THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE

Adult

Notes to interviewers:

If emergent physical or mental health needs are identified, consider immediate referral to ED or call 911.

If the patient is intoxicated or in withdrawal, it may be more appropriate to complete a full ASAM Criteria Assessment® once their condition has been stabilized. Consider immediate referral for medical evaluation or withdrawal management services.

Before we get started, can you tell me about why you have come to meet with me today?

Probe: *How can I be of help? What are you seeking treatment for?*

DIMENSION 1 – ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?	NEVER USED	**DURATION** of continuous use	**FREQUENCY** in last 30 days				**ROUTE** Select all that apply				
		Estimate Years and/ or Months of use	4-7 days/week	1-3 days/week	3 or less days/ month	Not used	Oral	Nasal/snort	Smoke	Inject	Other (rectal, patches, etc.)
ALCOHOL Date of last use: _____ Avg. drinks per drinking day: _____ In the last 30 days, how often have you had: [For females] 4 or more drinks on one occasion? _____ [For males] 5 or more drinks on one occasion? _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
HEROIN, FENTANYL, OR OTHER NON-PRESCRIPTION OPIOIDS Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
PRESCRIPTION OPIOID MEDICATION MISUSE Specify type: _____ Were these medications from a valid prescription? ☐ Yes ☐ No Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
BENZODIAZEPINES/OTHER SEDATIVES/ HYPNOTICS/SLEEPING MEDICATION MISUSE Were these medications from a valid prescription? ☐ Yes ☐ No Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐

➤ ***Note:*** *This form is a guide to multidimensional assessment and the conceptual approach to* The ASAM Criteria *decision logic. Reliability and validity have not been established.*

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them? *(continued)*	NEVER USED	DURATION of continuous use	FREQUENCY in last 30 days				ROUTE Select all that apply				
		Estimate Years and/ or Months of use	4-7 days/week	1-3 days/week	3 or less days/ month	Not used	Oral	Nasal/snort	Smoke	Inject	Other (rectal, patches, etc.)
COCAINE/CRACK Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
METHAMPHETAMINE/OTHER STIMULANTS: _____ Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
PRESCRIPTION STIMULANT MISUSE Specify type: _____ Were these medications from a valid prescription? ☐ Yes ☐ No Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
MISUSE OF OTHER PRESCRIPTION DRUGS Specify type: _____ Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
CANNABIS OR MARIJUANA Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
NICOTINE OR TOBACCO Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
OTHER DRUGS: *List each "other" drug separately as they have different withdrawal profiles*											
OTHER DRUG 1: _____ Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
OTHER DRUG 2: _____ Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐
OTHER DRUG 3: _____ Date of last use: _____	☐	_____ YEARS _____ MONTHS	☐	☐	☐	☐	☐	☐	☐	☐	☐

➤ ***Interviewer notes:***

- *Binge drinking (5+ for males, 4+ for females) is associated with increased risk for acute withdrawal symptoms.*
- *Misuse includes medications that you need to refill more frequently than the doctor orders; that you end up using in amounts or for purposes other than prescribed, etc. Consider checking state prescription drug monitoring program (PDMP)*
- *Common prescription opioids include oxycodone, Vicodin®, Percocet®, morphine, codeine, and prescription fentanyl. The withdrawal spectrum may require closer observation when illicitly manufactured fentanyl analogues are used.[1] 7-10 days of continuous opioid use increases risk for withdrawal.*
- *Daily benzodiazepine use for 6 months causes increased risk for acute withdrawal.*
- *Common prescription stimulants include methylphenidate (Ritalin®, Concerta®); amphetamines (Dexedrine®, Adderall®); lisdexamfetamine (Vyvanse); dextroamphetamine (ProCentra); Phentermine (Suprenza)*

[1] https://reference.medscape.com/drugs/opioid-analgesics

Substance Use History

I am going to ask you a few more questions about your substance use, and any withdrawal risks you may have. The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

Use motivational interviewing skills to develop discrepancy between any problems mentioned and the patient's assessment of whether addiction is a problem.

	Not at all	A Little	Somewhat	Very	Extremely
2. How much are you bothered by any physical or emotional symptoms when you stop or reduce using alcohol or other drugs? *(For example, body aches, nausea or anxiety that interfere with your everyday life when you stop or reduce your use.)* Please describe:	☐	☐	☐	☐	☐
3. Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, anxiety, vomiting, etc.? *(Please describe specific symptoms and consider immediate referral for medical evaluation):*	☐	☐	☐	☐	☐
➤ ***Note:*** *If the patient is intoxicated or in active withdrawal it may not be appropriate to complete a full ASAM Criteria Assessment. Consider immediate referral for medical evaluation or withdrawal management services.*					
4. Do you find yourself using more alcohol and/or other drugs in order to get the same effect? (Are there any patterns that indicate higher tolerance?) Please describe:	☐	☐	☐	☐	☐
➤ ***Interviewer note:*** *Signs of tolerance may indicate risk for withdrawal.*					

5. Do you have a history of serious withdrawal, seizures, or life-threatening symptoms during withdrawal? Please describe and specify substance(s):

☐ Yes ☐ No

Date of last severe withdrawal episode _____

6. Do you have a history of overdose *(e.g., loss of consciousness, needing medical intervention)*? Please describe and specify substance(s):

☐ Yes ☐ No

If opioids - Do you have access to naloxone?

☐ Yes ☐ No

How recent was your last overdose? _____

➤ ***Interviewer note:*** *Inquire whether the patient has received training/been equipped with naloxone. Provide naloxone resources.*

7. Have you used substances in the last 48 hours? If yes, what? List:

☐ Yes ☐ No

Short-acting opioids (e.g., heroin): Onset of withdrawal symptoms is 8-24 hours after last use
Long-acting opioids (e.g., methadone): Onset of withdrawal symptoms is 12-48 hours after last use

8. **Interviewer observation:** Does the patient seem to have current signs of **withdrawal** or **intoxication**? Please describe: (refer to list in item 2 for withdrawal signs)

☐ Intoxication
☐ Withdrawal
☐ None

➤ ***Interviewer Note:*** *When assessing signs of intoxication, consider: Is the patient exhibiting the following? Disinhibition, sedation, decreased coordination, reddening of the skin or flushing of the face, slurred speech, trouble walking, vomiting, impairment in attention/memory, elevated heart rate, confusion, severe difficulty speaking, delusions, or hallucinations.*

Problem Statements and Goals (Optional, for treatment planning purposes)

➤ **Interviewer instructions:** get quotes in the patient's own words. Remember to create goals that are concrete, measurable, and achievable

9. What concerns do you have about your risk for overdose?	Problem(s):
10. What concerns do you have about your risk for withdrawal?	Problem(s):
11. What concerns do you have about getting medication or other treatment for withdrawal symptoms, if any?	Problem(s):
12. What goals do you have for your management of withdrawal or overdose risk?	Goal(s):

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 1:

SEVERITY RATING - DIMENSION 1 (Acute Intoxication and/or Withdrawal Potential)

For guidance assessing risk, please see Risk Rating Matrices in *The ASAM Criteria*, 3rd ed.:

