Clinical Services Division: Utilization Management & Quality Improvement Updates

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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Agenda

Update on the ASAM 4th Edition Residential Capacity Building Initiative

Confirmation of Executed Release of Information (ROI) Form During Adjudication of Requests for Authorization

How does SAPC Define Co-Occurring Disorders for the FY26-27 Value Based Incentive 2B??

Manuals, Bulletins, and Forms

SAPC Home / Network Providers / Manuals, Bulletins, and Forms

26-03 The ASAM Criteria 4th Edition Residential Capacity Building Program	02/19/26
– Attachment I: ASAM Criteria 4th Edition Residential Capacity Building Program Implementation Plan Template	02/19/26
– Attachment II: SAPC Definitions for COD Clients	02/19/26
– Attachment IIa: COD Clients - Designated ASAM Dimension 3 Items - Adult and Youth ASAM Assessments	02/19/26
– Attachment IIb: COD Clients - Designated ASAM Dimension 3 Items - Adult ASAM Report	02/19/26
– Attachment IIc: COD Clients - Designated ASAM Dimension 3 Items - Adult ASAM Assessment	02/19/26

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient				4 Medically Managed Inpatient — 4 Psych
Level 3: Residential		3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential — 3.5 COE	3.7 Medically Managed Residential — 3.7 BIO, 3.7 COE
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP)	2.5 High-Intensity Outpatient (HIOP) — 2.5 COE	2.7 Medically Managed Intensive Outpatient — 2.7 COE
Level 1: Outpatient	1.0 Long-Term Remission Monitoring		1.5 Outpatient Therapy — 1.5 COE	1.7 Medically Managed Outpatient — 1.7 COE
Recovery Residence	RR Recovery Residence			

Notable Level of Care changes

Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.

Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.

Level 3.2 WM services integrated into Level 3.5.

Recovery support service expectations at each level of care.

Expectation that all levels of care be co-occurring capable at minimum.

Adding harm reduction as a component of individualized care.

Clinical Trainings for Substance Use Services

ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies
http://www.sapc-lnc.org/www/lms/training-info.aspx?trainingID=401

Co-Occurring Disorder Capability

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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Operational Definitions

Qualified LPHA Staff Provide Direct Care to Clients with Co-Occurring Disorders (COD)

- Value Based Initiative 2-B: **At least 25%** of clients with co-occurring mental health conditions received a service provided directly by a qualified LPHA.

Qualified LPHAs: Psychiatrist (MD or DO), Psychiatric Advanced Practice Nurse (APRN), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), Licensed-eligible LPHA working under the supervision of licensed clinicians

Operational Definitions

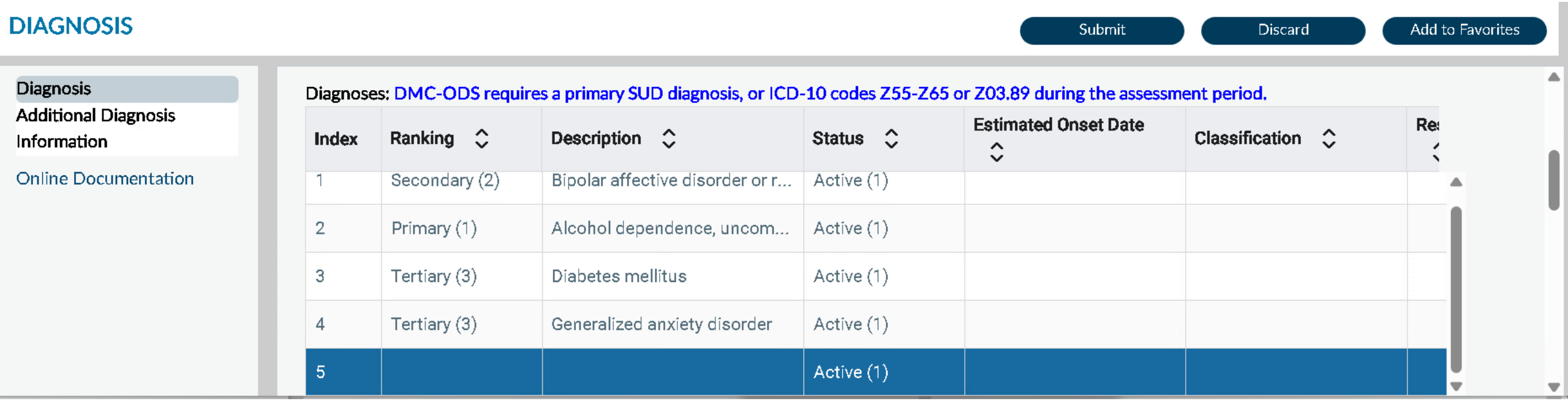
Any of the Following Qualify as a COD Client

Diagnosis of a Mental Health Condition on the PCNX Diagnosis Form

'Yes' or non-Zero response to items 8.1, 8.2, 8.3, or 8.4 on admission CalOMS form

