessment of the situation, the session, and the patient's condition, prognosis, response to intervention, and progress in achieving treatment plan goals/objectives. This may also include the diagnosis with a list of symptoms and information around a differential diagnosis.

Opioid use: post-withdrawal. Overall, Mr. Doe appears engaged in SUD treatment at this time. He still has strong cravings and is fearful of relapse, but appears to be responding to Suboxone. Unclear if higher dose is necessary – will coordinate with Suboxone prescriber. He continues to report depressive and pain symptoms and would benefit from further mental and physical health follow up, respectively.

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

Substance Use
 - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber.
 - Counselor will refer the client to case management for help with housing and employment.
Mental Health
 - Given ongoing depressive symptoms, will refer for mental health assessment.
Physical Health
 - Client will call his PCP to make an appointment by next week.
 - Refer to case management to f/u to ensure the client made PCP appointment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain: _____

Provider Name:

Greg Lollipop

Provider Signature:

Greg Lollipop

Date:

1/28/2016

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Client Name:

John Doe

Medi-Cal ID:

123-45-6789

Treatment Agency:

Healing SUD Treatment Center

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (GIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

Opioid Use Disorder: Severe

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

Dimension 1 Dimension 2 Dimension 3 Dimension 4 Dimension 5 Dimension 6

GIRP FORMAT

G - Goal

Patient's current focus and/or short-term goal, based on the assessment and treatment plan.

Client will identify three triggers of substance use in order to reduce risk of relapse, and will increase control over cravings, as evidenced by using learned coping skills from 0 times per day to 3x per day. He will decrease depressive symptoms by engaging in positive social interactions 1x per week.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

Client attended a relapse prevention group led by counselor, who facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identify triggers and ways to cope, such as social support, relaxation skills, and change of environment.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

When the patient participated in group, he appeared withdrawn and guarded. He was able to engage in the group process with the help of the counselor, and reported having difficulties with triggers, saying, "that's why I never stopped using." He reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." He identified two triggers such as, "seeing the scars from my accident" and "being around other people that use stuff".

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

Substance Use
- Mr. Doe will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber.
- Counselor will refer the client to case management for help with housing and employment.
Mental Health
- Given ongoing depressive symptoms, will refer for mental health assessment.
Physical Health
- Client will call his PCP to make an appointment by next week.
- Refer to case management to f/u to ensure the client made PCP appointment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable Yes No, Please Explain: _____

Provider Name:

Greg Lollipop

Provider Signature:

Greg Lollipop

Date:

1/28/2016

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Client Name:

John Doe

Medi-Cal ID:

123-45-6789

Treatment Agency:

Healing SUD Treatment Center

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

Opioid Use Disorder: Severe

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SIRP FORMAT

S - Situation

Patient's presenting situation at the beginning of intervention. May include counselor/clinician observations, patient's subjective report and the intervention setting.

Client recently completed withdrawal management from opioids and was started on Suboxone. He reported improved but ongoing cravings. During interactions, he appeared withdrawn and guarded, and reported feeling sad since his bike accident and stated "I didn't care if I was sad with the pills or smack." He also said, "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He reported being fearful of relapsing and seemed to have reservations about group treatment, but also seemed to be engaged and benefiting from the Suboxone portion of his treatment plan. He reported ongoing pain from his bike accident.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

Client attended a relapse prevention group led by counselor, who facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identify triggers and ways to cope, such as social support, relaxation skills, and change of environment.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

Client appeared withdrawn and guarded when in the group. He was able to engage in the group process with the help of the counselor and reported having difficulties with triggers, saying, "that's why I never stopped using." Client reported being fearful of relapse due to strong cravings, but stated, "I feel better being on Suboxone, it makes the cravings more manageable." He identified two triggers, such as "seeing the scars from my accident" and "being around other people that use stuff."

P - Progress

The treatment plan progress made toward treatment goals and objectives, as well as the plan for future interventions as determined by the clinical picture.

Substance Use
 - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber.
 - Counselor will refer the client to case management for help with housing and employment.
Mental Health
 - Given ongoing depressive symptoms, will refer for mental health assessment.
Physical Health
 - Client will call his PCP to make an appointment by next week.
 - Refer to case management to f/u to ensure the client made PCP appointment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Greg Lollipop

Provider Signature:

Greg Lollipop

Date:

1/28/2016

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Client Name:

John Doe

Medi-Cal ID:

123-45-6789

Treatment Agency:

Healing SUD Treatment Center

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (BIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

Opioid Use Disorder: Severe

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

BIRP FORMAT

B - Behavior

Patient statements that capture the theme of the session and provider observations of the patient. Brief statements as quoted by the patient may be used, as well as paraphrased summaries that closely adhere to patient statements. Provider observations may include the physical appearance of the patient, vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.