- For alcohol, see pages 147-154
- For sedatives/hypnotics, see pages 155-161
- For opioids, see "Risk Assessment Matrix" on page 162

➤ ***Note:*** *Stimulant withdrawal from cathinones (bath salts) or high dose prescription amphetamines can be associated with intense psychotic events needing higher level of care*

☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Severe	☐ 4 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 • Difficulty coping • Significant risk of severe withdrawal	• Incapacitated • Severe signs and symptoms • Presents danger, i.e., seizures • Continued substance use poses an imminent threat to life
	Withdrawal management (WM) follow up for controlled or mild symptoms	Prioritize the link to medical WM services	Urgent, high risk or severe WM needs, high need of support 24-hours/day	Emergency Department-imminent danger

☐ Alcohol ☐ Opioids ☐ Benzodiazepines ☐ Stimulants:_____ ☐ Other: _____ ☐ Other: _____

Additional Comments:

➤ ***Interviewer Instructions:*** *For help assessing D1, see ASAM Criteria, 3rd ed., the textbox titled, "Dimension 1 Assessment Considerations Include" on page 44.*

DIMENSION 2 – BIOMEDICAL CONDITIONS AND COMPLICATIONS

1. Do you have a primary care clinician who manages your medical concerns? ☐ Yes ☐ No
[Healthcare providers should be identified for collaboration and releases of information obtained.]

Provider name: _____ Provider contact: _____

2. Are you currently taking any medications? *List all known medications for medical/physical health condition(s), including over the counter medications (Mental health medications will be discussed in the next section)*

MEDICATION(S)	**DOSE** (if known)	**FREQUENCY** **e.g., 1, 2, 3, 4 x/day**	**PURPOSE** (to treat what symptom/illness)	**NOTES**

Do you use marijuana or marijuana-related products (including CBD [cannabidiol] or other extracts) as medicine? ☐ Yes ☐ No

Specify type: _____

Frequency: _____

Purpose (**physical health symptom/illness)** : _____

Are you currently using contraception? ☐ Yes ☐ No/N/A Specify type: _____

➤ ***Note to interviewer:***

- *For patients who report use of marijuana or marijuana-related products, refer to patient's screening results, such as the NIDA Quick Screen V1.0.0F1ASSIST. Is patient at risk for Cannabis Use Disorder?*
- *Refer to substance use history in Dimension 1 for possible drug interactions or increased potential for disordered use, i.e., opioids prescribed for chronic pain in a patient with opioid use disorder.*
- *Use motivational interviewing (MI) skills to explore impact of any substance use that may be risky.*

3. Do you have any concerns about a medical/physical health problem or disability at this time? ☐ Yes (or don't know) ☐ No
Please describe:

4. Approximately, when is the last time you saw a doctor or other healthcare clinician? *(Month and year if known):*
What did you see them for *(if known)*?

5. I am going to read you a list of physical health issues. Do you currently have, or have you been diagnosed with, any of the following?

- ☐ Heart problems
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Blood Disorder
- ☐ HIV
- ☐ Stomach/Intestinal Problems
- ☐ Seizure/Neurological Problems
- ☐ Thyroid Problems
- ☐ Kidney Problems
- ☐ Liver Problems
- ☐ Viral Hepatitis (A, B,or C)
- ☐ Asthma/Lung Problems
- ☐ Muscle/Joint problems
- ☐ Vision Problems
- ☐ Hearing Problems
- ☐ Dental Problems
- ☐ Tuberculosis (TB)
- ☐ Sexually Transmitted Disease(s): _____
- ☐ Diabetes
- ☐ Sleep Problems
- ☐ Chronic Pain
- ☐ Acute Pain
- ☐ Cancer (specify type(s)): _____
- ☐ Allergies: _____
- ☐ Infection(s): _____
- ☐ Other: _____

Notes:

6. ***Interviewer observation:*** *are any of these medical/physical health issues potentially* ***infectious*** *to other staff or patients? (Seek medical or nursing consultation if unsure) Please describe:*

☐ Yes ☐ No

7. *(Confirm, ask if not known)* Are all of these medical/physical health problems in good control or stable with current treatment? Please describe:

- ☐ Not sure
- ☐ Unstable/uncontrolled
- ☐ Stable w/ treatment
- ☐ Stable w/out treatment
- ☐ N/A

8. Do you need additional treatment for new, worsening or more severe symptoms/problems? Please describe:

☐ Yes ☐ No
☐ Don't know

9. Are these medical/physical health issues *(listed in the table above)* either caused or made worse by alcohol or other drug use? *(e.g., cause you to neglect treatment, make medical/physical health problem worse, cause injection injuries?)* Please describe:

☐ Yes ☐ No
☐ Don't know

10. Are you up to date on your vaccines? (COVID, Tdap, Flu, HepA, HepB, MMR, Tetanus, VAR, other)

☐ Yes ☐ No
☐ Don't know

11. If female sex at birth, are you, or do you think you could be, pregnant?

☐ Yes ☐ No/N/A
☐ Not sure

a. If yes, how many weeks/which trimester?

- ☐ 1st, weeks 0-13
- ☐ 2nd, weeks 14-27
- ☐ 3rd, weeks 28 +

b. If yes, have you seen a clinician for pregnancy care? ☐ Yes ☐ No/N/A

12. *Additional comments on medical/physical health conditions, prior hospitalizations (include dates and reasons):*

Self-Report Scales

For the next questions, the response options are "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

	Not at all	A Little	Somewhat	Very	Extremely
13. How much do any of these health issues (above) make it harder for you to take care of yourself? (e.g., hygiene, grooming, dressing, eating, housework, living independently, etc.) Please describe:	☐	☐	☐	☐	☐
14. How much do any of these health issues make it harder for you to go to school, work, socialize or engage in hobbies or other interests? Please describe:	☐	☐	☐	☐	☐
15. How much do these health issues make it harder for you to go to SUD treatment or stay in SUD treatment? Please describe: ☐ Not applicable	☐	☐	☐	☐	☐
16. Do you have someone who can support you with these health issues? *(Probe, even if they "don't need help" do they have a support person?)* Please describe: ➤ ***Note:*** *If a patient has a physical health problem that prevents them from reliably attending treatment, do they have supports to help manage their condition and ensure that they attend treatment?*	☐ Yes	☐ Maybe	☐ No		

Problem Statements and Goals (Optional, for treatment planning purposes)

17. What concerns do you have about your physical health and/or medical conditions?	Problem(s):
18. What goals do you have for your physical health and/or medical conditions?	Goal(s):
19. ***Question to be answered by interviewer:*** *Does the patient report medical/physical health symptoms that would be considered life threatening or require immediate medical attention?* Notes: ➤ ***If yes, consider immediate referral to ED or call 911**	☐ *Yes ☐ No

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 2:

Severity Rating - Dimension 2 (Biomedical Conditions and Complications)

☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Severe	☐ 4 Very Severe
• Fully functional/no significant pain or discomfort	• Mild symptoms interfering minimally with daily functioning • Able to cope with physical discomfort	• Acute or chronic biomedical problems are non-life threatening but are neglected and need new or different treatment • Health issues moderately impacting *ADLs and independent living • Sufficient support to manage medical problems at home with medical intervention	• Poorly controlled medical problems requiring evaluation • Poor ability to cope with medical problems • Insufficient support to manage medical problems independently • Difficulty with ADLs and/or independent living	• Unstable condition with severe medical problems,** including but not limited to: • Emergent chest pain • Delirium tremens (DTs)*** • Unstable pregnancy • Vomiting bright red blood • Withdrawal seizure in the past 24 hours • Recurrent seizures
	Regular follow up, low intensity services for controlled conditions	Priority follow up and evaluation for new/uncontrolled conditions	Need for evaluation and treatment, including medical monitoring in conjunction with 24-hour nursing to ensure stabilization	Need for evaluation and treatment, including medical monitoring in conjunction with 24-hour nursing to ensure stabilization

**ADLs= Activities of Daily Living, for example, dressing, preparing food, grooming, work, socializing.*
***Incoherence or confusion that is not typical of intoxication.*
****If the patient has an emergent or unstable medical condition call 911 or immediately refer to the ED.*

Interviewer Instructions:

For guidance assessing Dimension 2, see ASAM Criteria, 3rd ed. "Assessment Considerations" text box at the bottom of page 45.

For guidance assessing risk ratings and modalities for Dimension 2, see text box "Dimension 2: Biomedical Conditions and Complications" on page 76 of *The ASAM Criteria*, 3rd edition.

DIMENSION 3 – EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

1. *Interviewer observation:* *Is the patient disoriented? Does the patient endorse, or do you suspect cognitive or memory issues?* ☐ Yes ☐ No
Please describe:

2. Have you ever been told by a physical or mental health clinician that you have a mental health problem or brain injury? Please describe: *(e.g., diagnosis, date, and type of injury, if known)*	☐ **Yes*** ☐ No
3. Are you currently in treatment, or have you previously received treatment, for mental health or emotional problems? Please describe: *(e.g., treatment setting, hospitalizations, duration of treatment)*	☐ **Yes*** ☐ No
4. *If yes*:* Have your mental health symptoms been stable *(check all that apply)*?	☐ N/A ☐ Stable with treatment/meds ☐ Stable without treatment/meds ☐ Unstable ☐ Not sure
5. This next question can be sensitive, and you can choose to skip the question or respond with just a yes or no if you prefer. Have you ever experienced any abuse *(this can include physical, emotional, or sexual abuse)* or any other traumatic events?	☐ Yes ☐ No ☐ Skipped

Notes:

6. List all current medication(s) for psychiatric condition(s): ☐ N/A

MEDICATION(S)	DOSE (if known)	FREQUENCY e.g., 1, 2, 3, 4 x/day	PURPOSE (to treat what symptom/illness)

*Do you use marijuana or marijuana-related products (including CBD [cannabidiol] or other extracts) as medicine for any psychiatric condition(s): ☐ Yes ☐ No

Specify type: _____ Frequency: _____

Purpose: _____

7. Do you have a mental health care provider? *[Mental health care providers should be identified for collaboration and releases of information obtained]* Provider name: _____ Provider contact: _____	☐ Yes ☐ No ☐ N/A

8. I am going to read you a list of mental health symptoms and behaviors that might be concerning to some people. Can you tell me if any of these have been bothering you in the last 30 days? Also, if you have these symptoms, please let me know if they happen only when using or withdrawing from alcohol or other drug use. *(Please include symptoms observed by interviewer, even if patient is not aware)*

MOOD	PAST 30 DAYS	Only when using or withdrawing from alcohol or other drugs
Depression/Sadness	☐	☐
Loss of pleasure/interest	☐	☐
Hopelessness	☐	☐
Irritability/Anger	☐	☐
Impulsivity	☐	☐
Interviewer observation: Pressured speech	☐	☐
Feeling unusually important/Grandiosity	☐	☐
Racing thoughts	☐	☐
Anxiety	☐	☐
Anxiety/Excessive worry	☐	☐
Thoughts that you cannot stop if you want to/Obsessive thoughts *(Not including thoughts about using substances)*	☐	☐
Behaviors that you cannot stop if you want to/Compulsive behaviors (*Not including using substances)*	☐	☐
Flashbacks	☐	☐
Psychosis- Include interviewer observation	☐	☐
Paranoia (e.g., feeling like you are being watched or followed)	☐	☐
Delusions, feeling you were especially important in some way, or that you were receiving special messages, or that people were out to harm you *(false beliefs inconsistent with culture)*	☐	☐
OTHER		
Sleep problems	☐	☐
Memory/Concentration	☐	☐
Gambling	☐	☐
Risky sex behaviors	☐	☐
Physical aggression towards people or property, describe: *(e.g., what happened?)*	☐	☐
Other:	☐	☐
	☐	☐
	☐	☐
	☐	☐

Notes:

9. Are these issues *(listed in the table above)* either caused or made worse by alcohol and/or other drug use? Please describe:	☐ Yes ☐ No ☐ Not sure	Notes:
10. Do you ever see or hear things that other people say they do not see or hear (*e.g., hearing voices. Probe, does this occur only while using or withdrawing from alcohol or other drugs*)? Please describe:	☐ Yes ☐ No	
11. Have you had thoughts of hurting yourself?	☐ **Yes** ☐ No	
Have you had thoughts that you would be better off dead? Please describe:	☐ **Yes** ☐ No	
a. ***If yes:** Are you having these thoughts today?	☐ Yes ☐ No	
➤ ***Note to interviewer:** Seek immediate clinical consultation and/or contact emergency services for imminent danger of harm to self or others. Assess acute suicidality, homicidality, and risk (e.g., plans, firearm access, etc.).*		
b. Have you ever acted on these feelings to hurt yourself?	☐ Yes ☐ No	
12. Have you had thoughts of harming others? Please describe:	☐ **Yes** ☐ No	
a. ***If yes:** Are you having these thoughts today?	☐ **Yes** ☐ No	
b. Have you ever acted on these feelings to harm others?	☐ Yes ☐ No	
➤ ***Interviewer instructions:** Follow all local laws and procedures for disclosing any reportable events regarding harm to self, others, elders or children.*		

Self-Report Scales

For the next questions, the response options are "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

	Not at all	A Little	Somewhat	Very	Extremely
13. How much do any of these emotional health symptoms *from the list we discussed above* make it harder for you to take care of yourself? *(e.g., hygiene, grooming, dressing, eating, housework, living independently, etc.)* Please describe:	☐	☐	☐	☐	☐
14. How much do any of these emotional health symptoms make it harder for you to go to school, work, socialize or engage in hobbies or other interests? Please describe:	☐	☐	☐	☐	☐
15. How much do these emotional health symptoms make it harder for you to go to SUD treatment or stay in SUD treatment? Please describe: ☐ Not applicable	☐	☐	☐	☐	☐

Problem Statements and Goals (Optional, for treatment planning purposes)

