

**MCCMH-SUD ASAM ASSESSMENT
ADOLESCENT SUBSTANCE ABUSE OUTPATIENT TREATMENT**

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

Adolescent Consumer Name: _____ Identification No: _____

ADOLESCENT DIMENSION 1. WITHDRAWAL/DETOXIFICATION POTENTIAL

Intoxicated/high during assessment? ☐ No ☐ Yes

Current withdrawal signs? ☐ No ☐ Yes

If yes, specify: _____

History of severe withdrawals? ☐ No ☐ Yes

If yes, specify: _____

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

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

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

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

If yes, specify: _____

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

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

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

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

If yes, specify: _____

Current psychiatric medication use? ☐ No ☐ Yes

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

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

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

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

ADOLESCENT DIMENSION 4. READINESS TO CHANGE

Refuses to accept other's perceptions that s/he has a substance use problem? ☐ No ☐ Yes

If adolescent denies there is a problem, is there strong family/school corroboration that a substance use problem is present? _____ ☐ No ☐ Yes

Impulse control is poor, does not respond to negative consequences? ☐ No ☐ Yes

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

ADOLESCENT DIMENSION 5. RELAPSE/CONTINUED USE POTENTIAL

Potential for continued or increased use is high? ☐ No ☐ Yes

Lacks awareness of relapse triggers, urge management techniques? ☐ No ☐ Yes

If abstinent, is in crisis or at high risk for using? ☐ No ☐ Yes ☐ N/A

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

ADOLESCENT DIMENSION 6. RECOVERY ENVIRONMENT

Family members/peers do not support abstinence or the appropriate use of alcohol and drugs? ☐ No ☐ Yes

Family/legal guardian are unwilling and/or unable to provide consistent participation in treatment, including reliable transportation and availability? ☐ No ☐ Yes

Current living environment is unsafe or there is a possible risk of physical, sexual or emotional attack or victimization? ☐ No ☐ Yes

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

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

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

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

ASSESSOR'S NAME: _____ **DATE:** _____