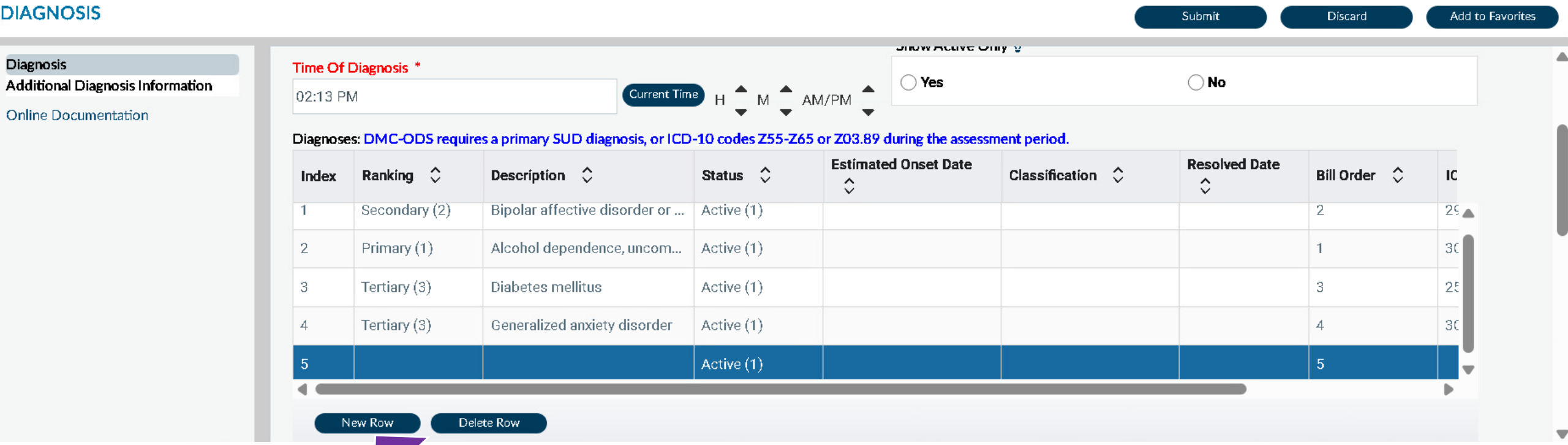
Any Positive Response to Any Designated Item on The ASAM Dimension 3

The PCNX Diagnosis Form



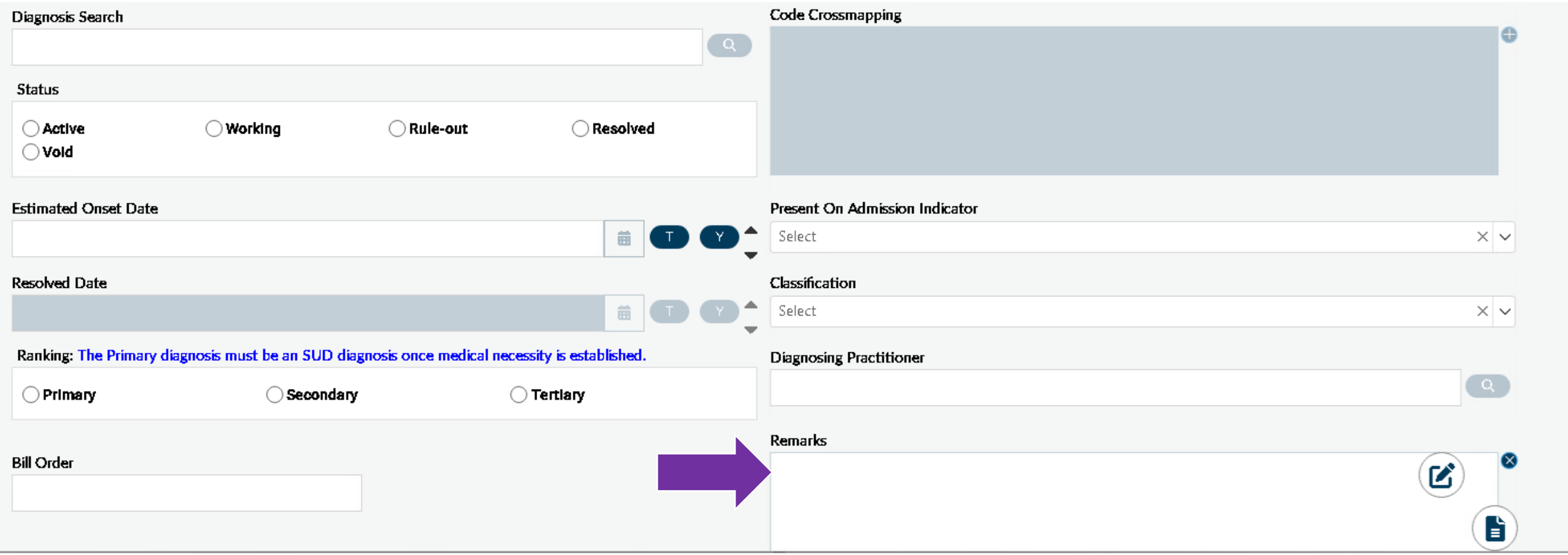
PCNX Clinical Documentation Guide

The PCNX Diagnosis Form



[PCNX Clinical Documentation Guide]