16. What major problems (if any) have been caused by these mental health or emotional symptoms? Problem: is there one issue or symptom that is the worst for you?	Problem(s):	Notes:
17. What concerns or worries do you have about getting treatment for your mental health or emotional symptoms or issues?	Goal(s):	
18. What goals do you have for your mental and emotional health?	Goal(s):	

19. ***Interviewer observation:*** *Is further assessment of mental health needed?* ☐ Yes ☐ No

Please describe:

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 3:

Severity Rating – Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)

☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Severe	☐ 4 Very Severe
• No dangerous symptoms • Good social functioning • Good self-care • No symptoms interfering with recovery	• Possible diagnosis of emotional, behavioral, cognitive condition • Requires monitoring for stable mental health condition • Symptoms do not interfere with recovery • Some relationship impairments	• Symptoms distract from recovery • Requires treatment and management of mental health condition • No immediate threat to self/others • Symptoms do not prevent independent functioning	• Inability to care for self at home • May include dangerous impulse to harm self/ others • Does require 24-hr support • At risk of becoming a 4/ Very Severe without treatment	• Life-threatening symptoms including active suicidal ideation • Psychosis • Imminent danger to self/ others
	Further assessment and referral or follow-up with existing mental health (MH) provider	Prioritize follow up or new evaluation with MH provider for new/uncontrolled conditions	Urgent assessment and treatment for unstable signs and symptoms	Emergency Department-immediate assessment

➤ ***Interviewer Instructions:***

- *Take into account cognitive impairments.*
- *Choose the score that is closest to your overall impression. Patients may not exhibit every symptom within a severity rating. The patient's historical functioning does* ***NOT*** *override the status. Current level of functioning* ***DOES*** *override historical functioning (see ASAM Criteria, 3rd Ed. page 56).*

Interviewer Instructions:

For guidance assessing Dimension 3, see ASAM Criteria, 3rd Ed. p. 46-48 and p. 77-81.
For guidance assessing cognitive impact on placement, see ASAM Criteria, 3rd Ed. p. 234.

DIMENSION 4 – READINESS TO CHANGE

1. I am going to read you a list of items that are sometimes impacted by alcohol or other drug use. Please indicate how much your alcohol or other drug use affects these aspects of your life. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

➤ ***Interviewer instruction:*** *As co-occurring disorders are common, also explore the patient's readiness to address any mental health diagnoses or issues.*

	Not at all	A Little	Somewhat	Very	Extremely
Work	☐	☐	☐	☐	☐
School	☐	☐	☐	☐	☐
Mental health/Emotions	☐	☐	☐	☐	☐
Hobbies/Recreation	☐	☐	☐	☐	☐
Legal matters (e.g., DUI)	☐	☐	☐	☐	☐
Finances	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐
Friendships	☐	☐	☐	☐	☐
Romantic partners	☐	☐	☐	☐	☐
Self-esteem	☐	☐	☐	☐	☐
Physical health	☐	☐	☐	☐	☐
Enjoyment of activities	☐	☐	☐	☐	☐
Sexual function	☐	☐	☐	☐	☐
Hygiene/Self-care	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

➤ ***Notes:*** *Include* ***interviewer observations.*** *Does patient have* ***curiosity, interest,*** *or* ***insight****? Does the patient show curiosity and interest in learning about the impact of substance use on themselves and people close to them? Do they show insight into problems, for example, the consequences of their use (such as DUIs, sexually transmitted infections, etc.?)*

Notes:

kdjfa;sld fas;ldfiuae ;ra sdfpoiasudf a;lrkth a;osdivy as; dfuao;eirh adlf a;ofu ss;lfuoi q dvid snrk eruodfins dfk doifajdlfa er;oaduf ashf ;o fausdf oais fa ; fiaus ;oisdh f;oaihoefu8 ;lsjfalsk i i haskdfhald alk a;ilufa; e'apdufal fa l;idfj asdf

aisfu asldkfa;odifa a;idu;aosi da e ada ldfjaeof ia asidf as;idfa sdf;asd f;aos akehao;iidha slkae' aoi;fa fuaf;ah erl;aiud f;asd hfaslkdf jf;asduf; aois dhfi;s df;oias dhfas

➤ ***Interviewer instructions:*** *When possible and appropriate, mirror the patient's language. When asking questions, use the same words or phrases they use to describe their experiences. Engage patient where they are most ready for change. Remember, the patient is at Action for at least one issue, or they would not attend the assessment. People may be at different stages for different priorities (MH vs. SUD vs. a physical or social problem). Use MI skills to develop discrepancy between any problems they have mentioned and their assessment of addiction as a problem. For more information on readiness to change, see pgs. 49 and 50 of* The ASAM Criteria, *3rd Ed.*

2. Do you believe **changing** your use of substances could improve any of these aspects of your life *(listed in the table above)*? Please describe:

☐ Yes ☐ No
☐ I don't know

3. Do you think you need treatment to change your use of substances?

☐ Yes
☐ No, it is not a problem
☐ No, I can stop anytime without help
☐ I don't know

4. ***Interviewer observations:*** *What stage(s) of change is the patient exhibiting? (circle one) Is stage of change different for different issues?*

Issue: _____
☐ *Precontemplation* ☐ *Contemplation* ☐ *Preparation* ☐ *Action* ☐ *Maintenance*

Issue: _____
☐ *Precontemplation* ☐ *Contemplation* ☐ *Preparation* ☐ *Action* ☐ *Maintenance*

Notes:

	Not at all	A Little	Somewhat	Very	Extremely
5. Based on the issues we have discussed, how much is substance use a problem for you? (The response options are, *"Not at all," "A Little," "Somewhat," "Very," or "Extremely."*) Please describe:	☐	☐	☐	☐	☐
6. Have you done anything in the past to change your alcohol or other drug use (*e.g., attending mutual help groups, changing substances used or friends*)? ☐ Yes ☐ No Please describe:					
a. If you have had treatment, how helpful was it? Please describe:	☐	☐	☐	☐	☐

7. Do you have concerns or fears that make it hard for you to go to or stay in treatment (*e.g., stigma; I won't have friends anymore; I don't want to be away from my family; I don't have time, housing, safe child-care; domestic partners would not be supportive of my recovery; other*)? Please describe:

☐ Yes ☐ No

➤ ***Interviewer observations*** *(e.g., low insight):*

8. Do you want to quit or cut back your alcohol or other drug use? Please describe:

☐ Yes, quit
☐ Yes, cut back
☐ Not sure
☐ No, neither

Notes:

Self-Report Scales

9. Who else in your life cares about whether you quit or cut back *(e.g., probation, courts, family, Child Protective Services, employer, etc.)*? List:

For the next questions, the response options are "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

	Not at all	A Little	Somewhat	Very	Extremely
10. How much do you feel **they** care about whether you quit or cut back?	☐	☐	☐	☐	☐
11. How **important** is it for you to **make changes in your life** at this time (changes related to SUD, mental health or other issues)? Please describe: ➤ ***Interviewer observations:***	☐	☐	☐	☐	☐
12. How important is it for you **to stop your alcohol or other drug use**? Please describe: *(For example, why is it that important?)*	☐	☐	☐	☐	☐
13. How **ready** are you to stop or reduce your alcohol or other drug use? Please describe: ➤ ***Interviewer observations:***	☐	☐	☐	☐	☐
14. Putting aside any others' opinions about your use, how important is it **to you** to get **treatment** for your alcohol or other drug use?	☐	☐	☐	☐	☐

