

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

September 8, 2022 | Zoom

9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
<p>1. Welcome – Amanda Lance-Sexton</p> <ul style="list-style-type: none"> ○ Suicide Prevention Week, September 4-10, 2022 	<p>Call 9-8-8 – National Suicide and Crisis Lifeline launched in July 2022</p>
<p>2. QA Updates (SOC) (handout) – Jill Michalski, Alfie Valdes</p> <ul style="list-style-type: none"> ○ CalAIM Documentation Reform ○ SUD CalAIM <ul style="list-style-type: none"> ▪ ASAM Criteria Assessment Interview Guide (Adult) ▪ SUD Treatment Progress Note ▪ SUD Treatment Progress Note Reference Page ▪ SUD Peer Support Services Plan of Care 	<p>Reviewed Information Notice, handouts and provided TA for questions</p> <p>MH Office Hours:</p> <ul style="list-style-type: none"> • Tuesday, 9/20/2022, 9-10am: Click here to join the meeting • Thursday, 9/22/2022, 3-4 pm: Click here to join the meeting • Tuesday, 9/27/2022, 9-10 am: Click here to join the meeting • Thursday, 9/29/2022, 3-4 pm: Click here to join the meeting <p>SUD Office Hours:</p> <ul style="list-style-type: none"> • Thursday, 9/15/22 10-11am: Click here to join the meeting • Thursday, 9/29/22 10-11am: Click here to join the meeting <p>QIMatters.HHSA@sdcounty.ca.gov</p>
<p>3. Monkeypox (SOC) (handout) – Dr. Cameron Kaiser, Public Health Services</p>	<p>Monkeypox overview: source, symptoms, population, world locations, local statistics, vaccines and treatment, prevention, precaution measures</p> <p>www.sandiegocounty.gov/monkeypoxsd</p> <p>For updates text: COSD MONKEYPOX to 468-311</p>
<p>4. Friday Night Live (SOC) (handout) – Francisco Medrano, Sal Garcia, San Diego County Office of Education (SDCOE)</p>	<p>Partnership to build positive and healthy youth development, engaging youth as active leaders and resources in their communities, including fun skill building activities including an annual youth conference.</p>

	<p>Programs available to High School 9-12th, Middle School 6-8th</p> <p>Contact Salvador Garcia, sugarcia@sdcoe.net (859) 298-2100</p>
<p>7. Announcements (SOC)</p> <ul style="list-style-type: none"> ○ School Regional Lists & Services Directory Schools (sandiegocounty.gov) CYF Services Directory (sandiegocounty.gov) ○ SchoolLink Annual Meeting and Plan ○ Back to School Toolkit Back to School - Toolkit Download Mental Health America (mhanational.org) ○ Recovery Happens (handout), Liberty Station, 2455 Cushing Rd., SD.92106 September 17, 2022 10:00 am – 1:00 pm ○ Fentanyl Toolkit https://www.sdpdatf.org/community-parent-fentanyl-toolkit ○ Marijuana and hallucinogen use among young adults reached an all-time high in 2021 https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021 ○ Come Play Outside – Parks after Dark, September 17 & 24 (handout) ○ Directing Change – Mini Grant Opportunity – Application deadline September 16, 2022 (handout) ○ 13th Annual Early Childhood Mental Health Conference – We Can't Wait, September 15-16, 2022 Virtual Conference. Register at: 13th Annual Early Childhood Mental Health Conference – We Can't Wait - Choose Registration (eventscloud.com) ○ QSR/Site Visits ○ Department of Health Care Services (DHCS) intent to award contracts to three managed care Plans (MCP): Molina Health Care, Anthem Blue Cross Partnership Plan, Health Net beginning 1/1/24 www.dhcs.ca.gov ○ Suicide Prevention Week Resources <ul style="list-style-type: none"> ▪ Annual Suicide Prevention Week Activation Kit ▪ It's Up to Us – Suicide Prevention ▪ Know the Signs - Suicide is Preventable ▪ Know the Signs - Student Mental Wellness Thrival Journal ▪ Mobile Crisis Response Team (MCRT) ▪ SAMHSA Resources for Suicide Prevention ▪ San Diego Access and Crisis Line (ACL) 	<p>https://theacademy.sdsu.edu/SchoolLink San Diego (sdsu.edu)</p>

- [San Diego County Office of Education \(SDCOE\) Resources](#)
- [San Diego County Suicide Prevention Council](#)
- [Survivors of Suicide Loss \(SOSL\)](#)
- [Take Action For Mental Health](#)
- [Take Action for Mental Health Wellness Notebook](#)
- [2-1-1 San Diego – Mental Health](#)
- [“988” National Suicide and Crisis Lifeline](#)

Next Meeting: November 10, 2022 | 9:30 a.m. – 11:30 a.m.

Behavioral Health Services (BHS) – Information Notice

To:	Mental Health Contracted Service Providers
From:	Behavioral Health Services – Quality Management Unit
Date:	August 15, 2022
Title	BHS Plan: CalAIM Documentation Reform Compliance- 8/15/22

The Department of Health Care Services (DHCS) released the final information notice regarding documentation reform, [BHIN 22-019 \(ca.gov\)](https://www.ca.gov) effective July 1, 2022 which outlines new requirements aiming to improve the beneficiary experience by streamlining and standardizing clinical documentation requirements across Medi-Cal SMHS, DMC, and DMC-ODS services.

DHCS recognizes the complexity and tremendous effort it will take on the part of the counties to implement these updates and ensure that the changes will be made in a thoughtful manner with attention to provider and beneficiary impact. The County of San Diego (County) has developed a systematic roll out of documentation expectations that align with the CalAIM initiatives.

Behavioral Health Assessment: GO LIVE DATE: 7/22/22

With the Cerner Millennium Outpatient module build continuing, and recognition that development of new forms in the current system is not practical, the first phase of roll out for this requirement consisted of the current assessment in Cerner being updated to highlight the Domain requirements. There is a form fill version of this document along with a detailed Explanation Sheet available on Optum for review.

The updated BHA addresses all required Domains as outlined in DHCS’s BHIN 22-019. The questions in the BHA which correspond to the required domain elements identify the specific domain to which the question corresponds (“Domain #”) and are left-justified and in ALL CAPS. Any non-essential questions have been indented and are not capitalized.

Additionally, to align with the spirit of CalAIM initiatives to provide standardized Assessments and reduce redundancy and administrative burden to programs, we have reviewed and consolidated our BHA’s as follows:

- AOA BHA is now being utilized by all AOA Outpatient Programs, START Programs, and Walk-in Clinics.
 - o START specific BHAs became inactive as of 7/22/22
 - o Walk-in BHAs became inactive as of 7/22/22
- JFS STAT specific BHAs became inactive; JFS STAT now utilizes the CYF BHA as of 7/22/22
- CSU, ESU, TBS, PERT, and CYF 0-5 – no changes to BHA/screenings utilized.

Timelines:

- Initial Assessments are due no later than 60 days from date of Admission
- Reassessments are to be completed as clinically indicated but no later than 3 years after either the admission date or date of last assessment

The second phase of this roll out will include the System of Care provider representatives to develop an assessment which meets all domain criteria that can be built in the new Cerner Millennium product, using additional formatting functions available to streamline documentation.

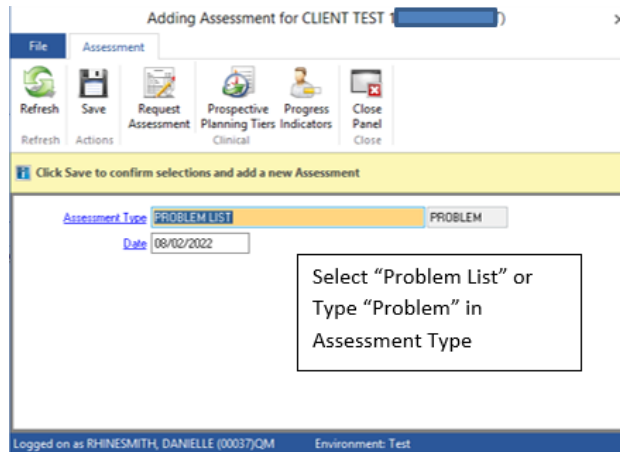
The third phase will build the new form in Cerner Millennium for electronic roll out to the System of Care.

Problem List/Client Plan: GO LIVE DATE: 8/26/22

Problem List

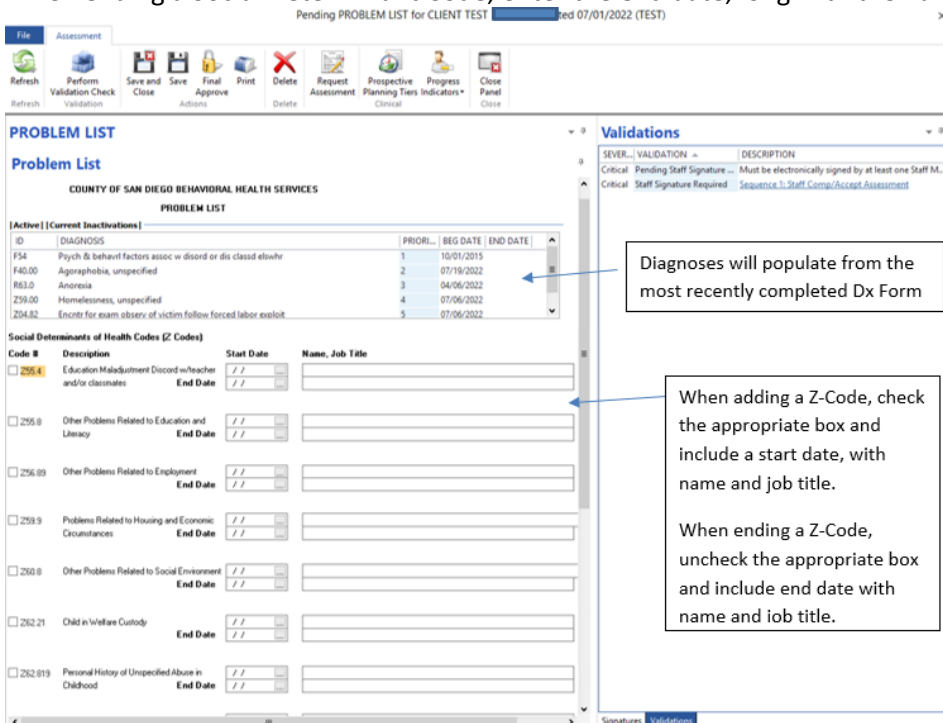
A new requirement as part of the CalAIM initiative, is the creation and update of a Problem List. This is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.

The requirement applies to ALL clients currently open to a program, across ALL service lines. As the current Diagnosis Form will populate into the new Problem List, the program shall ensure the current Diagnosis Form is accurate and up to date, if not program shall make necessary updates. Once the Diagnosis Form is accurate, the program will open a new Assessment titled "Problem List."



If no Social Determinants of Health Codes are being selected, and there are no additional comments, the individual opening the Problem List can Final Approve with the form having the most updated Diagnoses. However, if Social Determinant Codes are being added, the individual must include a start date, along with their name and job title. If adding to the comments section, before the comment, the individual shall add the date, program unit/subunit and server ID to ensure accuracy of entry.

When ending a Social Determinant Code, enter the end date, long with the name and job title.



Timelines:

- New Clients:
 - Ideally, initial Problem Lists are created at intake during discussion with client about treatment needs.
 - The Problem List shall be updated on an ongoing basis to reflect the current presentation of the client.
 - Providers shall add or remove problems from the list when there is a relevant change to the client's condition.
- Existing Clients:
 - All currently open clients will need a Problem List created in CCBH no later than **10/15/22**.
 - After initial Problem List is established in CCBH, updates will be on an ongoing basis to reflect the current presentation of the client.
- All Clients:
 - If client is open to another provider, which has an already established Problem List, the new program will not necessarily need to complete a new Problem List.
 - The expectation is that the new program is reviewing the most current Problem List and reviewing with client for accuracy.
 - If no changes are needed, a progress note in CCBH indicating the Problem List was reviewed and remains unchanged is all that is needed
 - If updates are identified, new program will need to make necessary updates.

Client Plans

With the implementation of the Problem List, several programs will no longer be required to complete a Client Plan in the EHR. However, the following service lines are still required to have an active client plan in place in CCBH:

- ICC
- TFC
- TBS
- IHBS
- STRTPs
- Crisis House

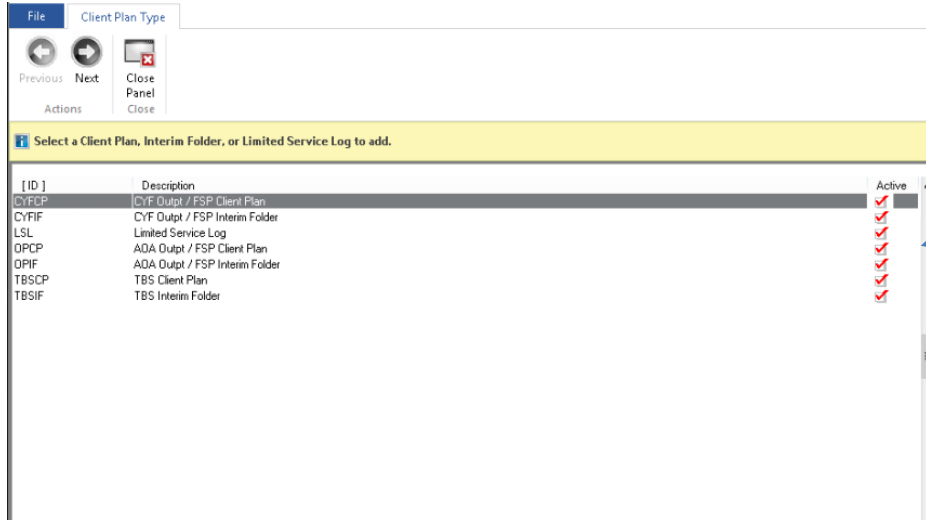
For those services that continue to require a client plan, follow the process outlined below:

- Initial Client Plans are due as follows:
 - STRTP due within 10 calendar days
 - ICC, TFC, and IHBS will be due within 60 calendar days
 - TBS due prior to initial coaching session
 - Crisis House due within the first 24 hours of intake
- As of 8/29/22, any open/active client plan in CCBH will remain active with current timelines.
- Once the timelines expire, an updated client plan will need to be completed
 - ICC, TFC, and IHBS will be on 6-month timelines for updates, per UM requirements
 - TBS is on 30-day timeline for updated plans
 - STRTPs are on 90-day timeline for updated plans
 - Crisis Houses will update at a minimum every 7 days
- When making the updates to the plan, only the interventions of those services above will need to be noted on the plan.
 - Ex: If client is working on both ICC and individual rehab, only the ICC would need to be captured within the plan.