Client appeared withdrawn and guarded when in the group. He reported feeling sad and "feeling down since my bike accident." He stated "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He recently started on Suboxone and reports improved but ongoing cravings, as well as fear of relapse. Client appeared uncertain towards group treatment but was engaged in the Suboxone portion of the treatment plan. He reported ongoing pain from his bike accident.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

Client attended a relapse prevention group led by counselor. Counselor facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identifying triggers and ways to cope, such as social support, relaxation skills, and change of environment.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

When the client participated in group, he appeared withdrawn and guarded. He was able to engage in the group process with the help of the counselor and reported having difficulties with triggers, saying, "that's why I never stopped using." Patient reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." Patient identified two triggers such as, "seeing the scars from my accident" and "being around other people that use stuff."

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

Substance Use
 - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber.
 - Counselor will refer the client to case management for help with housing and employment.
Mental Health
 - Given ongoing depressive symptoms, will refer for mental health assessment.
Physical Health
 - Client will call his PCP to make an appointment by next week.
 - Refer to case management to f/u to ensure the client made PCP appointment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Greg Lollipop

Provider Signature:

Mary Sunshine

Date:

1/28/2016

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Client Name:

John Doe

Medi-Cal ID:

123-45-6789

Treatment Agency:

Healing SUD Treatment Center

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SOAP FORMAT)**

DSM-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

- Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SOAP FORMAT

<p>S - Subjective: Patient statements that capture the theme of the session. Brief statements as quoted by the patient may be used, as well as paraphrased summaries.</p>	
<p>O - Objective Observable data or information supporting the subjective statement. This may include the physical appearance of the patient (e.g., sweaty, shaky, comfortable, disheveled, well-groomed, well-nourished), vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.</p>	
<p>A - Assessment The counselor's or clinician's assessment of the situation, the session, and the patient's condition, prognosis, response to intervention, and progress in achieving treatment plan goals/objectives. This may also include the diagnosis with a list of symptoms and information around a differential diagnosis.</p>	
<p>P - Plan The treatment plan moving forward, based on the clinical information acquired and the assessment.</p>	

If the patient's preferred language is not English, were linguistically appropriate services provided?
 Not Applicable
 Yes
 No, Please Explain: _____

Provider Name: _____	Provider Signature: _____	Date: _____
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**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (GIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

- Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

GIRP FORMAT

G - Goal Patient's current focus and/or short-term goal, based on the assessment and treatment plan.	
I - Intervention Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.	
R - Response The patient's response to intervention and progress made toward individual plan goals and objectives.	
P - Plan The treatment plan moving forward, based on the clinical information acquired and the assessment.	

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain: _____

Provider Name: _____	Provider Signature: _____	Date: _____
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Client Name: _____	Medi-Cal ID: _____				
Treatment Agency: _____					

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

- Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SIRP FORMAT

S - Situation

Patient's presenting situation at the beginning of intervention. May include counselor/clinician observations, patient's subjective report and the intervention setting.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

P - Progress

The treatment plan progress made toward treatment goals and objectives, as well as the plan for future interventions as determined by the clinical picture.

If the patient's preferred language is not English, were linguistically appropriate services provided?

- Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Provider Signature:

Date:

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Client Name:

Medi-Cal ID:

Treatment Agency:

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (BIRP FORMAT)**

DSM-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

- Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

BIRP FORMAT

<p>B - Behavior Patient statements that capture the theme of the session and provider observations of the patient. Brief statements as quoted by the patient may be used, as well as paraphrased summaries that closely adhere to patient statements. Provider observations may include the physical appearance of the patient, vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.</p>	
<p>I - Intervention Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.</p>	
<p>R - Response The patient's response to intervention and progress made toward individual plan goals and objectives.</p>	
<p>P - Plan The treatment plan moving forward, based on the clinical information acquired and the assessment.</p>	

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain:

Provider Name: 	Provider Signature: 	Date:
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Client Name: 	Medi-Cal ID: 				
Treatment Agency: 					

Discharge/Transfer Planning

- Narrative summary of the treatment episode. Describe services received and the patient's response by ASAM Dimensions
- Indicate patient's prognosis: "Good", "Fair", or "Poor", and provide an explanation.
- Describe relapse triggers and the patient's plan to avoid relapse when confronted with each trigger.
- List all patient's medications. Include dosage and response.
- Indicate the reason for the discharge/referral or level of care transferred to if appropriate.
- Describe recommendations for follow up.