Problem Statements and Goals (Optional, for treatment planning purposes)

➤ ***Interviewer instructions:*** *If the patient is **not** ready to change alcohol or other use, are they ready for changes in **other** areas? Probe to get more information regarding other areas that patient may want to change.*

Are there other things in your life that you would like to be different from how they are now?	Problem(s):	Notes:
If things were better than they are now, what would that look like?	Goal(s):	
What concerns do you have about changing your alcohol or other drug use or other aspects of your life (in order to achieve your goals)?	Problem(s):	

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 4:

Severity Rating – Dimension 4 (Readiness to Change)

☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Severe	☐ 4 Very Severe
• Proactive responsible participant in treatment • Committed to changing alcohol or other drug (AOD) use	• Willing to enter treatment • Ambivalent to the need to change	• Reluctant to agree to treatment • Low commitment to change AOD use • Variable adherence to treatment	• Unaware of and not interested in the need to change • Unwilling/only partially able to follow through with treatment • Passively compliant, goes through the motions in treatment	• Rejecting need to change • Engaging in potentially dangerous behavior • Unwilling/unable to follow through with treatment recommendations
	Requires low intensity services for motivational enhancement	Requires moderate intensity services for motivational enhancement	Requires high intensity engagement and/or motivational enhancement services to prevent decline in functioning/safety	Secure placement for acute or imminently dangerous situations and/or close observation required

Additional Comment(s):

Interviewer Instructions:

For guidance assessing Dimension 4, see *The ASAM Criteria*, 3rd Ed. The "Assessment Considerations" text box at the top of p. 50.

DIMENSION 5 – Relapse, Continued Use, or Continued Problem Potential

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

☐ Days ☐ Weeks ☐ Months ☐ Years

☐ N/A, never

a. How long ago did that end?

☐ Days ☐ Weeks ☐ Months ☐ Years

➤ ***Interviewer instruction:*** *it is not a relapse if patient is not in/has never been in recovery.*

2. What helped you go that long without using alcohol and/or other drugs? *(Probe for personal strengths, peer support, medication, treatment, etc.)*

☐ N/A, never

➤ ***Interviewer notes:***

3. If you relapsed in the past, what kinds of things do you think led to your relapse?

☐ N/A, never

➤ ***Interviewer notes:***

4. If you plan to quit or cut back, how will you manage this goal? *(e.g., stop on my own; go to treatment; take medications as prescribed; attend self-help groups; change relationships, job, habits, or circumstances; etc.)?* Please describe:

☐ N/A

5. What problems could happen or get worse if you do not get help for alcohol or other drug use and/or mental health issues? *(Probe how soon could these things happen, short-term risk? Long-term risks?)*

6. *Interviewer observations:* How severe/dangerous/ IMMINENT* are consequences of the current situation? Please describe:

☐ Few/Mild/No consequences/ Not imminent

☐ Some/Not severe consequences/ in weeks or month

☐ Many/Severe consequences/ Imminent within hours or days

➤ ***Interviewer instruction:*** *To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. (See ASAM Criteria, 3rd ed. p. 65 and graphic on p. 67).*

Notes:

Self-Report Scales

I am going to read you a list of questions about ongoing pressures that you might be facing right now. These might be the kinds of stressors that make you use or want to use alcohol or other drugs. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

How much have you been bothered or triggered by the following?

	Not at all	A Little	Somewhat	Very	Extremely
7. Cravings, withdrawal symptoms, and/or negative effects of alcohol or other drug use	☐	☐	☐	☐	☐
8. Social pressure (friends, at work, at school, at home)	☐	☐	☐	☐	☐
9. Difficulty dealing with feelings/emotions *(Probe for anxiety, depression, boredom, anger, etc.)*	☐	☐	☐	☐	☐
10. Financial stressors *(e.g., paying bills, worry about losing work)*	☐	☐	☐	☐	☐
11. Physical health problems including issues such as chronic pain	☐	☐	☐	☐	☐
12. How likely is it that you will either relapse or continue to use alcohol or other drugs without treatment or additional support?	☐	☐	☐	☐	☐

13. Which trigger(s) or problem(s) have been the worst for you in the past month or so? Please describe:

14. Generally, how do you handle these issues or triggers *(e.g., how do you cope)*?

15. Do you feel like you have a good plan and ability to deal with these issues or triggers *(probe items listed above)*? Why or why not?

16. ***Interviewer observations:*** *Does the patient show good insight into their triggers, MH symptoms, coping mechanisms, and other risks?*

☐ Yes, good insight ☐ Some insight ☐ Very limited insight ☐ Dangerously low insight

Please describe:

Problem Statements and Goals (Optional, for treatment planning purposes)

17. What are the current, most pressing issues that might cause you problems or cause you to use alcohol or other drugs or use more than you planned to?	Problem(s):	Notes:
18. What would it look like if those issues were resolved? What would it take to resolve them?	Goal(s):	

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 5:

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	• Some minimal risk for use • Fair coping and relapse prevention skills	• Some or inconsistent use of coping skills • Able to self-manage with prompting	• Little recognition of risk for use • Poor skills to cope with relapse	• No coping skills for relapse/addiction problems • Substance use/behavior places self/others in imminent danger
	Low-intensity relapse prevention services are needed or self-help/peer support group	Relapse prevention services and education are needed. **Possible** need for: • intensive case management • medication management • assertive community treatment	Relapse prevention services including: • structured coping skills training • motivational strategies • assertive case management and assertive community treatment • **possible** need for structured living environment	Likely needs all services listed in "Severe" • For acute cases, need for 24-hour clinically managed living environment. OR • For chronic cases, not imminently dangerous situations, need 24-hour supportive living environment

➤ ***Interviewer instruction:*** *To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months.* ***Follow emergency protocols*** *for your agency and county in situations involving imminent danger and reportable events.*

Additional Comment(s):

Interviewer Instructions:

For assistance in assessing Dimension 5, see ASAM Criteria, 3rd ed. Pages 51-52, and pages 85-87.

DIMENSION 6 – RECOVERY/LIVING ENVIRONMENT

1. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (Negative response indicates homelessness.)

☐ Yes ☐ No (***Note to interviewer:*** *respond "No" if the patient is "couch surfing", living outdoors, or living in a car)*

Describe:

2. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (Positive response indicates risk of homelessness.)

Describe:

3. Do you need different housing than what you currently have? ☐ Yes ☐ No

Describe:

4. Who do you live with? *(friends, family, partner, roommates)*

Describe:

5. Are you working/going to school/retired/disabled/unemployed?

☐ School ☐ Work ☐ Retire ☐ Disability ☐ Other: _____

Describe: *(Probe for job skills)*

6. What are the sources of your financial support?

☐ Paid work ☐ Benefits (SSI, SSDI) ☐ Family/Friends ☐ Illegal/Under the table ☐ Other:_____

a. Which of these is the biggest source of your income? *(Circle one)*

7. How do you spend your free time *(e.g., when not working? Probe for free time when not using alcohol or other drugs)?*

Describe:

8. Do you have any reading or learning challenges that need support *(e.g., in school did you require supports, do you require support for disabilities at work? Are you able to use workbooks, computers and email)*?