For those services that no longer require a client plan:

- The current plan in CCBH can be ended with the creation of the Problem List, which is due by 10/15/22, or the program can choose to wait until the plan is expired and then end date the plan.
- Once the Client Plan has been ended the program will need to open a Limited-Service Log to attach progress notes to moving forward.

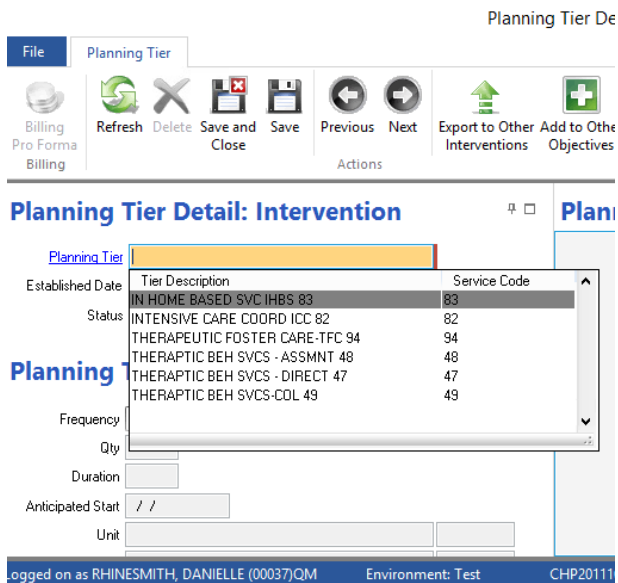
In order to reduce continued Client Plan requirements, we have adjusted the current Client Plan in CCBH to have less information, see screenshots below:



As there are only a select few service lines that require a client plan, the additional families have been removed.

Select the appropriate AOA or CYF plan.

Continue creating the Client Plan as you have in the past. Note once you reach the interventions, only those that require a Client Plan will be available. See screenshots below:



Client Plan Template:

Client Plan						
Level	Type	Description	Status	Established Date	Target Date	Status Date
1	Strength	Actively Seeking Information about Change <i>UNIT/SUBUNIT:</i>	Deferred	03/02/2023		03/02/2023
<p><i>((IDENTIFY CLIENT STRENGTH(S) FROM THE STRENGTHS TABLE. THESE ARE WHAT THE CLIENT/SUPPORT PERSONS/STAFF IDENTIFIES AS GENERAL STRENGTHS FOR THE CLIENT. IDENTIFY STRENGTH AND INDIVIDUALIZE. DOCUMENT STRENGTH(S) AND HOW THE CLIENT WILL UTILIZE HIS/HER STRENGTH(S) TO MEET THE TREATMENT OBJECTIVE(S) IN THE NARRATIVE AREAS BELOW)</i></p> <p><i>NARRATIVE:</i></p>						
1	Area of Need	Emotional-Behavioral/Psychiatric <i>SEE PROBLEMS LIST FOR IDENTIFIED AREAS OF NEED.</i>	Active	03/02/2023		03/02/2023
1.1	Goal	Improve/Maintain Functioning <i>UNIT/SUBUNIT:</i>	Active	03/02/2023		03/02/2023
<p><i>SEE OBJECTIVE(S) PLANNING TIER.</i></p>						
1.1.1	Objective	Access Resources/Natural Support in Comm <i>OBJECTIVE: IDENTIFY AN OBJECTIVE FROM THE OBJECTIVES LISTED UNDER THE AREA OF NEED SELECTED. THESE ARE ACTIONS/INTERVENTIONS THAT THE CLIENT WILL FOCUS ON IN ORDER TO ACHIEVE HIS/HER GOAL. PLEASE NOTE: (IF THERE ARE SEVERAL AREAS BEING THE FOCUS OF THE TREATMENT IT IS POSSIBLE TO CHOOSE ONE GENERAL OBJECTIVE AND THEN LIST THE OBJECTIVES NUMERICALLY. OBJECTIVE(S) SHALL BE SPECIFIC AND MEASURABLE AND RELATED TO THE PROBLEM LIST. EACH OBJECTIVE SHOULD INDICATE WHICH INTERVENTIONS WILL BE USED TO ASSIST CLIENT IN REACHING GOALS OF TREATMENT. FOR YOUTH RESIDING IN A STRTP, OBJECTIVES SHALL ADDRESS ANTICIPATED LENGTH OF STAY, ALONG WITH TRANSITION GOALS THAT SUPPORT THE RAPID AND SUCCESSFUL TRANSITION OF THE CLIENT BACK TO COMMUNITY BASED MENTAL HEALTH CARE AND CONSIDER THE IMPACT OF CLIENT'S HISTORY OF TRAUMA IN PLANNING OBJECTIVES.)</i>	Active	03/02/2023		03/02/2023
<p><i>1. UNIT/SUBUNIT: DATE: OBJECTIVE NARRATIVE:</i></p> <p><i>2. UNIT/SUBUNIT: DATE: OBJECTIVE NARRATIVE:</i></p> <p><i>3. UNIT/SUBUNIT: DATE: OBJECTIVE NARRATIVE:</i></p>						
1.1.1.1	Intervention	INTENSIVE CARE COORD ICC 82 Frequency: Ad Hoc <i>SEE OBJECTIVE PLANNING TIER</i>	Active	03/02/2023		03/02/2023

When selection Area of Need, choose "Emotional Behavioral/Psychiatric."

The narrative will pre-populate with "See Problem List for Identified Area of Need." There is no need for additional information here.

Objective narrative and intervention narrative can be combined here.

When completing your objective, indicate how the intervention will support that.

Only add the intervention that requires a client plan.

No need for a narrative, as this is combined in with the Objective.

Note that while Case Management and Peer Support services no longer require an active client plan, they do require that a plan of care is outlined in a Progress Note (please see Progress Notes section below for more details).

Progress Notes: GO LIVE DATE: 8/26/22

Progress Note templates have been updated to promote the more streamlined, client relevant documentation of services.

Specifically, there is now one new note type directly related to the CalAIM initiative. It is titled: Case Management/Peer Support Client Plan Note. There are explanation sheets available for these progress notes on the Optum website under the UCRM tab:

<https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs.html>

This note type is to be used solely for the purpose of those programs providing Targeted Case Management and Peer Support Services, specifically for documenting the treatment plan. Once the treatment plan is documented, all other case management and peer support services shall be documented in the Individual Progress Note type using the General Progress note template. See screenshots below:

File Lookup Panel

Select Close Panel
Actions Close

Select a Progress Note Type from the list.

Progress Note Type List (Filters Applied)

ID	[Type]	Active
CP	Case Mgmt/PSS/MHSA Plan	<input checked="" type="checkbox"/>
10	Daily Progress Note	<input checked="" type="checkbox"/>
04	Discharge Summary Completion	<input checked="" type="checkbox"/>
G	Group Progress Note	<input checked="" type="checkbox"/>
I	Individual Progress Note	<input checked="" type="checkbox"/>
06	Never-Billable Progress Note	<input checked="" type="checkbox"/>
07	PERT Informational Note	<input checked="" type="checkbox"/>
08	Progress Note Correction	<input checked="" type="checkbox"/>

Progress Note Type List Filters Progress Note Type List (Filters Applied)

Select the Case Mgmt/PSS/MHSA Plan option

Once this note type is loaded, providers will still be required to choose the template from the drop menu. See screenshots below:

- Standard Text
- CFT Meeting Note
- CSU Daily Documentation Note / Crisis Stabilization Unit(CSU)
- CSU Discharge Note
- CSU Reassessment Progress Note / Crisis Stabilization Unit(CSU)
- Case Mgmt/PSS/MHSA Plan
- Daily Progress Note
- ESU MD Progress Note
- ESU Nursing Note
- ESU On Call Telephone
- General Progress Note
- Group Progress Note
- ICC Progress Note Template
- Medication Progress Note / SOC
- Nursing Progress Note
- STRTP Med Not Presc SC 11 Eval
- Service Code 24-MEDS EM MIN PR / Medication Progress Note
- Service Code 25-MEDS EM MINOR / Problem Focused Level of Exam
- Service Code 26-MEDS EM EXPAND / Expand Prob Focus Level Exam
- Service Code 27-MEDS EM DET MO / Detailed Level of Exam
- Service Code 28 / Comprehensive Level of Exam
- TBS Progress Note / TBS Use Only
- Telehealth Progress Note
- Walk-In Assessment PN
- Wraparound

Select the Case Mgmt/PSS/MHSA Plan template from the drop-down menu

Template for Case Mgmt/PSP/MHSA Plan:

MHSA CLIENTS REQUIRE AN INDIVIDUAL SERVICE PLAN AND CASE MANAGER BECAUSE EACH CLIENT IS REQUIRED TO RECEIVE CASE MANAGEMENT AND HAVE A CLIENT PLAN. THIS PLAN WILL SUFFICE.

GOAL OF SERVICE: (Specifies the measurable goals of treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical social, educational and other services needed by the beneficiary.)

INTERVENTION: (A narrative describing the service, including how the service addressed the beneficiary's behavioral health need goals (e.g., symptom, condition, diagnosis, and/or risk factors))

RESPONSE TO INTERVENTION(S):

ACTION PLAN: (Identifies a course of action to respond to the assessed needs of the beneficiary next steps including, but not limited to planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.)

TRANSITION PLAN: (To be completed when a beneficiary has achieved the goals of the care plan.)

CLIENT AGREED TO PLAN OF CARE: YES: NO: If "no", document reason why not:

Other services will be documented using the Individual Progress Note type, choosing the appropriate template for the service from the drop down. See screenshots below:

The screenshot shows a software interface with a 'File' menu and a 'Lookup Panel' tab. Below the menu are 'Select' and 'Close Panel' buttons. A yellow banner reads 'Select a Progress Note Type from the list.' Below this is a table titled 'Progress Note Type List (Filters Applied)'. The table has columns for 'ID', '[Type]', and 'Active'. The 'Individual Progress Note' row is highlighted. A callout box points to this row with the text 'Select the Individual Progress Note Option'.

ID	[Type]	Active
CP	Case Mgmt/PSS/MHSA Plan	<input checked="" type="checkbox"/>
10	Daily Progress Note	<input checked="" type="checkbox"/>
04	Discharge Summary Completion	<input checked="" type="checkbox"/>
G	Group Progress Note	<input checked="" type="checkbox"/>
I	Individual Progress Note	<input checked="" type="checkbox"/>
06	Never-Billable Progress Note	<input checked="" type="checkbox"/>
07	PERT Informational Note	<input checked="" type="checkbox"/>
08	Progress Note Correction	<input checked="" type="checkbox"/>

Once this note type is loaded, providers will still be required to choose the template from the drop menu. See screenshots below:

Standard Text

- CFT Meeting Note
- CSU Daily Documentation Note / Crisis Stabilization Unit(CSU)
- CSU Discharge Note
- CSU Reassessment Progress Note / Crisis Stabilization Unit(CSU)
- Case Mgmt/PSS/MHSA Plan
- Daily Progress Note
- ESU MD Progress Note
- ESU Nursing Note
- ESU On Call Telephone
- General Progress Note
- Group Progress Note
- ICC Progress Note Template
- Medication Progress Note / SOC
- Nursing Progress Note
- STRTP Med Not Presc SC 11 Eval
- Service Code 24-MEDS EM MIN PR / Medication Progress Note
- Service Code 25-MEDS EM MINOR / Problem Focused Level of Exam
- Service Code 26-MEDS EM EXPAND / Expand Prob Focus Level Exam
- Service Code 27-MEDS EM DET MO / Detailed Level of Exam
- Service Code 28 / Comprehensive Level of Exam
- TBS Progress Note / TBS Use Only
- Telehealth Progress Note
- Walk-In Assessment PN
- Wraparound

Select the General Progress Note template from the drop-down menu

General Progress Note Template

Client Narratives

Client Narrative

ELAINE MILLS for 08/03/2022

TRAVEL TO / FROM:

INTERVENTION (How does the service address the beneficiary's behavioral health need(s) - symptoms, condition, diagnosis, and / or risk factors):

CLIENT RESPONSE (How did the client respond to the above intervention):

NEXT STEPS (Planned action steps by provider or beneficiary, collaboration with beneficiary, collaboration with other provider(s)):