**SUBSTANCE ABUSE PREVENTION AND CONTROL
DISCHARGE / TRANSFER FORM**

Mail: Substance Abuse Prevention and Control
1000 S. Fremont Ave, Bldg. A9 East, 3rd Floor, Alhambra, CA 91803
To check submission status call: (XXX) XXX-XXXX

Website: <http://publichealth.lacounty.gov/sapc/>
Fax: (XXX) XXX-XXXX

1. Name (Last, First, and Middle) Doe, John	2. Date of Birth (MM/DD/YY): 1/1/1989	3. Medi-Cal Number: 123-45-6789
4. Admission Date: 1/21/2016	5. Discharge Date: 6/21/2016	6. Discharge Diagnosis: Opiate use disorder (severe)- early remission

7. Narrative summary of the course of treatment episode:
 Dimension 1: Client has not used opioids since entering treatment and continues to utilize buprenorphine as prescribed.
 Dimension 2: Client has been referred to, and continues to work with a pain management specialist and primary care provider to further his recovery from the accident.
 Dimension 3: Client continues to attend individual therapy for his mental health issues. Was evaluated for medication, however it was determined that he could manage with behavioral interventions alone.
 Dimension 4: Client is motivated to work on his substance use, and will continue with outpatient treatment.
 Dimension 5: Client has been able to control his cravings, through the use of MAT, learned coping skills, and meeting regularly with his NA sponsor.
 Dimension 6: Client currently lives in a sober living facility and will need continued support looking for independent housing. He has made improvement with his personal relationships, including his father, and has been gainfully employed for the past two months.

8. Patient's Prognosis: Good Fair Poor
Please explain:
 Mr. Doe has not used opioids for 6 months. He has maintained control over his cravings during this time.

9. Description of relapse triggers and plan to avoid relapse when confronted with each trigger:
 Client reported that his triggers are specific environments and stress from being unemployed and without stable housing. He will avoid relapse through the continued use of MAT, continuing to learn to utilize coping skills during outpatient treatment, checking in with NA sponsor at least 1x per week, and continuing to attend and actively participate in NA meetings.

10. Medications (including dosage & response):
 Suboxone (buprenorphine and naloxone) 16mg/ 4 mg once a day. (This is the targeted maintenance dose). He reports better control over cravings while taking this medication.

11. Reason for Discharge/Referral:

- Completed treatment goals/plan at this level of care
- Left before completing treatment goals/plan with satisfactory progress
- Left before completing treatment goals/plan with unsatisfactory progress
- Discharged by agency for cause (e.g., non-compliance with agency rules)
- Designated SUD level of care is not available at this time
- Discharged into more appropriate other system of care
- Does not meet SUD medical necessity
- Death [administrative discharge]
- Incarceration [administrative discharge]
- Other, Specify:

12. Recommendations for Follow Up:
 Client will be referred to Outpatient SUD treatment to continue to work on relapse prevention. He will continue with MAT as prescribed and will be referred to a case manager with the outpatient SUD provider for assistance with housing. Client will continue his individual therapy with his mental health provider. It is recommended that he continue to see the pain management specialist, physical therapist and maintain contact with primary care provider.

13. Is a copy of this Discharge/Transfer Form provided to the patient?
 Yes No **Explain:**

14. Provider's Name: Greg Lollipop	15. Provider's Signature: <i>Greg Lollipop</i>	16. Date: 6/21/2016
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	Treatment Agency: Healing SUD Treatment Center	

DISCHARGE / TRANSFER FORM INSTRUCTION

The discharge plan shall be completed within thirty (30) calendar days of the date of the last face-to-face treatment contact with the patient.

1. Enter the patient's name in the order of last name, first name, and middle name.
2. Enter the patient's date of birth.
3. Enter the patient's Medi-Cal identification number.
4. Enter the patient's admission date.
5. Enter the patient's discharge date.
6. Enter the patient's discharge diagnosis.
7. Enter a narrative summary of the treatment episode. Describe services received and the patient's response.
8. Mark the appropriate box for patient's prognosis: "Good", "Fair", or "Poor", and provide an explanation.
9. Enter a description of relapse triggers and a plan to avoid relapse when confronted with each trigger.
10. Enter the patient's medications. Include dosage and response.
11. Enter the reason for the discharge/referral. If none of the listed reasons is applicable, check "Other" and provide an explanation.
12. Enter any recommendations for follow up including specify referred level/type of care.
13. If a copy of this form is provided to the patient, check "Yes"; otherwise, check "No" and provide an explanation.
14. Print the provider's name.
15. Enter the provider's signature.
16. Enter the date the provider signs the form.

INTERNAL SAPC USE ONLY

This section reserved for internal SAPC use only.

<i>SUBMIT THE DISCHARGE / TRANSFER FORM TO:</i>	
Mail:	Substance Abuse Prevention and Control 1000 S. Fremont Ave., Bldg. A9 East, 3rd Floor Alhambra, CA 91803
Fax:	(XXX) XXX-XXXX
Website:	http://publichealth.lacounty.gov/sapc/



Albert L. Hasson, M.S.W.

alhasson@ucla.edu

Thomas E. Freese, Ph.D

tfreese@mednet.ucla.edu

www.uclaisap.org

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