☐ Yes ☐ No

Please describe:

9. Do you have needs in any of the following areas to help support you as you cut back on alcohol or other drug use?

☐ Transportation ☐ Childcare ☐ Housing ☐ Employment
☐ Education ☐ Legal ☐ Financial ☐ Other: _____

➤ ***Interviewer instruction:*** *Use MI skills to develop discrepancy between any problems they have previously mentioned and whether they might need support in the areas listed.*

10. Are you engaged with any of the following social service agencies?

☐ Child Protective Services ☐ Tribal Service Agency ☐ Health and Human Services
☐ Other: _____

11. Have you had criminal justice issues related to alcohol or other drug use? *Note if patient engages in criminal behavior related to their drug use (e.g., for money for alcohol or other drugs, or because they are under the influence)* Are you currently engaged with probation, parole, or diversion courts? *Describe any history of incarceration:*	☐ **Yes*** ☐ No ☐ Yes ☐ No
12. Are you required to go to SUD treatment? *(e.g., by Child Protective Services, employer, professional groups, probation, parole).* Please describe:	☐ Yes ☐ No
13. Are you a veteran? *(Veterans may have access to special benefits such as housing)* Veteran status/Eligibility for VA benefits:	☐ Yes ☐ No
14. Have you ever participated in peer support groups such as NA/AA, SMART recovery, Dual Recovery Anonymous, Women for Recovery, SOS or others?	☐ Yes ☐ No
15. Do you currently live in an environment where others are regularly using drugs or alcohol? a. ***If yes,*** Do you have an alternative place to live where others are not regularly using drugs or alcohol?	☐ **Yes*** ☐ No ☐ Yes ☐ No
16. Do any of your current relationships pose a threat to your safety? a. If yes: i. Has this person used a weapon against you or threatened you with a weapon? ii. Has this person threatened to kill you or your children? iii. Do you think this person might try to kill you?	☐ **Yes*** ☐ No ☐ **Yes*** ☐ No ☐ **Yes*** ☐ No ☐ **Yes*** ☐ No
17. Do any other current situations pose a threat to your safety?	☐ **Yes*** ☐ No
18. Does your alcohol or other drug use ever create situations that are dangerous for you or threatening to others? Please describe:	☐ **Yes*** ☐ No

Notes:

➤ ***Interviewer instruction: *If yes, follow emergency protocols*** *for your agency and county in situations involving imminent danger and reportable events.*

☐ Immediate (TODAY) ☐ Urgent (WITHIN DAYS)
☐ Timely placement is required as part of regular treatment

Self-Report Scales

I am going to read you a list of questions about things in your environment that may affect you. The response options are "Not at all" "A Little" "Somewhat" "Very" or "Extremely."

19. Are there people, places, or things that are supportive of your quitting or cutting back your AOD use?	Supportive people: *(List)*	Supportive places:	Supportive things:
a. How supportive are they?	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐
20. Are there people, places or things that make quitting or cutting back more difficult?	People:	Places:	Things:
a. How difficult?	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐	Not at all ☐ A Little ☐ Somewhat ☐ Very ☐ Extremely ☐

Problem Statements and Goals (Optional, for treatment planning purposes)

21. What concerns or problems do you have with your current living situation or environment?	Problem(s):	Notes:
22. What changes in your work/home/community are you able or willing to make to support cutting back or stopping your alcohol or other drug use? *(e.g., get peer support, move, change jobs, change friends)*	☐ Nothing ☐ Not sure Goal(s):	
23. What changes in your work/home/community are you unable or unwilling to make to support cutting back or stopping your alcohol or other drug use? *(e.g., get peer support, move, change jobs, change friends)*	☐ Nothing ☐ Not sure Describe:	
24. If things improved in your environment, what would that look like? What are your goals for your environment? This might include getting a job, going back to school, getting social services, etc.	Goal(s):	

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 6:

Severity Rating – Dimension 6 (Recovery/Living Environment))

☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Severe	☐ 4 Very Severe
• Able to cope in environment/ supportive	• Passive/disinterested social support, but still able to cope • No serious environmental risks	• Unsupportive environment, but able to cope in the community 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
	May need assistance in: • finding a supportive environment • developing supports re: skills training • childcare • transportation	Needs assistance listed in "Mild," as well as • assertive care management	Needs more intensive assistance in • finding supportive living environment • skills training (depending on coping skills and impulse control) • assertive care management	• Patient needs immediate separation from a toxic environment • Assertive care management • Environmental risks require a change in housing/environment • For acute cases with imminent danger: patient needs immediate secure placement

Additional Comment(s):

Interviewer Instructions:

See pgs. 53, 88 and 89 in *The ASAM Criteria*, 3rd ed, for assistance with assessing Dimension 6.

ASAM Summary of Multidimensional Assessment:

Transfer information gathered from medical records and brief assessments to the table below:					
			SEVERITY		
SUD Diagnosis	☐ Provisional	☐ Confirmed Diagnostic Tool Used:	Mild ☐	Moderate ☐	Severe ☐
SUD Diagnosis	☐ Provisional	☐ Confirmed Diagnostic Tool Used:	☐	☐	☐
Co-occurring Diagnosis	☐ Provisional	☐ Confirmed Diagnostic Tool Used:	☐	☐	☐
Other Diagnosis			☐	☐	☐
Other Diagnosis			☐	☐	☐

A higher severity rating indicates a need for higher intensity and dosage of services as well as a lower level of patient functioning.

DIMENSION	SEVERITY RATING					NOTES
	Not at all	A Little	Somewhat	Very	Extremely	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
DIMENSION 2 Biomedical Conditions and Complications	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
DIMENSION 4 Readiness to Change	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
DIMENSION 6 Recovery/Living Environment	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	

Withdrawal Management

Substances for which WM is indicated:

☐ Nicotine/tobacco ☐ Alcohol ☐ Opioid ☐ Sedatives/Hypnotics/Benzodiazepines

☐ Stimulants (e.g., cocaine, methamphetamine, MDMA)

☐ Other: _____ ☐ WM not indicated

➤ ***Note: Forced or non-medically directed withdrawal can be dangerous, is unethical, and is counterproductive. Safe and comfortable withdrawal enhances engagement in treatment.***

There is a continuum of withdrawal management. For example, if withdrawal is not stabilized at Level 2, then patient should be raised to Level 3.