UPDATE TO PROBLEM LIST (Include any changes or updates to client Problem List):

Timelines:

- Progress notes are to be completed within 3 business days, or 24 hours of a crisis service
 - Progress notes that require co-signature must be completed and signed by SERVER within 3 business days and must be co-signed in a timely manner
 - Progress notes which are not completed within the above timelines are not considered recoupable, however, it will be noted out of Compliance (as a survey question)
- The previous 14-day standard no longer applies to progress notes and no longer requires a disallowance

For More Information:

- HHSa, QI Matters: qimatters.hhsa@sdcounty.ca.gov



THE ASAM CRITERIA ASSESSMENT INTERVIEW GUIDE

Adult

Client Name: _____ UCN: _____

Place of Interview: _____ Date of Assessment: _____

If referral is being made but admission is expected to be DELAYED, reason:

- Waiting for level of care availability
- Hospitalized
- Waiting for ADA accommodation
- Waiting for language-specific services
- Incarcerated
- Other: (if selected, must explain): _____
- Waiting for other special population-specific svcs
- Patient preference

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?	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/	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? _____	<input type="radio"/> _____ YEARS _____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEROIN, FENTANYL, OR OTHER NON-PRESCRIPTION OPIOIDS Date of last use: _____	<input type="radio"/> _____ YEARS _____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRESCRIPTION OPIOID MEDICATION MISUSE Specify type: _____ Were these medications from a valid prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/> _____ YEARS _____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BENZODIAZEPINES/OTHER SEDATIVES/HYPNOTICS/SLEEPING MEDICATION MISUSE Were these medications from a valid prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/> _____ YEARS _____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

► **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)	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/	Not used	Oral	Nasal/snort	Smoke	Inject	Other (rectal, patches, etc.)
COCAINE/CRACK Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
METHAMPHETAMINE/OTHER STIMULANTS: _____ Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRESCRIPTION STIMULANT MISUSE Specify type: _____ Were these medications from a valid prescription? <input type="radio"/> Yes <input type="radio"/> No Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MISUSE OF OTHER PRESCRIPTION DRUGS Specify type: _____ Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CANNABIS OR MARIJUANA Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NICOTINE OR TOBACCO Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Do you experience any of the following regarding nicotine or tobacco use?</p> <ul style="list-style-type: none"> Tolerance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Withdrawal? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Cravings? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A A persistent desire or unsuccessful attempts to cut down? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A 	<p>► Interviewer Notes: If Tobacco Use Disorder is identified:</p> <ul style="list-style-type: none"> The client was provided information on how continued use of tobacco products could affect their long-term success in recovery from substance use disorder(s): <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A The client was offered treatment or a referral for treatment for Tobacco Use Disorder: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A 										

OTHER DRUGS: List each "other" drug separately as they have different withdrawal profiles

OTHER DRUG 1: _____ Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER DRUG 2: _____ Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER DRUG 3: _____ Date of last use: _____	<input type="radio"/>	____ YEARS ____ MONTHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

► 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

<p>2. How much are you bothered by any physical or emotional symptoms when you stop or reduce using alcohol or other drugs? <i>(For example, body aches, nausea or anxiety that interfere with your everyday life when you stop or reduce your use.)</i> Please describe:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3. Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, anxiety, vomiting, etc.? <i>(Please describe specific symptoms and consider immediate referral for medical evaluation):</i></p> <hr/> <p>► Note: <i>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.</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>4. Do you find yourself using more alcohol and/or other drugs in order to get the same effect? <i>(Are there any patterns that indicate higher tolerance?)</i> Please describe:</p> <hr/> <p>► Interviewer note: <i>Signs of tolerance may indicate risk for withdrawal.</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>5. Do you have a history of serious withdrawal, seizures, or life-threatening symptoms during withdrawal? Please describe and specify substance(s):</p> <p>Date of last severe withdrawal episode _____</p>	<input type="radio"/> Yes <input type="radio"/> No				
<p>6. Do you have a history of overdose <i>(e.g., loss of consciousness, needing medical intervention)</i>? Please describe and specify substance(s):</p> <p>How recent was your last overdose? _____</p> <p>► Interviewer note: <i>Inquire whether the patient has received training/been equipped with naloxone. Provide naloxone resources.</i></p>	<input type="radio"/> Yes <input type="radio"/> No If opioids - Do you have access to naloxone? <input type="radio"/> Yes <input type="radio"/> No				
<p>7. Have you used substances in the last 48 hours? If yes, what? List:</p> <p>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</p>	<input type="radio"/> Yes <input type="radio"/> No				
<p>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)</p> <p>► Interviewer Note: <i>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.</i></p>	<input type="radio"/> Intoxication <input type="radio"/> Withdrawal <input type="radio"/> None				

Alcohol and/or Other Drug Treatment History

Have you received treatment for alcohol and/or other drugs in the past? Yes No

If yes, please give details:

Type of Recovery Treatment (Outpatient, Residential, Detoxification)	Name of Treatment Facility	Dates of Treatment	Treatment Completed
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

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 select 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
<ul style="list-style-type: none"> • No signs of withdrawal/intoxication present 	<ul style="list-style-type: none"> • Mild/moderate intoxication • Interferes with daily functioning • Minimal risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • May have severe intoxication but responds to support • Moderate risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • Severe intoxication with imminent risk of danger to self/others • Difficulty coping • Significant risk of severe withdrawal 	<ul style="list-style-type: none"> • 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

- Are you on Medically Assisted Treatment (MAT)(i.e. Methadone, Vivitrol, Suboxone)? Yes No

If YES, list the medication: _____ Where do you obtain this? _____

- 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: _____

- If recently enrolled in Medi-Cal, have you received a health screening to identify health needs within 90 days of Medi-Cal enrollment? Yes No N/A

► **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.OF1ASSIST. 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*)?

Notes:

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?

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

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?

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

Yes No/N/A
 Not sure
 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
<p>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:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>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:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>15. How much do these health issues make it harder for you to go to SUD treatment or stay in SUD treatment? Please describe:</p> <p style="text-align: right;"><input type="radio"/> Not applicable</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>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:</p> <p>➤ <i>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?</i></p>	<input type="radio"/> Yes	<input type="radio"/> Maybe	<input type="radio"/> No		

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

<p>17. What concerns do you have about your physical health and/or medical conditions?</p>	Problem(s):
<p>18. What goals do you have for your physical health and/or medical conditions?</p>	Goal(s):
<p>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?</p> <p>Notes:</p> <p>➤ *If yes, consider immediate referral to ED or call 911</p>	<input type="radio"/> *Yes <input type="radio"/> No

Please select 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
<ul style="list-style-type: none"> Fully functional/no significant pain or discomfort 	<ul style="list-style-type: none"> Mild symptoms interfering minimally with daily functioning Able to cope with physical discomfort 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Unstable condition with severe medical problems,** including but not limited to: <ul style="list-style-type: none"> 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:

<p>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)</p>	<input type="radio"/> Yes* <input type="radio"/> No
<p>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)</p>	<input type="radio"/> Yes* <input type="radio"/> No
<p>4. If yes*: Have your mental health symptoms been stable (check all that apply)?</p>	<input type="radio"/> N/A <input type="radio"/> Stable with treatment/meds <input type="radio"/> Stable without treatment/meds <input type="radio"/> Unstable <input type="radio"/> Not sure
<p>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?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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: _____

<p>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: _____</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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	Notes:
Depression/Sadness	<input type="radio"/>	<input type="radio"/>	
Loss of pleasure/interest	<input type="radio"/>	<input type="radio"/>	
Hopelessness	<input type="radio"/>	<input type="radio"/>	
Irritability/Anger	<input type="radio"/>	<input type="radio"/>	
Impulsivity	<input type="radio"/>	<input type="radio"/>	
Interviewer observation: Pressured speech	<input type="radio"/>	<input type="radio"/>	
Feeling unusually important/Grandiosity	<input type="radio"/>	<input type="radio"/>	
Racing thoughts	<input type="radio"/>	<input type="radio"/>	
Anxiety	<input type="radio"/>	<input type="radio"/>	
Anxiety/Excessive worry	<input type="radio"/>	<input type="radio"/>	
Thoughts that you cannot stop if you want to/Obsessive thoughts <i>(Not including thoughts about using substances)</i>	<input type="radio"/>	<input type="radio"/>	
Behaviors that you cannot stop if you want to/Compulsive behaviors <i>(Not including using substances)</i>	<input type="radio"/>	<input type="radio"/>	
Flashbacks	<input type="radio"/>	<input type="radio"/>	
Psychosis- Include interviewer observation	<input type="radio"/>	<input type="radio"/>	
Paranoia (e.g., feeling like you are being watched or followed)	<input type="radio"/>	<input type="radio"/>	
Delusions, feeling you were especially important in some way, or that you were receiving special messages, or that people were out to harm you <i>(false beliefs inconsistent with culture)</i>	<input type="radio"/>	<input type="radio"/>	
OTHER			
Sleep problems	<input type="radio"/>	<input type="radio"/>	
Memory/Concentration	<input type="radio"/>	<input type="radio"/>	
Gambling	<input type="radio"/>	<input type="radio"/>	
Risky sex behaviors	<input type="radio"/>	<input type="radio"/>	
Physical aggression towards people or property, describe: <i>(e.g., what happened?)</i>	<input type="radio"/>	<input type="radio"/>	
Other:	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	

<p>9. Are these issues (<i>listed in the table above</i>) either caused or made worse by alcohol and/or other drug use? Please describe:</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p>	<p>Notes:</p>
<p>10. Do you ever see or hear things that other people say they do not see or hear (<i>e.g., hearing voices. Probe, does this occur only while using or withdrawing from alcohol or other drugs?</i>) Please describe:</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>11. Have you had thoughts of hurting yourself? Have you had thoughts that you would be better off dead? Please describe:</p> <p>a. <i>*If yes:</i> Are you having these thoughts today?</p> <hr/> <p>► <i>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.).</i></p> <p>b. Have you ever acted on these feelings to hurt yourself?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>12. Have you had thoughts of harming others? Please describe:</p> <p>a. <i>If yes:</i> Are you having these thoughts today?</p> <p>b. Have you ever acted on these feelings to harm others?</p> <p>► <i>Interviewer instructions: Follow all local laws and procedures for disclosing any reportable events regarding harm to self, others, elders or children.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No</p>	

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
<p>13. How much do any of these emotional health symptoms <i>from the list we discussed above</i> make it harder for you to take care of yourself? (<i>e.g., hygiene, grooming, dressing, eating, housework, living independently, etc.</i>) Please describe:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>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:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>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:</p> <p><input type="radio"/> Not applicable</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<p>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?</p>	<p>Problem(s):</p>	<p>Notes:</p>
<p>17. What concerns or worries do you have about getting treatment for your mental health or emotional symptoms or issues?</p>	<p>Goal(s):</p>	
<p>18. What goals do you have for your mental and emotional health?</p>	<p>Goal(s):</p>	

19. Interviewer observation: Is further assessment of mental health needed? Yes No
Please describe:

Please select 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
<ul style="list-style-type: none"> No dangerous symptoms Good social functioning Good self-care No symptoms interfering with recovery 	<ul style="list-style-type: none"> Possible diagnosis of emotional, behavioral, cognitive condition Requires monitoring for stable mental health condition Symptoms do not interfere with recovery Some relationship impairments <p>Further assessment and referral or follow-up with existing mental health (MH) provider</p>	<ul style="list-style-type: none"> Symptoms distract from recovery Requires treatment and management of mental health condition No immediate threat to self/others Symptoms do not prevent independent functioning <p>Prioritize follow up or new evaluation with MH provider for new/uncontrolled conditions</p>	<ul style="list-style-type: none"> 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 <p>Urgent assessment and treatment for unstable signs and symptoms</p>	<ul style="list-style-type: none"> Life-threatening symptoms including active suicidal ideation Psychosis Imminent danger to self/others <p>Emergency Department-immediate assessment</p>

► 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health/Emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hobbies/Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal matters (e.g., DUI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romantic partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment of activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hygiene/Self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

► 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.?)

