

MCOSA ASAM ASSESSMENT
ADULT SUBSTANCE ABUSE OUTPATIENT PLACEMENT
(Required for Direct Outpatient and IOP Admissions)

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

Consumer Name: _____ Identification No: _____

DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL

Intoxicated/high during assessment? No Yes
Current withdrawal signs? No Yes
If yes, specify: _____
History of severe withdrawals? No Yes
If yes, specify: _____
History of medical problems, such as seizures, stroke, hypertension, etc., that would complicate outpatient detoxification? No Yes
If yes, specify: _____

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

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

Current and/or chronic physical/medical illnesses that may complicate Tx? No Yes
If yes, specify: _____
Current prescribed medications that may interfere with abstinence? No Yes
If yes, describe: _____

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

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

Current and/or chronic co-occurring mood and/or thought disorder(s) or symptom(s) that needs to be addressed immediately or will interfere with treatment? No Yes
If yes, specify: _____
Does consumer meet criteria for Serious and/or Persistent Mental Condition with co-occurring substance use disorder? No Yes
Current psychiatric medication use? No Yes
If yes, specify type/date of last use: _____

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

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

DIMENSION 4. READINESS TO CHANGE

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

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

DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

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

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

DIMENSION 6. RECOVERY ENVIRONMENT

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

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

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

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

- Outpatient (Level I) _____ (Direct admission, AMS screen not required)
- Intensive Outpatient (Level II) _____ (Direct admission, AMS screen not required)
- Detox- Subacute (Level III.2/7 D) _____ (Requires AMS Screen)
- Residential (Level III.7) _____ (Requires AMS Screen)
- Detox- Acute Hospital Based _____ (Not a MCOSA-funded service)
- Inpatient Medical/Psych (Level IV) _____ (Not a MCOSA-funded service)
- Methadone (OMT) _____ (Requires AMS screen)

ASSESSOR'S NAME: _____

DATE: _____