***Level 3.2WM can be considered for patients who need 24-hour support to complete withdrawal management/increase likelihood of continuing treatment, and who can self-administer medications with supervision.*

☐ 1-WM	☐ 2-WM	☐ 3.7-WM	☐ 4-WM
• Outpatient • Secure home environment • High general functioning • Needs daily or less than daily supervision • Likely to complete WM and continue treatment or recovery	• Intensive outpatient • Need for support all day • At night has supportive family or living situation such as, supportive housing/ shelter ** • Likely to complete WM Has ability to access medical care in person or telemedicine (not ER)	• Residential • **Severe** withdrawal • Needs 24-hour nursing support and daily access to physician Unlikely to complete WM without medical monitoring	• Hospital • **Severe, unstable** withdrawal • Needs 24-hour nursing and daily physician visits to manage medical instability Setting must include addiction services

Medications for Addiction Treatment

Medications are available for treatment of acute withdrawal from opioids, alcohol, sedatives, and nicotine and for ongoing treatment of opioid, alcohol and nicotine use disorder.

These should be offered to patients entering treatment.

Notes:

Completed by: _____ (Print) Date: _____

Signature: _____

Clinical Supervisor (as required): _____ (Print) Date: _____

Signature: _____

ASAM CRITERIA LEVEL OF CARE: CONCURRENT TREATMENT AND RECOVERY SERVICES

Opioid Treatment Program	NTP, methadone program
Office Based Opioid Treatment	Buprenorphine, naltrexone
Other MAT, (for SUD other than OUD)	E.g., Primary care, psychiatrist, nurse practitioner. Pharmacotherapy, i.e., medications for alcohol and nicotine use disorder
COC	Co-Occurring Capable treatment, integration of services for stable mental health conditions and SUD
COE	Co-Occurring Enhanced treatment, integration of services and equal attention for unstable mental health conditions and SUD
Biomedical Enhanced	Biomedical Enhanced treatment, integration of services and equal attention for serious physical health conditions and SUD
***Housing**	Patient needs safe supportive housing. *Patient can receive Outpatient or Intensive Outpatient care if in stable supportive living environment, i.e., Recovery residence/sober living, supportive friend's or relative's home Notes:
Recovery Support Services	Patient needs ☐ Transportation ☐ Childcare ☐ Legal Services ☐ Vocational ☐ School Counseling ☐ Financial Assistance ☐ 12 Step ☐ Peer Support ☐ Other: _____ Notes:

For guidance see *The ASAM Criteria*, 3rd ed. p. 124 "Decisional flow to Match Assessment and Treatment/Placement Assignment"

Referred to *(treatment provider name)*:_____

INDICATED LOC				ACTUAL LOC			
☐ **Level 4** – Medically Managed Intensive Inpatient Services	☐ COE	☐ BIO	☐ OTS	☐ Level 4	☐ COE	☐ BIO	☐ OTS
☐ **Level 3.7** – Medically Monitored Intensive Inpatient	☐ COE	☐ BIO	☐ OTS	☐ Level 3.7	☐ COE	☐ BIO	☐ OTS
☐ **Level 3.5** – Clinically Managed High-Intensity Residential	☐ COE	☐ BIO	☐ OTS	☐ Level 3.5	☐ COE	☐ BIO	☐ OTS
☐ **Level 3.3** – Clinically Managed Population-Specific High-Intensity Residential	☐ COE	☐ BIO	☐ OTS	☐ Level 3.3	☐ COE	☐ BIO	☐ OTS
☐ **Level 3.1** – Clinically Managed Low-Intensity Residential	☐ COE	☐ BIO	☐ OTS	☐ Level 3.1	☐ COE	☐ BIO	☐ OTS
☐ **Level 2.5** – Partial Hospitalization	☐ COE	☐ BIO	☐ OTS	☐ Level 2.5	☐ COE	☐ BIO	☐ OTS
☐ **Level 2.1** – Intensive Outpatient	☐ COE	☐ BIO	☐ OTS	☐ Level 2.1	☐ COE	☐ BIO	☐ OTS
☐ **Level 1** – Outpatient Services	☐ COE	☐ BIO	☐ OTS	☐ Level 1	☐ COE	☐ BIO	☐ OTS

See Appendix for guidance

Reasons for Discrepancy between Indicated and Actual Placement

Circle all that apply:

☐ 1 = Not applicable - no difference
☐ 2 = Patient preference.
☐ 3 = Recommended program is unavailable in geographic region.
☐ 4 = Lack of physical access (e.g., transportation, mobility).
☐ 5 = Conflict with job/family responsibilities.
☐ 6 = Patient lacks insurance.
☐ 7 = Patient has insurance, but insurance will not approve recommended treatment.
☐ 8 = Program available but lacks opening or wait list too long.
☐ 9 = Program available but declines to accept patient due to patient characteristic(s), e.g., history, clinical status.
☐ 10 = Inappropriate court or other mandated treatment contradicts ASAM Criteria recommendation
☐ 11 = Patient rejects any treatment at this time.
☐ 12 = Patient left/eloped.
☐ 13 = Clinician disagrees with ASAM Criteria recommendation *(please explain)*: _____
☐ 14 = Final Disposition is not known.
☐ 15 = Other *(please explain)*: _____

"See *The ASAM Criteria*, 3rd ed., p. 59: "Determining Dimensional Interaction and Priorities." See also p. 73, "Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service."

Appendix

Distinguishing Differences Between The ASAM Levels of Care

Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.	ASAM LOC	Additional services available at these ASAM Levels of Care		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Any D1, D2, or D3 are rated Very Severe, and/or need to address acute problems requiring primary medical and nursing care managed by a physician in a hospital or psychiatric hospital	**4**	On-site	On-site	On-site
Patient needs 24-hour nursing care with medical monitoring: • Severe problems in D1 or D2 or D3 • Moderate severity in at least 2 of the 6 dimensions, at least one of which is D1, D2, or D3	**3.7**	On-site or OTS	On-site	On-site
Patient needs 24-hour supportive addiction treatment • Patient environment is provocative to relapse • There is considerable likelihood of continued use or relapse with imminent serious/dangerous consequences • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour SUD addiction specialty, addiction supports to prevent acute emergency • Cannot go unsupervised, not appropriate for waiting list	**3.5**	On-site or OTS	On-site, Primary, or Specialty care	On-site
Patient's temporary or permanent limitations, e.g., due to cognitive impairment, make outpatient treatment strategies not feasible or not effective • Needs 24-hour structure with addiction specialty support • Needs individualized plan to address the identified cognitive/behavioral issues (e.g., slower pace, more concrete and more repetitive treatment, behavioral modification) until stable	**3.3**	On-site or OTS	Primary, or Specialty care	On-site or link to specialty care
Patient likely to immediately relapse or continue use, or may not be able to function (engage in recovery), or is unsafe in the "real world" unless receiving 24-hour supportive structure • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour structure with addiction specialty support • Safely able to access the community and outpatient services unsupervised	**3.1**	On-site or OTS	Primary, or Specialty care	On-site and specialty consultation
Patient is safe in outpatient treatment, but not able to engage in or progress in treatment without daily monitoring or management • Not ready for full immersion in the "real world" • For patients with OUD, can go to OTP • Moderate or low severity in D2, as well as moderate severity in D4 or D5 or D6 • Physical health problems don't interfere with addiction treatment but can be distracting and need medical monitoring e.g., unstable hypertension or asthma; chronic back pain	**2.5 or OTP**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation

Notes:

Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.	ASAM LOC	Additional services available at these ASAM Levels of Care		
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)
Patient can progress in treatment with supports while practicing new recovery skills and tools in the "real world" • For patients with OUD, can go to OTP • No to low severity in D1, D2, and D3; as well as moderate severity in D4 or D5 or D6	**2.1 or OTP**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation
Patient has Opioid Use Disorder, current/recent dependence according to federal requirements. (See ASAM Criteria, 3rd Ed. text box on p. 290. See p. 296 for diagnostic admission criteria) • Patient can receive OTP services as stand-alone services or concurrently with another LOC.	**OTP**	OTP	Primary, or Specialty care	On-site and specialty consultation
Patient needs less than 9 hours per week of treatment. • Patient is committed to recovery, high level of readiness to change; problems are stable but need professional monitoring. Patient is able to engage in collaborative treatment. Or • Patient is in early stages of change and not ready to commit to full recovery. A more intensive Level of Care may lead to increased conflict, passive compliance or even leaving treatment. Or • Patient has achieved stability in recovery but needs ongoing monitoring and disease management.	**1 or OBOT**	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation
***Medication should also be made available for Alcohol Use Disorder and Nicotine Use Disorder.**				

Notes:

➤ ***Interviewer Instruction:*** *Start at the top (Level 4) of the table above to find the least intensive, most effective Level of Care. to get to least intensive, most effective Level of Care. (See* The ASAM Criteria, *3rd Ed. p. 124)*

- *Decide the* ***realistic/acceptable Level of Care, factoring*** *in motivation/acceptability, and patient preference (e.g., sole breadwinner, sole childcare/eldercare provider, employment constraints, and patient goals).*
- *Place patient in Level of Care that meets the most of the patient's needs, if that Level of Care is not available, care management should be used to piece together services that safely meet the patient's needs as completely as possible.*
- ***Also, consider the patient's mental health conditions.***

- ***Co-occurring Capable (COC):*** *All Levels of Care should be co-occurring capable.*
- ***Co-occurring Enhanced (COE):*** *is indicated for higher intensity mental health care. This includes on-site, cross-trained mental health professionals, medication management, and psychiatric consultation.*

- ***Opioid Treatment Services (OTS):***

- ***Opioid Treatment Programs (OTP) a.k.a. Narcotic Treatment Programs (NTP)*** *- have high patient oversight, direct administration of medications (usually methadone) on a daily basis.*
- ***Office-Based Opioid Treatment****-has lower patient oversight than OTPs, physician in private practice or public clinics, prescribes outpatient supplies of medications (usually buprenorphine or extended-release naltrexone).*

HIGH PRIORITY - IMMEDIATE NEED PROFILE		
Dimension	**If**	**Then**
	Life threatening	**Level 4, or emergency department evaluation**
1	D1-CURRENT Severe life-threatening withdrawal symptoms	• Perform immediate evaluation of need for acute inpatient care
2	D2-CURRENT Severe life-threatening physical health problems	• Perform immediate evaluation of need for acute inpatient care
2	D2 is severe/very severe	• Consider intensive physical health services or hospital care
3a	D3a-Imminent danger to self or others	• Perform immediate evaluation of need for acute inpatient psychiatric care
3b	D3b-Unable to function in activities of daily living or care for self with imminent dangerous consequences	• Perform immediate evaluation of need for acute inpatient medical or psychiatric care
3	D3 is severe/very severe	• Consider intensive mental health services or inpatient MH care
4a/b4	D4a-Patient needs SUD or MH treatment but is ambivalent or feels it is unnecessary *(e.g., severe addiction but patient feels controlled use is still ok; psychotic, but blames a conspiracy)* D4b-Patient has been coerced or mandated to assessment/ treatment	• Patient to be seen within 48 hours for motivational strategies, unless patient is imminently likely to walk out and needs more structured intervention • Ensure linkage to necessary services
5a	D5a-Patient is under the influence and acutely psychotic, manic, suicidal	• Assess further need for immediate intervention *(e.g., take car keys away, support person pick patient up, evaluate need for immediate psychiatric intervention)*
5b/c	D5b-Patient likely to continue to use and or have active acute symptoms in imminently dangerous manner, without immediate secure placement D5c-Patient's most troubling problem(s) dangerous to self or others	• Patient to be referred to a safe or supervised environment
6	D6- Any dangerous situations threatening the patient's safety, immediate well-being, and/or recovery (e.g., living with drug dealer; physically abused by partner; homeless in freezing temperatures)	• Patient to be referred to a safe or supervised environment

IF – THEN CONSIDERATIONS BY DIMENSION		
Dimension	**If**	**Then**
1	If patient is withdrawing from alcohol, opioids, benzodiazepines (etc.)	• Medications to assist with withdrawal and Medications for Opioid Use Disorder (MOUD) as indicated • Ask client preference (use MI style)
1	If patient has immediate access to (MOUD) induction (e.g., buprenorphine, methadone):	• It reduces severity in D1
1 & 2	If D1 is addressed	• Consider whether addressing risk in D1 reduces risk in D2
1	If patient has history of opioid use	• Consider take-home naloxone
2	If patient has severe medical problems, but has immediate access to appropriate medical care	• Risk rating for D2 may be lower
3	If Residential is indicated PLUS cognitive impairment, and medical issues are moderate or lower	• 3.3 is indicated
3	If there is a rating of severe or very severe in D3	• May indicate need for inpatient mental health services
4	If D4 is severe/very severe	• Can be addressed with Motivational Enhancement Therapy in outpatient if otherwise appropriate for outpatient care
4 & 5	For OUD, if severe/very severe risk in D4 and D5	• For outpatient withdrawal management and medication management: might be more appropriate to NTP/OTP-daily dosing, monitored, evaluated more frequently
4 & 5	For OUD, if mild risk on D4 and D5	• For medication management: Consider OBOT (lower oversight at OBOT than NTP/OTP)
5	If there is a rating of severe/very severe in D5	• May indicate need for supportive living environment either in Level 3.1 (or higher) or sober living/recovery residence and more intensive LOC
6	If lacking a safe recovery environment	• Consider recovery residence or shelter if not precluded by severity in other dimensions
Overall	WM is indicated and there is high severity in all dimensions	• Consider higher intensity placement for WM
Overall	A dimension is currently rated 0- no risk	• There is no need for services in that dimension at this time. (See *The ASAM Criteria*, 3rd ed., p. 73)

OBOT/buprenorphine *- A qualified practice setting is a practice setting that: (a) Provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed.(b) Provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services.(c) Uses health information technology (health IT) systems such as electronic health records, if otherwise required to use these systems in the practice setting. Health IT means the electronic systems that health care professionals and patients use to store, share, and analyze health information.(d) Is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law. PDMP means a statewide electronic database that collects designated data on substances dispensed in the State. For practitioners providing care in their capacity as employees or contractors of a federal government agency, participation in a PDMP is required only when such participation is not restricted based on their State of licensure and is in accordance with Federal statutes and regulations.(e) Accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits. (42 CFR § 8.615)*