► 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

Notes:

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

	Not at all	A Little	Somewhat	Very	Extremely	Notes:
<p>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:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>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)? <input type="radio"/> Yes <input type="radio"/> No Please describe:</p>						
<p>a. If you have had treatment, how helpful was it? Please describe:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>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:</p> <p>► Interviewer observations (e.g., low insight):</p>				<input type="radio"/> Yes <input type="radio"/> No		
<p>8. Do you want to quit or cut back your alcohol or other drug use? Please describe:</p>				<input type="radio"/> Yes, quit <input type="radio"/> Yes, cut back <input type="radio"/> Not sure <input type="radio"/> No, neither		

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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: ➤ <i>Interviewer observations:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How important is it for you to stop your alcohol or other drug use ? Please describe: <i>(For example, why is it that important?)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How ready are you to stop or reduce your alcohol or other drug use? Please describe: ➤ <i>Interviewer observations:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.*

<p>Are there other things in your life that you would like to be different from how they are now?</p>	<p>Problem(s):</p>	<p>Notes:</p>
<p>If things were better than they are now, what would that look like?</p>	<p>Goal(s):</p>	
<p>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)?</p>	<p>Problem(s):</p>	

Please select 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
<ul style="list-style-type: none"> Proactive responsible participant in treatment Committed to changing alcohol or other drug (AOD) use 	<ul style="list-style-type: none"> Willing to enter treatment Ambivalent to the need to change 	<ul style="list-style-type: none"> Reluctant to agree to treatment Low commitment to change AOD use Variable adherence to treatment 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

<p>1. What is the longest period of time that you have gone without using alcohol and/or other drugs?</p> <p style="margin-left: 20px;">a. How long ago did that end?</p> <p>➤ <i>Interviewer instruction: it is not a relapse if patient is not in/has never been in recovery.</i></p>	<p><input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> N/A, never</p> <p><input type="radio"/> Months <input type="radio"/> Years</p> <p><input type="radio"/> Days <input type="radio"/> Weeks</p> <p><input type="radio"/> Months <input type="radio"/> Years</p>	<p>Notes:</p>
<p>2. What helped you go that long without using alcohol and/or other drugs? (<i>Probe for personal strengths, peer support, medication, treatment, etc.</i>)</p> <p>➤ <i>Interviewer notes:</i></p>	<p><input type="radio"/> N/A, never</p>	
<p>3. If you relapsed in the past, what kinds of things do you think led to your relapse?</p> <p>➤ <i>Interviewer notes:</i></p>	<p><input type="radio"/> N/A, never</p>	
<p>4. If you plan to quit or cut back, how will you manage this goal? (<i>e.g., stop on my own; go to treatment; take medications as prescribed; attend self-help groups; change relationships, job, habits, or circumstances; etc.</i>)? Please describe:</p>	<p><input type="radio"/> N/A</p>	
<p>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? (<i>Probe how soon could these things happen, short-term risk? Long-term risks?</i>)</p>		
<p>6. <i>Interviewer observations:</i> How severe/dangerous/IMMINENT* are consequences of the current situation? Please describe:</p> <p>➤ <i>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).</i></p>	<p><input type="radio"/> Few/Mild/No consequences/ Not imminent</p> <p><input type="radio"/> Some/Not severe consequences/ in weeks or month</p> <p><input type="radio"/> Many/Severe consequences/ Imminent within hours or days</p>	

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Social pressure (friends, at work, at school, at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Difficulty dealing with feelings/emotions (<i>Probe for anxiety, depression, boredom, anger, etc.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Financial stressors (<i>e.g., paying bills, worry about losing work</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Physical health problems including issues such as chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How likely is it that you will either relapse or continue to use alcohol or other drugs without treatment or additional support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

<p>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?</p>	<p>Problem(s):</p>	<p>Notes:</p>
<p>18. What would it look like if those issues were resolved? What would it take to resolve them?</p>	<p>Goal(s):</p>	

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)

<p>0 None</p>	<p>1 Mild</p>	<p>2 Moderate</p>	<p>3 Severe</p>	<p>4 Very Severe</p>
<ul style="list-style-type: none"> Low/no potential for relapse 	<ul style="list-style-type: none"> Some minimal risk for use Fair coping and relapse prevention skills 	<ul style="list-style-type: none"> Some or inconsistent use of coping skills Able to self-manage with prompting 	<ul style="list-style-type: none"> Little recognition of risk for use Poor skills to cope with relapse 	<ul style="list-style-type: none"> No coping skills for relapse/addiction problems Substance use/behavior places self/others in imminent danger
	<p>Low-intensity relapse prevention services are needed or self-help/peer support group</p>	<p>Relapse prevention services and education are needed.</p> <p>Possible need for:</p> <ul style="list-style-type: none"> intensive case management medication management assertive community treatment 	<p>Relapse prevention services including:</p> <ul style="list-style-type: none"> structured coping skills training motivational strategies assertive case management and assertive community treatment possible need for structured living environment 	<p>Likely needs all services listed in "Severe"</p> <ul style="list-style-type: none"> 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.*

- Have you ever been arrested/charged/registered for arson? Yes No
 Have you ever been arrested/charged/registered for a sex crime? Yes No

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? Yes* No
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? Yes No
 Describe any history of incarceration:

12. Are you required to go to SUD treatment? (e.g., by Child Protective Services, employer, professional groups, probation, parole). Yes No
 Please describe:

13. Are you a veteran? (Veterans may have access to special benefits such as housing) Yes No
 Veteran status/Eligibility for VA benefits:

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? Yes* No
 a. *If yes*, Do you have an alternative place to live where others are not regularly using drugs or alcohol? Yes No

16. Do any of your current relationships pose a threat to your safety? Yes* No
 a. If yes:
 i. Has this person used a weapon against you or threatened you with a weapon? Yes* No
 ii. Has this person threatened to kill you or your children? Yes* No
 iii. Do you think this person might try to kill you? 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? Yes* No
 Please describe:

► *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

Notes:

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."

<p>19. Are there people, places, or things that are supportive of your quitting or cutting back your AOD use?</p>	Supportive people: <i>(List)</i>	Supportive places:	Supportive things:																														
<p>a. How supportive are they?</p>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																													
<p>20. Are there people, places or things that make quitting or cutting back more difficult?</p>	People:	Places:	Things:																														
<p>a. How difficult?</p>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1"> <tr> <td>Not at all</td> <td>A Little</td> <td>Somewhat</td> <td>Very</td> <td>Extremely</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Not at all	A Little	Somewhat	Very	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Problem Statements and Goals (Optional, for treatment planning purposes)

<p>21. What concerns or problems do you have with your current living situation or environment?</p>	Problem(s):	Notes:
<p>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? (<i>e.g., get peer support, move, change jobs, change friends</i>)</p>	<input type="radio"/> Nothing <input type="radio"/> Not sure Goal(s):	
<p>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? (<i>e.g., get peer support, move, change jobs, change friends</i>)</p>	<input type="radio"/> Nothing <input type="radio"/> Not sure Describe:	
<p>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.</p>	Goal(s):	

Please select 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
<ul style="list-style-type: none"> • Able to cope in environment/supportive 	<ul style="list-style-type: none"> • Passive/disinterested social support, but still able to cope • No serious environmental risks 	<ul style="list-style-type: none"> • Unsupportive environment, but able to cope in the community with clinical structure most of the time 	<ul style="list-style-type: none"> • Unsupportive environment, difficulty coping even with clinical structure 	<ul style="list-style-type: none"> • Environment toxic/hostile to recovery • Unable to cope and the environment may pose a threat to safety
	<p>May need assistance in:</p> <ul style="list-style-type: none"> • finding a supportive environment • developing supports re: skills training • childcare • transportation 	<p>Needs assistance listed in "Mild," as well as</p> <ul style="list-style-type: none"> • assertive care management 	<p>Needs more intensive assistance in</p> <ul style="list-style-type: none"> • finding supportive living environment • skills training (depending on coping skills and impulse control) • assertive care management 	<ul style="list-style-type: none"> • 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	Mild	Moderate	Severe
		Diagnostic Tool Used:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUD Diagnosis	Provisional	Confirmed			
		Diagnostic Tool Used:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-occurring Diagnosis	Provisional	Confirmed			
		Diagnostic Tool Used:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Diagnosis			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Diagnosis			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diagnosis Narrative:

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	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
DIMENSION 2 Biomedical Conditions and Complications	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
DIMENSION 4 Readiness to Change	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
DIMENSION 6 Recovery/Living Environment	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 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.*

Notes:

● 1-WM	● 2-WM	● 3.7-WM	● 4-WM
<ul style="list-style-type: none"> • Outpatient • Secure home environment • High general functioning • Needs daily or less than daily supervision • Likely to complete WM and continue treatment or recovery 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Residential • Severe withdrawal • Needs 24-hour nursing support and daily access to physician Unlikely to complete WM without medical monitoring 	<ul style="list-style-type: none"> • 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.

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	<p>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</p> <p>Notes:</p>
Recovery Support Services	<p>Patient needs <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Legal Services <input type="checkbox"/> Vocational <input type="checkbox"/> School Counseling <input type="checkbox"/> Financial Assistance <input type="checkbox"/> 12 Step <input type="checkbox"/> Peer Support <input type="checkbox"/> Other: _____</p> <p>Notes:</p>

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			
<input type="radio"/> Level 4 – Medically Managed Intensive Inpatient Services	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.7 – Medically Monitored Intensive Inpatient	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.5 – Clinically Managed High-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.1 – Clinically Managed Low-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.5 – Partial Hospitalization	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.1 – Intensive Outpatient	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 1 – Outpatient Services	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS

ACTUAL LOC			
<input type="radio"/> Level 4	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.7	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.5	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.3	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.5	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> 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/elapsed.
- 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			Notes:
		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: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	

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.	Additional services available at these ASAM Levels of Care				Notes:
	ASAM LOC	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” <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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.					

► *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	<ul style="list-style-type: none"> Perform immediate evaluation of need for acute inpatient care
2	D2-CURRENT Severe life-threatening physical health problems	<ul style="list-style-type: none"> Perform immediate evaluation of need for acute inpatient care
2	D2 is severe/very severe	<ul style="list-style-type: none"> Consider intensive physical health services or hospital care
3a	D3a-Imminent danger to self or others	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Perform immediate evaluation of need for acute inpatient medical or psychiatric care
3	D3 is severe/very severe	<ul style="list-style-type: none"> 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 (<i>e.g., severe addiction but patient feels controlled use is still ok; psychotic, but blames a conspiracy</i>) D4b-Patient has been coerced or mandated to assessment/treatment	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Assess further need for immediate intervention (<i>e.g., take car keys away, support person pick patient up, evaluate need for immediate psychiatric intervention</i>)
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	<ul style="list-style-type: none"> 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 (<i>e.g., living with drug dealer; physically abused by partner; homeless in freezing temperatures</i>)	<ul style="list-style-type: none"> 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.)	<ul style="list-style-type: none"> • 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):	<ul style="list-style-type: none"> • It reduces severity in D1
1 & 2	If D1 is addressed	<ul style="list-style-type: none"> • Consider whether addressing risk in D1 reduces risk in D2
1	If patient has history of opioid use	<ul style="list-style-type: none"> • Consider take-home naloxone
2	If patient has severe medical problems, but has immediate access to appropriate medical care	<ul style="list-style-type: none"> • Risk rating for D2 may be lower
3	If Residential is indicated PLUS cognitive impairment, and medical issues are moderate or lower	<ul style="list-style-type: none"> • 3.3 is indicated
3	If there is a rating of severe or very severe in D3	<ul style="list-style-type: none"> • May indicate need for inpatient mental health services
4	If D4 is severe/very severe	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • For medication management: Consider OBOT (lower oversight at OBOT than NTP/OTP)
5	If there is a rating of severe/very severe in D5	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Consider higher intensity placement for WM
Overall	A dimension is currently rated 0- no risk	<ul style="list-style-type: none"> • There is no need for services in that dimension at this time. (See <i>The ASAM Criteria</i>, 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)

SUD TREATMENT PROGRESS NOTE

Client Name: _____

Client ID: _____

Service Date*:	Total Service Time:	Total Travel Time:	Total Documentation Time:	Total Time (service + doc + travel):
Language of Service (if other than English): <input type="checkbox"/> N/A		Translator Utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contact Type:	Service Type:
Location of Beneficiary at the time of Receiving Service: (See Reference Page on page 2 for descriptions)			EBP Utilized: <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Other <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> N/A	
Narrative: 1) describe the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors, 2) next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and 3) any update to the problem list as appropriate				
Provider Printed Name, Title		Signature, Credentials		Date of Completion*

*Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours

SUD TREATMENT PROGRESS NOTE

Reference Page

Contact Type:	F-F = Face-to-Face	TEL = Telephone	TH = Telehealth	COM = In Community	NC = No Contact
Service Type:	IND = Ind. Counseling	GR = Group Counseling	CC = Care Coordination	MAT = MAT Prescribing	CLC = Clinical Consultation

Location of Beneficiary at the time of Receiving Service:

Location	Description
Telehealth Provided Other than in Patient's Home'	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication system
School	A facility whose primary purpose is education
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)
Telehealth Provided in Patient's Home	Health services and health related services are provided or received, through a telecommunication system in the patient's home.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and which is not identified by any other Place of Service code.
Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).
Other Place of Service	Other place of service not identified above.

SUD Peer Support Services Plan of Care

Client Name: _____

Client ID: _____

Service Date*:	Total Service Time:	Total Travel Time:	Total Documentation Time:	Total Time (service + doc + travel):
Language of Service (if other than English): <input type="checkbox"/> N/A		Translator Utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contact Type:	Service Type:
Location of Beneficiary at the time of receiving service: (See Reference Page on page 2 for descriptions)			EBP Utilized: <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Other <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> N/A	
Narrative: 1) describe the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors, 2) next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and 3) any update to the problem list as appropriate				
Peer Support Services Plan of Care: Include specific, individualized goals that have measurable results				
Provider Printed Name, Title		Signature, Credentials		Date of Completion*
Co-Signer Printed Name, Title		Co-Signature, Credentials		Date of Completion*

*Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours

SUD Peer Support Services Plan of Care

Reference Page

Contact Type: F-F = Face-to-Face	TEL = Telephone	TH = Telehealth	COM = In Community	NC = No Contact	
Service Type: IND = Ind. Counseling	GR = Group Counseling	CC = Care Coordination	MAT = MAT Prescribing	CLC = Clinical Consultation	BED = Bed Day

Location of Beneficiary at the time of Receiving Service:

Location	Description
Telehealth Provided Other than in Patient's Home	The location, other than in patient's home, where health services and health related services are provided or received, through a telecommunication system
School	A facility whose primary purpose is education
Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)
Telehealth Provided in Patient's Home	Health services and health related services are provided or received, through a telecommunication system in the patient's home.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and which is not identified by any other Place of Service code.
Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).
Other Place of Service	Other place of service not identified above.



HUMAN M-POX/MONKEYPOX

County of San Diego M-Pox (Monkeypox) Update

Cameron Kaiser, MD, MPH, FAAFP
Deputy Public Health Officer



9/8/2022

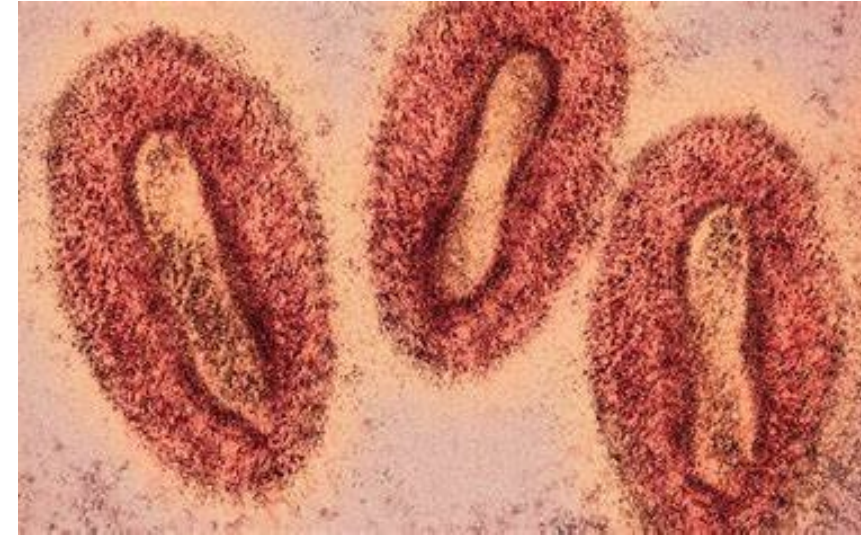
Monkeypox Overview

Rare zoonotic infection

Endemic in west and central Africa, uncommon elsewhere

Caused by monkeypox virus (which is an orthopoxvirus)

Can spread from infected animals to humans and person-to-person



**Potentially communicable until
no symptoms and skin lesions
have healed (2-4 weeks)**

Mode of Transmission

Skin-to-skin contact
with rash, sores or
scabs
Infected body fluids
Mucosal lesions

Large droplet
secretions during
close face-to-face
contact

Fomites (e.g.,
shared towels,
contaminated
bedding)

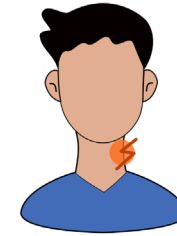
Monkeypox Overview

- Risk to the general population is low but precaution should still be taken especially for children, pregnant persons, and immunocompromised individuals.
- Monkeypox virus is harder to transmit than other infections like COVID-19.

Symptoms may precede rash with:



Fever



Swollen lymph nodes



Chills



Headache



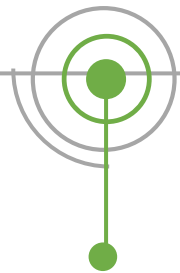
Backache



Muscle aches

Incubation period typically 7-14 days, but may range from 5-21.

Recent Events



July 23, 2022

The World Health Organization (WHO) declared the multi-country spread of monkeypox to be a Public Health Emergency of International Concern, which constitutes its highest alert level.

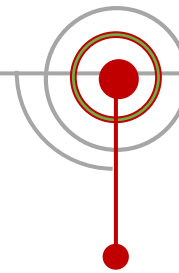
August 1, 2022

Governor Newsom declared a state of emergency to respond to monkeypox.



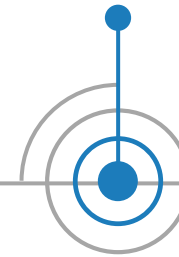
August 2, 2022

County of San Diego declares a local health emergency to respond to monkeypox.

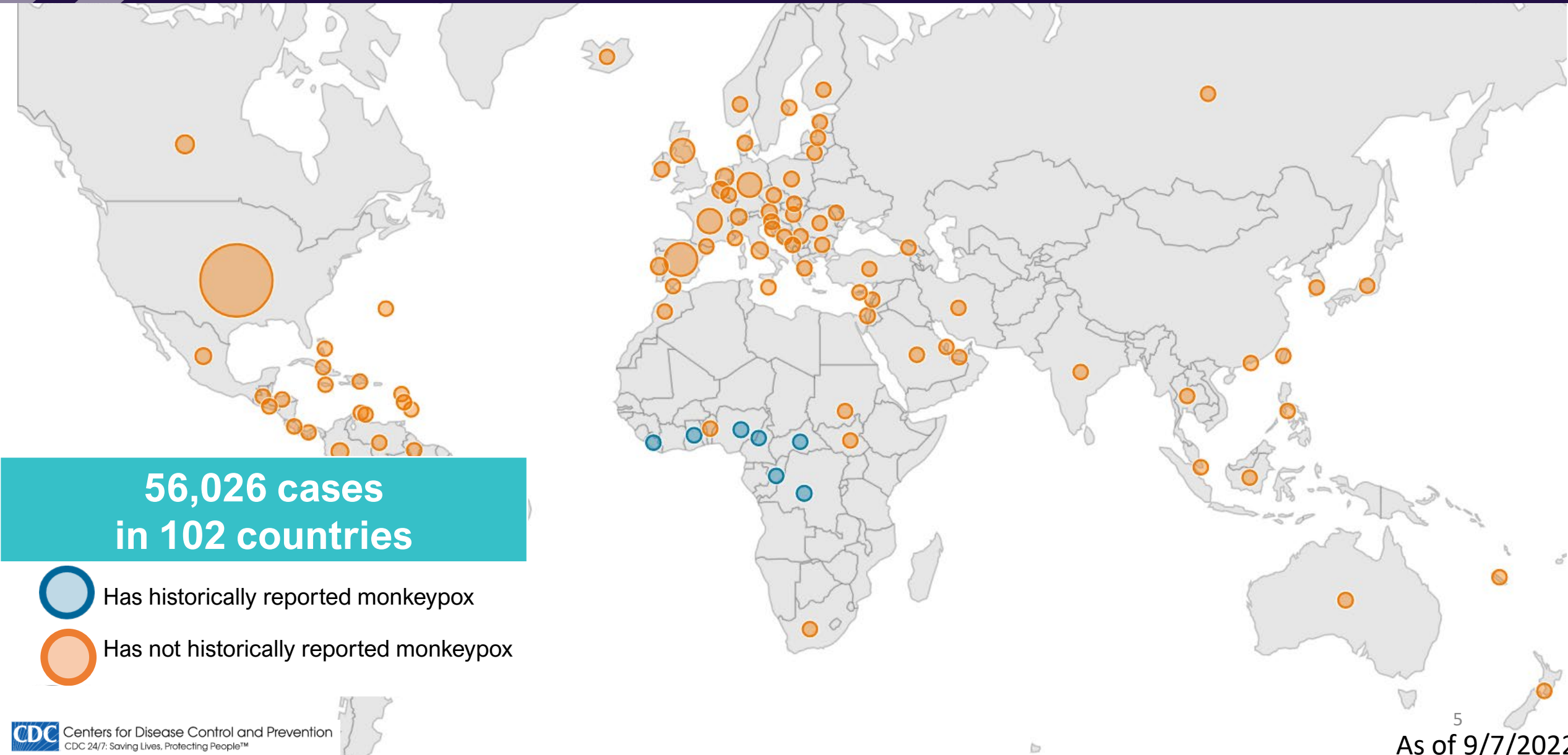


August 4, 2022

U.S. Department of Health and Human Services declares the ongoing spread of monkeypox virus in the United States a Public Health Emergency.



2022 M-Pox Outbreak Global Map



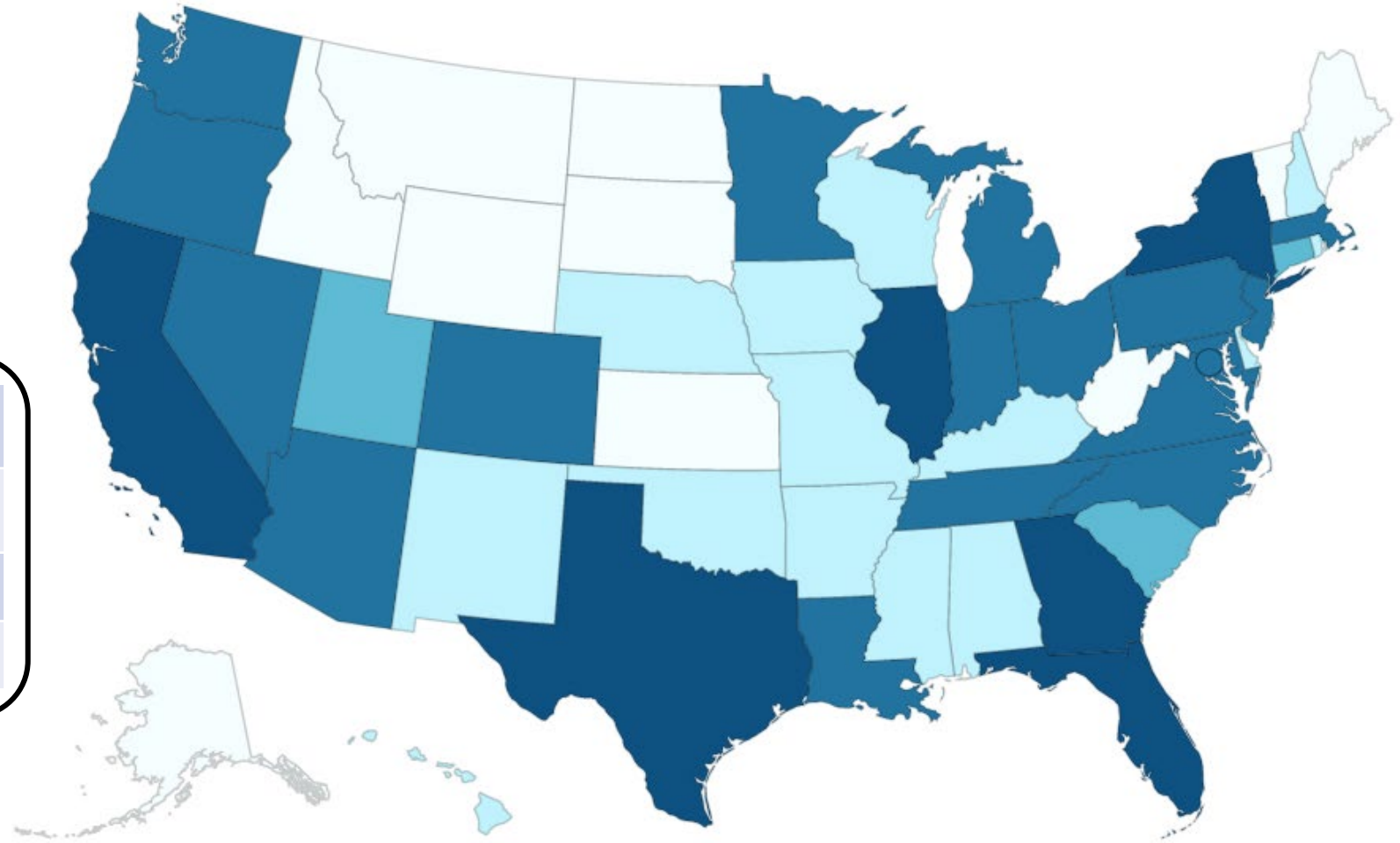
2022 U.S. Map & Case Count

U.S. Cases	California
21,274	4,140

Case Range

- 0
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- >500

Los Angeles	1640
San Francisco	748
Riverside	212
Orange	171



Territories PR



San Diego County M-Pox Stats

CONFIRMED AND PROBABLE CASES[†] DEMOGRAPHICS Updated Weekly (Tuesday) by CDC Disease Week Data Through 9/3/2022

	Count	Percent
Total	313	100%
Gender		
Male	308	100%
Female	**	-
Transgender Female	**	-
Transgender Male	0	-
Genderqueer or Non-Binary	0	-
Identity not listed	0	-
Declined to answer	0	-
Unknown or missing	0	-
Sexual Orientation		
Gay, Lesbian, or Same-gender loving	210	85.4%
Bisexual	19	7.7%
Heterosexual or straight	13	5.3%
Declined to answer	4	1.6%
Orientation not listed	0	-
Question/unsure/patient does not know	0	-
Unknown or missing	67	-
Age		
Median	35	-
Minimum	20	-
Maximum	65	-
Race/Ethnicity*		
Hispanic or Latino	116	45.7%
White	110	43.3%
Black or African American	22	8.7%
Asian	6	2.4%
Native Hawaiian or Other Pacific Islander	**	-
American Indian or Alaskan Native	**	-
Other/Multiple Race	**	-
Race and Ethnicity Unknown	51	-

Total Cases
as of 9/6/2022

321

Hospitalizations
as of 9/6/2022

12

Deaths
as of 9/6/2022

0

PEH Cases
as of 9/3/2022

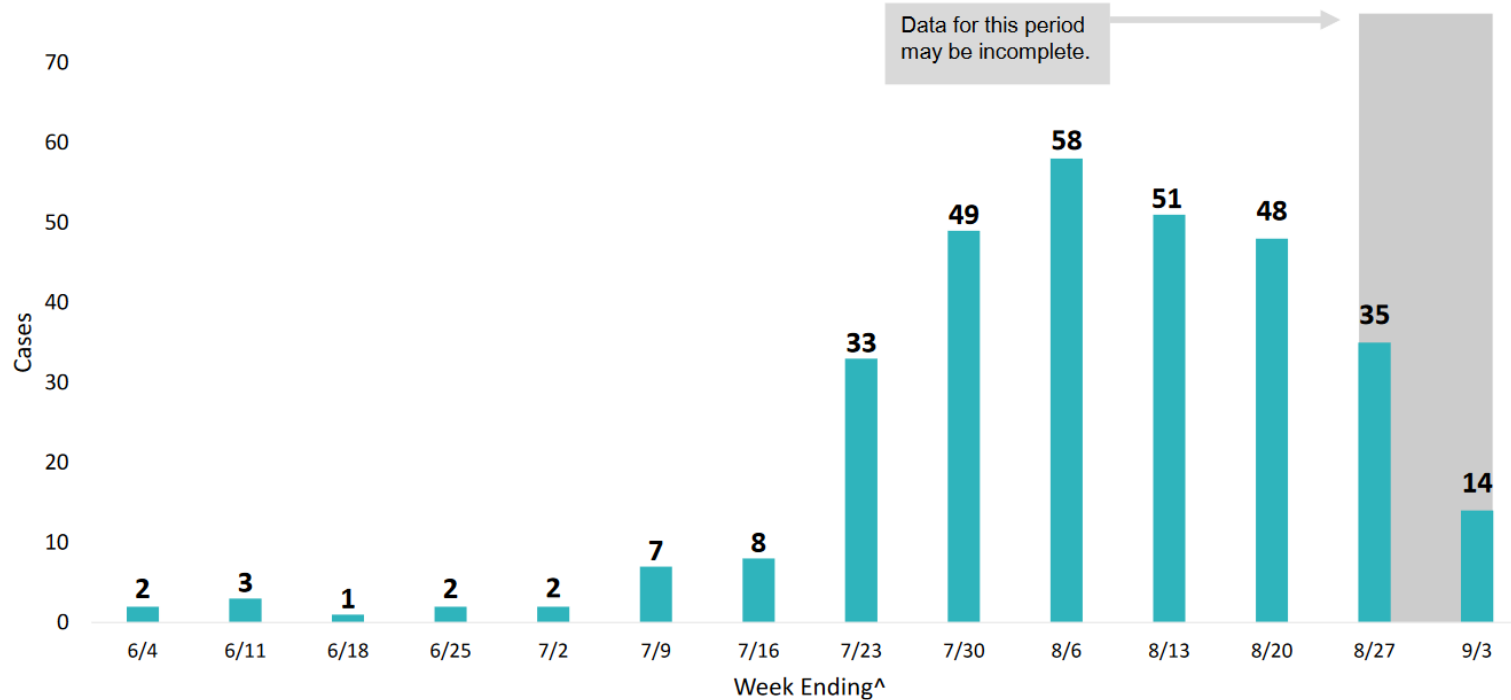
12

San Diego County M-Pox Stats

Monkeypox Cases by Episode Date



Confirmed and Probable Monkeypox Cases* by Episode Date† San Diego County Residents, N=313



Data are provisional and subject to change as more information becomes available.

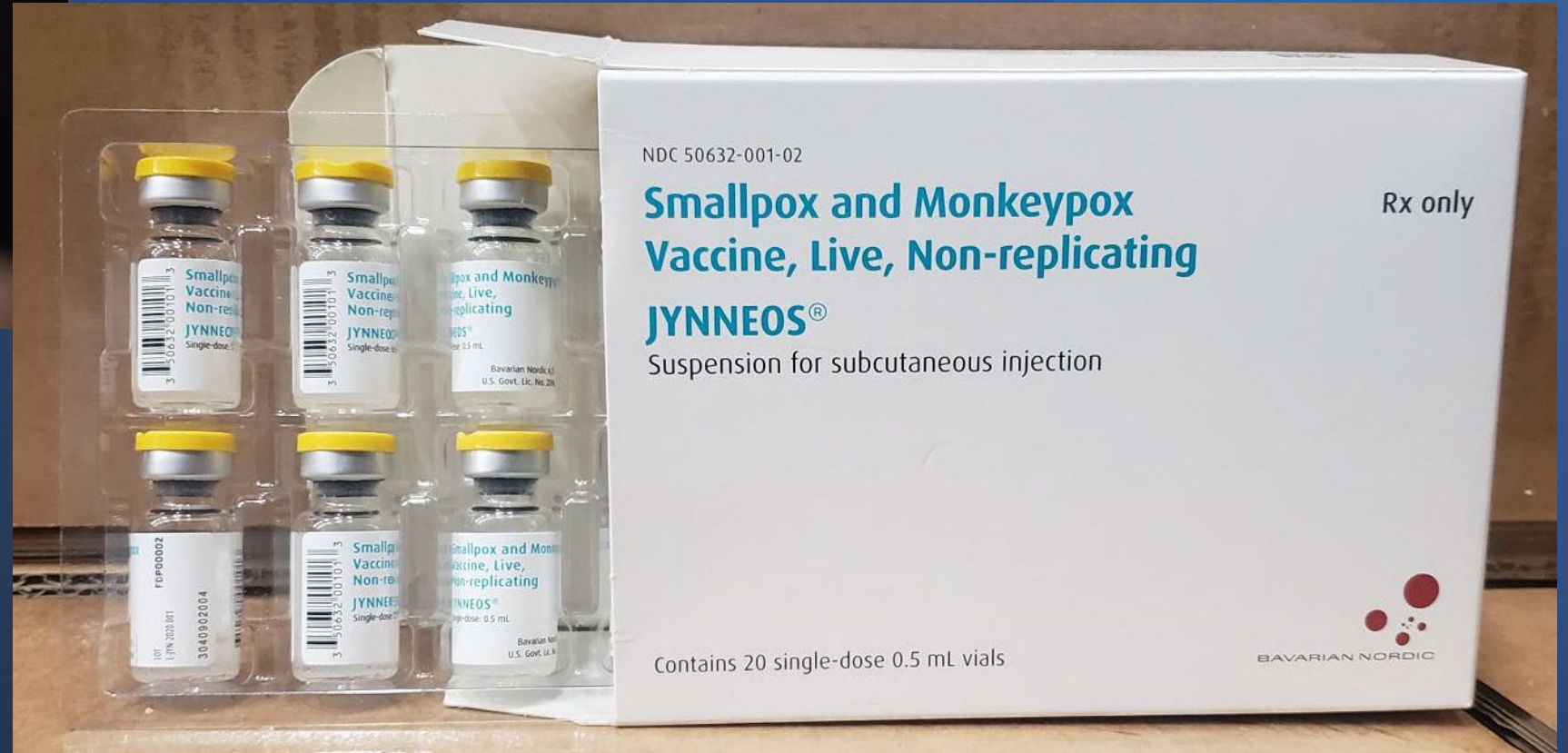
*A confirmed case has tested positive specifically for monkeypox virus. A probable case has tested positive for orthopoxvirus with no suspicion of other recent orthopoxvirus exposure and is pending confirmatory testing.

† Episode date is defined as the earliest of the following dates: onset, specimen collection, diagnosis, death, and report received.

^Data for the most recent weeks may be incomplete as cases that may have occurred during this time period might not yet be reported.

Data through 9/3/2022, Updated 9/6/2022

Vaccines and Treatment



Vaccine Recommendations

Due to limited vaccine supply, the County of San Diego is following recommendations by the California Department of Public Health (CDPH) to prioritize Jynneos® vaccination for two situations: post-exposure prophylaxis (PEP) and Expanded Post-Exposure Prophylaxis (PEP++).

Populations currently eligible for PEP include:

- People who have been identified as high- or intermediate-risk close contacts of confirmed or probable MPX cases during the case investigation process.

Populations currently eligible for PEP++ include the following as outlined by CDPH: Tier I Priority Groups

- Gay, bisexual, and other men (including cisgender and transgender men) who have sex with men (MSM) or transgender women who meet at least one of the following criteria:
 - Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) in the past 3 months, OR
 - Have engaged in chemsex or group sex with other men, OR
 - Have had sex recently with anonymous male partners, OR
 - Have attended sex-on-premises venues (e.g., saunas, bathhouses, sex clubs), OR
 - Have engaged in survival and/or transactional sex, OR
 - Are part of other populations who are at highest risk of MPX exposure, as identified through local epidemiological investigations. Among this group, individuals who are living with HIV (particularly those with CD4 count < 200/mm³ or an opportunistic infection) or other conditions that cause immunocompromise should be prioritized for vaccination, including second doses.

Tier II Priority Groups:

- Gay, bisexual, and other men (including cisgender and transgender men) who have sex with men (MSM) or transgender women who do not meet Tier I criteria but meet one of the following criteria:
 - Have been diagnosed with a bacterial sexually transmitted disease (e.g., chlamydia, gonorrhea, syphilis) between the past 4- 12 months, OR
 - Use or are recommended to use HIV PrEP, OR
 - Are living with HIV and are considered at risk for MPX exposure.

M-Pox, Kids and Families

- Pediatric cases have been reported in California, but are rare
- Household contacts are at biggest risk. **No recent cases have been linked to schools currently.**
- Although vaccine is intended for 18+, a child exposed to a case of m-pox is eligible for post-exposure treatment with the vaccine
- Gay, bisexual or other teens who are at risk should be counseled on prevention
- Most pediatric rashes **aren't monkeypox**

Prevention

1

LIMIT close skin-to-skin contact with anyone who has symptoms or a rash.



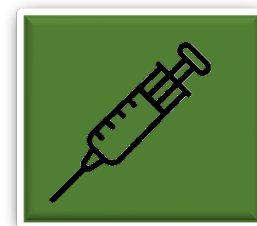
2

KNOW the signs & symptoms. Check yourself and ask your partner(s) about recent rashes and illnesses.



3

OBTAIN the monkeypox vaccine, if you are at risk.



If You Are Sick

1

ISOLATE, stay at home and monitor your symptoms.



2

CONTACT your healthcare provider to get tested, if you have a rash.



3

GET TREATMENT, if needed.



4

INFORM CLOSE CONTACT(S)
Visit www.tellyourpartner.org for anonymous partner notification.



If You Have Been Exposed

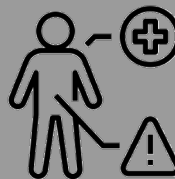
1

GET VACCINATED (post-exposure prophylaxis). If you have been exposed, get vaccinated within the first 14 days after exposure.



2

MONITOR for signs and symptoms for 21 days. If you are symptom free, you can continue daily routine activities (e.g., work, school).



3

IF SYMPTOMS DEVELOP, immediately isolate, contact your healthcare provider, and inform close contact(s).



Addressing Stigma



ANYONE CAN GET MONKEYPOX

Blaming any one community may harm public health efforts and cause providers to miss monkeypox in other people.

Get the latest updates & downloadable files from
Gay Sexuality & Social Policy Initiative @ UCLA Luskin
gaysexresearch.com



In the BHS Setting

- Follow all applicable CDC/CDPH guidance for the particular setting you're in
- No special personal precautions required for m-pox
 - Maintain COVID precautions as recommended
 - However, hygiene counts
- Advise ill patients stay home, regardless of cause, and/or consult their provider if they have one
- Consider telehealth or virtual visits for suitable clients who are sick and need to be evaluated
- Contact PHS EISB with any questions at (619) 692-8499

Resources



RESOURCES

www.sandiegocounty.gov/monkeypoxsd

Health & Human Services Agency ENHANCED BY Google

MENU ▾ PROGRAMS ALL SERVICES A-Z FACILITIES ADVISORY BOARDS CONTACT US

Human Monkeypox

OVERVIEW

Monkeypox spreads between people primarily through direct contact with infectious sores, scabs, or body fluids. It also can be spread by respiratory secretions during prolonged, face-to-face contact. Monkeypox can spread during intimate contact between people, including during sex, as well as activities like kissing, cuddling, or touching parts of the body with monkeypox sores.

If you think you have the monkeypox rash and want to get tested, or have any health concerns, please contact your healthcare provider. If you do not have a healthcare provider, call 2-1-1 San Diego for information.

Expand All | Collapse All

- Who should get vaccinated? +
- Where can I get vaccinated? +
- How are vaccine doses allocated to local health jurisdictions (LHJ) in California? +
- I have been exposed to monkeypox. What should I do? +
- How do you test for monkeypox? +
- Is there treatment for monkeypox? +
- How can I reduce my chances of getting monkeypox from somebody else? +
- How can I prevent the spread of monkeypox? +

Epidemiology Unit
Diseases and Conditions
Data and Reports
Health Care Provider Reporting Requirements
Confidential Morbidity Reports
Laboratorian Reporting Requirements
California Health Alert Network
HIV Epidemiology Unit
Childhood Lead Poisoning Prevention Program
Public Health Laboratory
Immunization Unit
Food and Housing Division
Vector Control
Tuberculosis Control Program
Meaningful Use
Cancer Clusters

Select Language ▾
Powered by Google Translate

Community Promotional Materials



CASES TO DATE

Number of Confirmed and Probable Cases

~~48~~

Data as of August 1, 2022 at 11:59 pm

NOTE: A confirmed case has tested positive specifically for monkeypox virus. A probable case has tested positive for orthopox virus with no suspicion of other recent orthopox exposure and is pending confirmatory testing.

This section will be updated Monday through Friday

CUMULATIVE VACCINE SUMMARY

- ~~3,987~~ • Doses received by the County¹
- ~~2,434~~ • Doses have been distributed of which 2,065 have been administered
- ~~1,535~~ • Doses are committed to distribution or for Public Health case investigation purposes



Text **COSD MONKEYPOX** to **468-311** to get text alert updates.

HUMAN M-POX/MONKEYPOX

Thank You



Monkeypox vs COVID-19

MONKEYPOX

COVID-19

How widespread is it?

Typically found in or linked to central and western African countries. Since May 2022, cases have been identified in other countries and the U.S. The World Health Organization (WHO) has now determined monkeypox to be a public health emergency of international concern. However, monkeypox is much less common than COVID-19.

Hundreds of millions of cases since the start of the pandemic in early 2020, and still spreading widely throughout the world.

When was it first identified?

Not a new virus – around since 1958.

A novel virus – around since 2019.

How does it spread?

By contact with someone with symptoms, including through:

- Direct contact with sores, scabs, or body fluids
- Prolonged face-to-face contact
- Contaminated clothing, bedding, or towels (i.e., via fomites)
- Intimate skin-to-skin contact, including sex

Through tiny droplets in the air by breathing, talking, sneezing, or coughing. It is extremely infectious. Can spread from others who have the virus, even if they do not have symptoms.

What are the signs and symptoms?

- Rash with firm bumps on face, hands, feet, body, or genitals
- Fever, swollen lymph nodes, chills, headache, back aches, and/or muscle aches

- Fever, cough, trouble breathing, runny nose, stomach issues, headaches, muscle aches, loss of taste and smell, and/or cold symptoms

How is it prevented?

- Avoid close physical, skin-to-skin, contact with people who have symptoms, including sores or rashes
- Talk to your sexual partner(s) about any recent illness and be aware of new or unexplained sores or rashes
- Avoid contact with contaminated materials
- Practice good hand hygiene

- Get vaccinated and boosted
- Wear a mask in indoor settings and crowded outdoor settings
- Meet others outdoors or in well ventilated spaces

What should I do if I have symptoms?

- Always stay home if you are sick
- Get tested if you have blisters
- Isolate from others
- Contact all sexual partners
- If you have to be around others, wear a mask and cover blisters
- Contact a healthcare provider to talk about diagnosis, testing, and treatment options. Call 2-1-1 or 7-1-1 (hearing impaired), if you do not have a healthcare provider

- Always stay home if you are sick
- Get tested if you have symptoms
- Isolate from others if you test positive
- Contact all close contacts
- If you have to be around others, wear a mask
- Contact a healthcare provider to talk about treatment options. Call 2-1-1 or 7-1-1 (hearing impaired), if you do not have a healthcare provider

Monkeypox and Children

Here's what to know about monkeypox (hMPXV) risk and children.

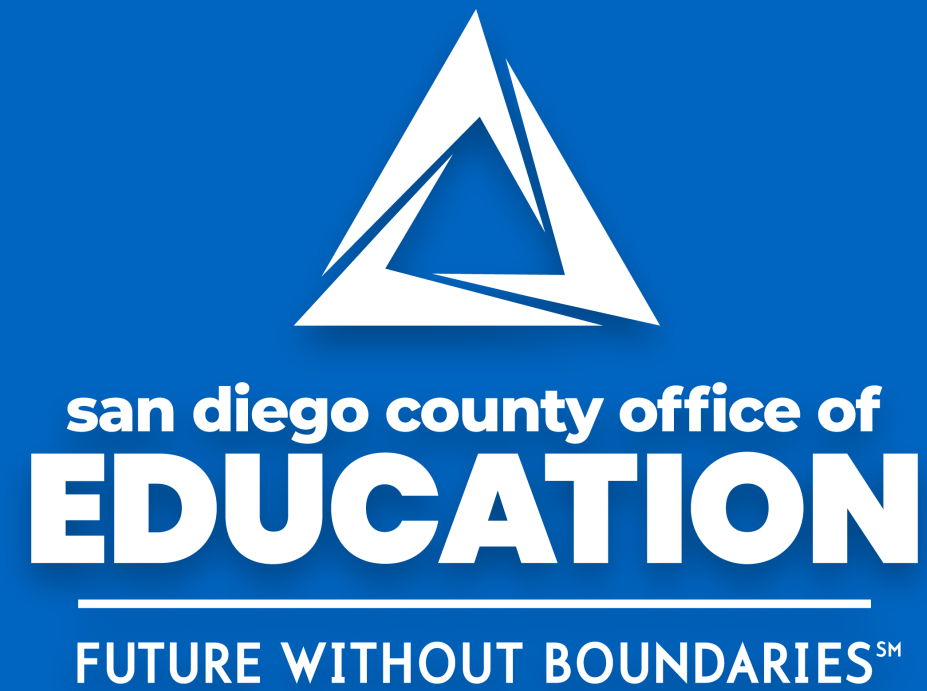
- 1** **The risk of monkeypox spreading in school settings is low**, because monkeypox is most commonly spread through prolonged, close, skin-to-skin contact with an infected person.
- 2** **Monkeypox is not like COVID-19.** It's far less transmissible, and the risk of it spreading through touching surfaces such as playground equipment is extremely low.
- 3** **Kids can get rashes for many different reasons.** If anyone in your family develops a new rash that looks like pimples or blisters and is feeling sick, call your health care provider (or 211).
- 4** **Currently, most cases of monkeypox** have been detected among gay or bisexual men or men who report having sex with other men.



Aug. 17

Oregon
Health
Services





San Diego County Friday Night Live

CYF Program Manager Presentation
9/8/2022

Programs



High School
9th-12th Grades



Middle School
6th, 7th, 8th Grades



**Cross-age
Mentoring - High
School to Middle
School**

Programs



**Chapters can
exist as:**

School Based

Community

Court Schools

Faithbased

FNL Structure:



- **54 Counties Statewide**

COE's, Non-Profits, Mental Health

- **San Diego County FNL Youth Involvement in 20 Districts**

Alpine Union, Borrego Springs Unified, Cajon Valley Union, Charter Schools

Carlsbad Unified, Coronado Unified, Escondido Union, Escondido Union High

Grossmont Union, Julian Union, Lemon Grove, Poway Unified, San Diego Unified

Santee, South Bay Union, Sweetwater Union, Vista Unified,

- **Community Based Chapters/Partners**

Communities Against Substance Abuse, San Dieguito Alliance,

Natural High, MHS, North Coastal Prevention Coalition (NCPC),

East County Youth Coalition, South Bay Youth 4 Change, ACT



What is FNL?

- **Developed in 1984 in Sacramento**
- **Pilot program focused on reducing injuries caused by teen impaired driving.**
- **1988 Established Statewide office to facilitate program expansion.**
- **1990 saw huge popularity & shift to healthy lifestyle focus**
- **1992 Club Live - Middle School Focus**

Mission Statement

The Mission of Friday Night Live is to build partnerships for positive and healthy youth development which engage youth as active leaders and resources in their communities.

What is Youth Development?

- **Asset building approach that purposely seeks to meet youth needs and build youth competencies relevant to enabling them to become successful adults**
- **Youth are not recipients but Resources & Partners.**
- **Not focus on the problem, but build young peoples assets so they can navigate through problems & issues life may bring**

How Are Chapters Started?

- **Caring adult on campus**
- **Community Agency**
- **Working with existing Clubs**
- **Young People (Students)**





Who Supports our Chapters

- College age Interns/Teacher Assistants
- Youth Development Assistants
 - Fingerprinted/FBI/DOJ
 - TB Tested

Standards of Practice

- 1. A safe environment**
- 2. Opportunities for community engagement**
- 3. Opportunities for leadership & Advocacy**
- 4. Opportunities to build caring & meaningful relationships with peers & adults**
- 5. Opportunities to engage in interesting & relevant skill development activities**

Friday Night Live Students Experience

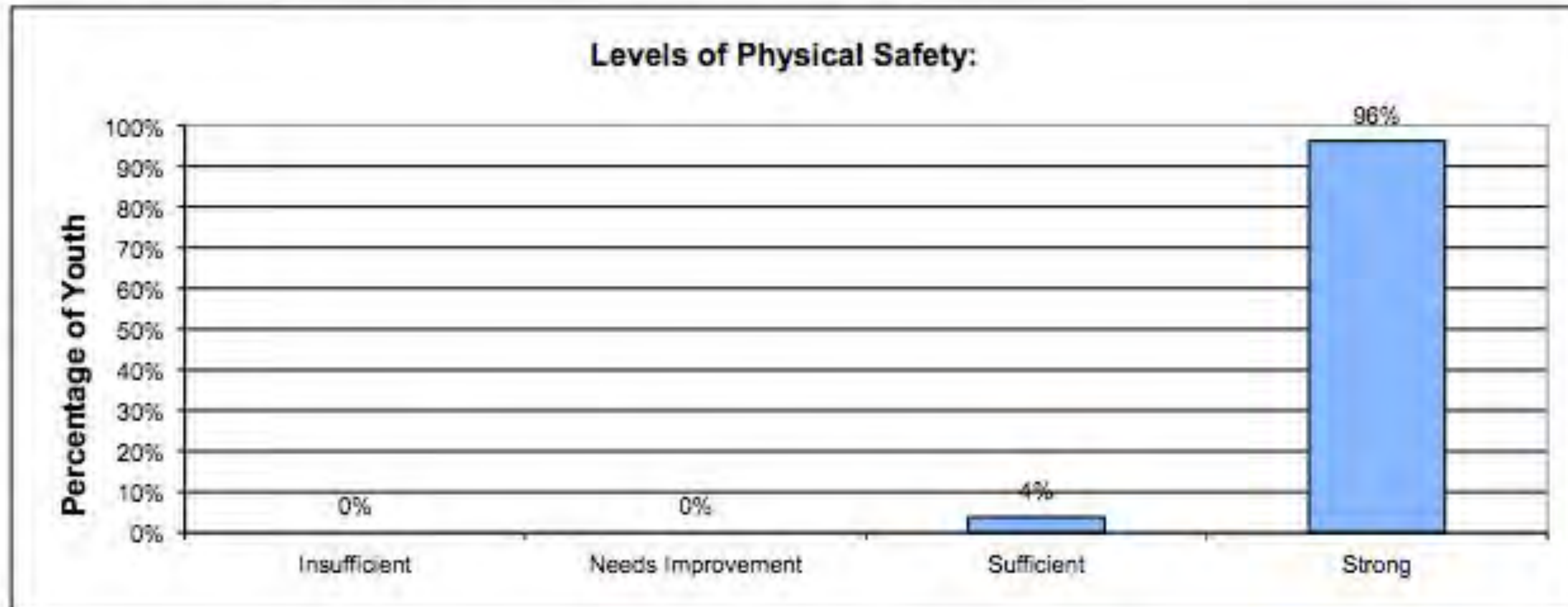
Physical Safety

mean=5.7

standard deviation=0.53

**100% Students feel
Strong/Sufficient**

Do young people feel physically safe in and around your program?



Friday Night Live Students Experience

Learning and School Bonding

mean = 5.1

standard deviation = 0.8

**90% Students feel
Strong/Sufficient**

Does being a part of your program help youth feel more excited about and committed to school?

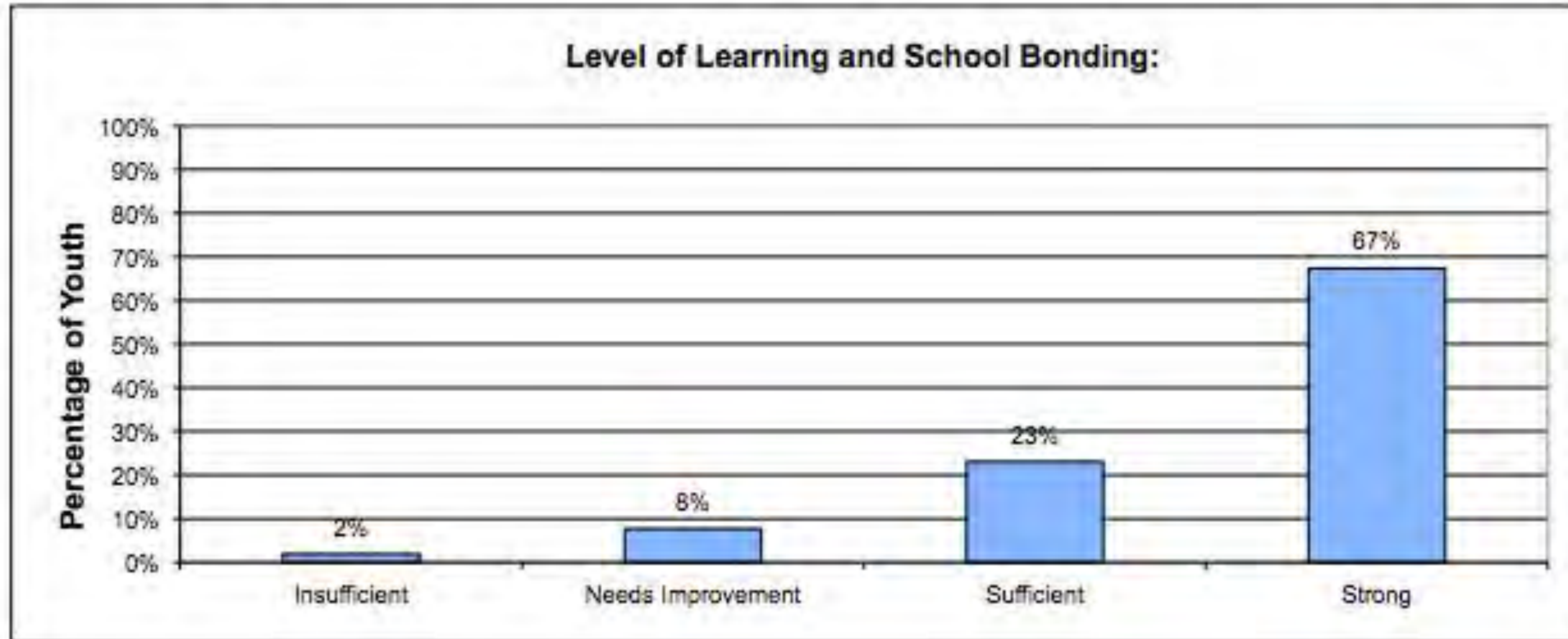


Photo Voice Project



**Participatory Research
Action Research method
with 3 goals**

**1. Enable youth record and
reflect their community
strengths and areas that
need improvement**



**2. Promote small and large
group dialog around
photos**

**3. Reach, policy/decision
makers**



Store Assessments



**NOT ON MY
WATCH** 

**PLEASE DO NOT PROVIDE
ALCOHOL TO MINORS**



Social Norms Campaign



NOT ALL of US DRINK!

There's a stereotype that a lot of teens take part in alcohol use ...

WHEN IN FACT!

- 70% of Oceanside 11th graders have never consumed alcohol
- 82% of Oceanside 9th graders have never consumed alcohol

DON'T ASSUME that it's ALL OF US!

(Source: California Healthy Kids Survey 2020/2021)



Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.

Choose Not to Booze !!



The truth is...



70% of Oceanside 11th graders have NEVER consumed alcohol

(Source: California Healthy Kids Survey 2020/2021)

7 out of 10 of your friends DO NOT drink alcohol

What will your decision be?



Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.

Social Norms Campaign

Protect the next generation.



Don't supply alcohol to minors.

19% of underage drinking participants receive alcohol from adults
(Source: California Healthy Kids Survey 2020-2021)



"Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration."

PARENTS ARE OUR ROLE MODELS. PARENTAL INVOLVEMENT CAN HELP GUIDE TEENS AWAY FROM SUBSTANCE USE.

*A message from
Y.A.C.*

74%

OF YOUTH UNDER AGE 18 IDENTIFY THEIR PARENTS AS THE LEADING INFLUENCE IN THEIR DECISIONS TO NOT DRINK.

We, the youth, are here.

Yes, you can talk to us

Funding for this program was provided by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.



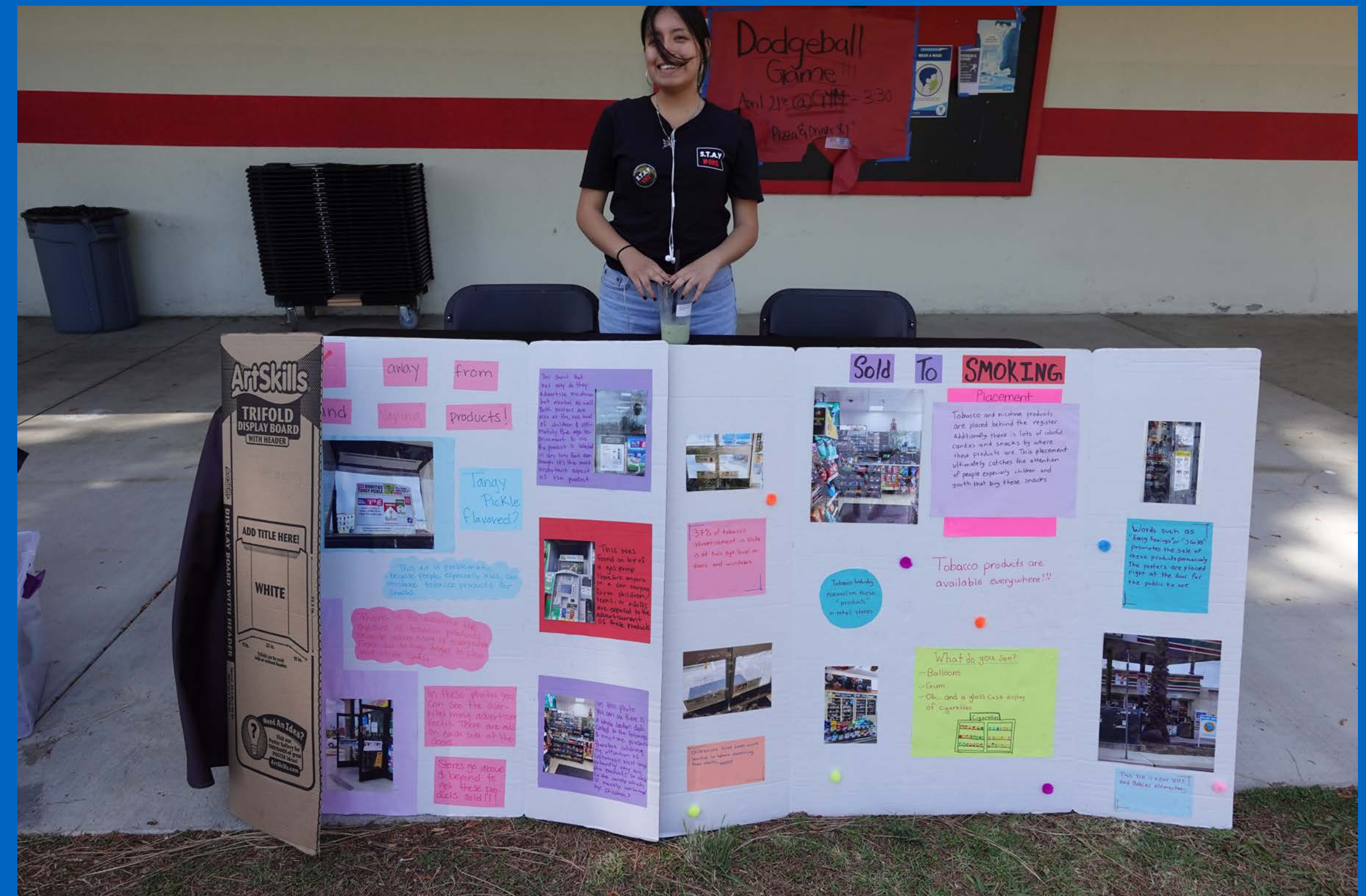
Youth-led Townhalls



Youth-led Presentations to elected officials



Youth-led Information Dissemination



Community Town Hall



FNL Events

- Prevention campaign
- Advisor Trainings
- Youth Leadership Trainings
- Youth Leadership Conferences
- Recognition Dinner
- Community Town Halls



Prevention Campaigns

- Great American Smoke Out
- Red Ribbon Week
- Kick Butts Day
- Alcohol Awareness Month



Youth and Adult Trainings

- **Youth and Adult Fall Training**
- **High School Leadership Summit**
- **Fall Leadership Conference**
- **Youth Leadership Partnership (YLP)**
- **Topic specific Presentations:**
 - **ESD/Vaping**
 - **Alcohol**
 - **Environmental Prevention Projects with Youth**



Youth Leadership Conferences

- **Spring Jam: Middle School Youth Leadership Conference**



- **Youth Development Institute (YDI) High School Youth Conference**



Parent Engagement

- Excellence in Prevention (EIP) Dinner
- Town Hall Awareness Events
- City Council Presentations



Youth-led Presentations

- **Excellence in Prevention (EIP) Dinner**
- **Town Hall Awareness Events**
- **City Council Presentations**





Questions?

Salvador Garcia
FNL County Coordinator
sugarcia@sdcoe.net
(858) 298 - 2100

Francisco Garcia
Admin Analyst III
francisco.medrano@sdcounty.ca.gov
(619) 208 - 1427

The City Of San Diego Parks & Recreation Department Presents:

PARKS AFTER DARK

**Free food
for kids
while
supplies
last**

CELEBRATE THE FAMILY COMMUNITY EVENT



Saturday, September 17 & 24 3:00 - 6:00 pm

Memorial Recreation Center: 2902 Marcy Ave San Diego 92113
Phone Number: 619-235-1125

**FREE FOOD, FACE PAINTING, ARTS & CRAFTS,
JUMPERS AND MUCH MORE.**

Thank you to our sponsors!



The City of San Diego is committed to providing an equitable and inclusive environment for all individuals. Consistent with these principles and applicable laws, it is the City's policy not to discriminate on the basis of any protected classification, including age, ancestry, color, creed, physical or mental disability, gender, gender identity, gender expression, genetic information, marital status, medical condition, veteran or military status, national origin, pregnancy (including childbirth, breastfeeding, or related medical conditions), race, traits historically associated with race (including hair texture and protective hairstyles such as braids, locks, and twists), religion, religious belief or observance, religious creed, sex, sex stereotype, sexual orientation, transgender status or transitioning, or any other classification protected by federal, state, or local law (including being perceived or regarded as or associated with any protected classification). If anyone believes they have been discriminated against, they may file a complaint alleging the discrimination with either the City of San Diego, Parks and Recreation Department District Manager at (619) 236-7342 or the California Department of Fair Employment and Housing (DFEH) at (800) 884-1684. This information is available in alternative formats upon request.

RECOVERY HAPPENS

SATURDAY, SEPTEMBER 17TH | 10:00 AM - 1:00 PM

ENJOY

Music, Color Guard, shared stories of hope, & other fun activities

Together We Are Stronger!

Are you or a loved one on the recovery path? Perhaps you're someone who wants to learn about recovery programs and/or preventing substance misuse.

Recovery Happens is a community event celebrating those in recovery and those who support them.

Whether you are seeking help for yourself or a friend, come to this free, family-friendly event at Liberty Station to **connect to an array of resources** including:

- Community resources
- Financial and legal services
- Education information
- Employment support
- Physical and spiritual wellness opportunities
- Veteran's services
- HIV and Hep-C screenings
- Treatment information
- Harm Reduction Resources



Scan the QR code more info!

Liberty Station
2455 Cushing Rd. San Diego, CA 92106



Please share this opportunity with schools, principals, teachers, and student clubs in your county.



The Directing Change Program is thrilled to announce a new Mini Grant Opportunity! The Directing Change Program engages students to learn about suicide prevention, mental health and other critical health and social justice topics by creating short films and art projects that are used to support awareness, education, and advocacy efforts across the state, in their communities, and on their campuses. This free and evaluated program has been implemented in California schools for 10 years. Students have a chance to win cash prizes and participate in an award ceremony.

Eligible Organizations: Middle schools, high schools, colleges, community organizations, and youth clubs. Participating youth should be in grades 6-12 or ages 12-25. Public, private, and charter schools and districts are all eligible to apply.

Mini Grant Funding: \$1,500 (higher funding may be available for rural communities)

Requirements:

- Facilitate participation of at least one classroom in the Directing Change program during the 2022-23 school year, resulting in a minimum of 5 film submissions to the annual suicide prevention and mental health film contest (submission deadline March 1, 2023). In addition, students are encouraged, but not required, to also submit to monthly art contests.
- Teach at least one Directing Change lesson plan on mental health or suicide prevention. This requirement can be met by inviting a Directing Change team member to present a lesson plan virtually. Lesson plans are available for free download on the Directing Change website.
- Plan and implement a student-led mental health or suicide prevention awareness event on campus or virtually which includes screening of the youth-produced films to peers and/or parents by the end of May 2023.
- Complete survey about the program.
- Submit a final report documenting mini grant activities by June 1, 2023.

In addition to the mini grant funding, the Directing Change Team will provide ongoing support, including meetings with advisors and youth, reviewing storyboards, helping facilitate virtual lessons for classes, and providing feedback for the mental health or suicide prevention awareness event on campus. For in-person events, an event kit with resources can be provided upon request.

Interested? Complete these steps by *Friday, September 16, 2022*:

- Step 1: Complete this application form with your contact information: directingchange.ca.org/2023-directing-change-mini-grant-application
- Step 2: Submit W-9 form as part of your application.

Questions? Email devin@directingchange.org.

We look forward to receiving your application!

Directing Change is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. These initiatives are funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities.

For more information, visit: DirectingChangeCA.org.

Warmly,

The Directing Change Team



Directing Change is an evaluated program that engages youth to learn about mental health, suicide prevention and other critical health and social justice topics through film and art.
DirectingChangeCA.org

Enter Film Contest

The program can be implemented in a traditional or virtual classroom.

- ☐ Open to students in middle and high school, and young adults through age 25
- ☐ Free to participate
- ☐ Mini grants available to schools, clubs and organizations (up to \$2,500)
- ☐ Cash prizes for youth (up to \$1,000)

6 SUBMISSION CATEGORIES

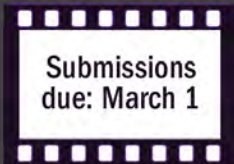


- ☐ SUICIDE PREVENTION
- ☐ MENTAL HEALTH
- ☐ ANIMATED SHORT
- ☐ WALK IN OUR SHOES
- ☐ HOPE AND JUSTICE
- ☐ THROUGH THE LENS OF CULTURE

Films in English, Spanish, Sign Language and other languages welcome!

The Hope & Justice Category Accepts submissions on a monthly basis in various art forms including film, music, art and more. Visit the website for contest rules, prizes and monthly prompts!

OUTCOMES



- Recognize warning signs for suicide and know how to get help for a friend or themselves.
- Know the facts about mental health, coping with adversity, and where to find help.
- Have the confidence to stand up for others experiencing stigma or discrimination as a result of a mental health challenge.
- Apply critical thinking to issues around equity and justice.

Free lesson plans and educational materials available!

Our email address is:

emma@directingchange.org

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#).