The PCNX Diagnosis Form



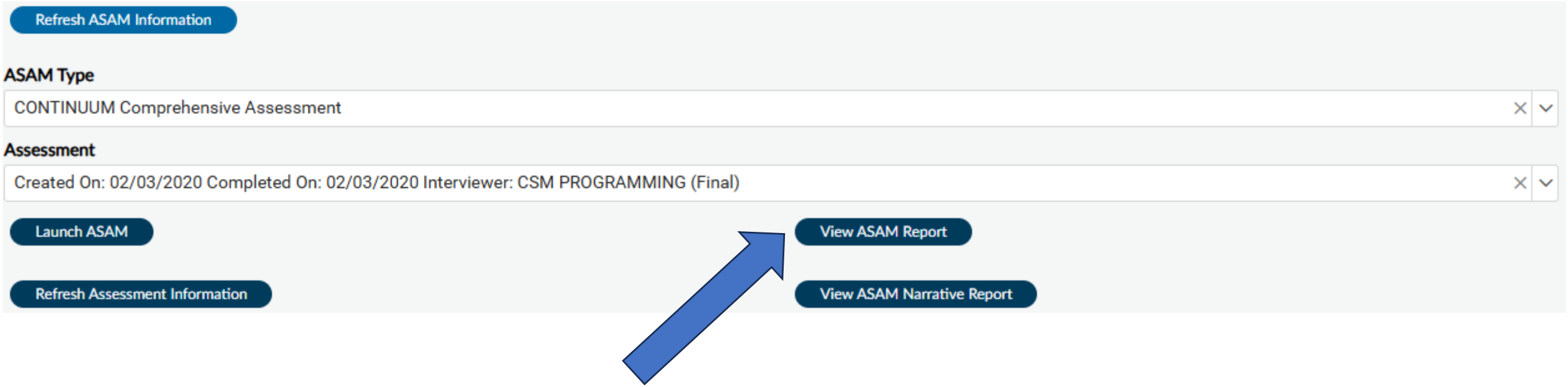
[PCNX Clinical Documentation Guide]

CalOMS Admission Form

Mental Illness	
8.1. Have you ever been diagnosed with a mental illness? • No • Yes • Not Sure/Don't Know	**8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)**
8.2. Mental Health Medication In The Last 30 Days • No • Yes • Client unable to answer	**8.4. Days of Psychiatric Facility Use In The Last 30 Days**

http://publichealth.lacounty.gov/sapc/docs/providers/caloms/CalOMS-Admission-Form-01-15-26.pdf

ASAM Continuum



http://publichealth.lacounty.gov/sapc/docs/providers/caloms/CalOMS-Admission-Form-01-15-26.pdf

Psychological History

"How many times have you been treated for any psychological or emotional problems..."

"In a hospital?"	ASp01a
"As an outpatient or private patient?"	ASp01b

"What psychological or emotional problems have you had? Have you had problems with your mood, sleep, energy, nerves, eating, thinking, memory, or getting along with others?"

ASp01c

Post Traumatic Stress Disorder
Obsessive-Compulsive Disorder
Eating Disorder
Depressive Disorder
Mania or Bipolar Disorder
Schizophrenia, Psychotic, or Thought Disorder
Personality Disorder (e.g., Borderline, Paranoid, Antisocial, etc)
Cognitive delays (developmental delays or borderline mental function
Other (please describe in the comment box below)

Please provide further detail (e.g., specific diagnoses): ASp01CN

"Do you receive a pension for a psychiatric disability?" ASp02

"Have you had a significant period in which you experienced:" (For the first two items ensure that it was not a direct result of drug or alcohol use.)

"Serious depression, the 'blues' or hopelessness?"

"In your lifetime?"	ASp03L
"In the last month?"	ASp03M
"In the last 24 hours?"	ASp03D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp03U

"A lack of interests, or inability to feel normal pleasure from activities?"

"In your lifetime?"	ASp03aL
"In the last month?"	ASp03aM
"In the last 24 hours?"	ASp03aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp03aU

"Feelings of suspiciousness or paranoia, that is, that people were against you or out to get you, when they really were not?"

"In your lifetime?"	ASp04xL
"In the last month?"	ASp04xM
"In the last 24 hours?"	ASp04xD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp04xU

"Recurrent thinking about other things that were not true?"

"In your lifetime?"	ASp04yL
"In the last month?"	ASp04yM
"In the last 24 hours?"	ASp04yD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp04yU

"Hallucinations, that is, seeing, hearing, smelling or feeling things that were not there?"

"In your lifetime?"	ASp05L
"In the last month?"	ASp05M
"In the last 24 hours?"	ASp05D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp05U

"Flashbacks?"

"In your lifetime?"	ASp05aL
"In the last month?"	ASp05aM
"In the last 24 hours?"	ASp05aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp05aU

"Serious thoughts of suicide, i.e., that you would be better off dead, or wanting to hurt yourself?"

"In your lifetime?"	ASp08L
"In the last month?"	ASp08M
"In the last 24 hours?"	ASp08D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp08U

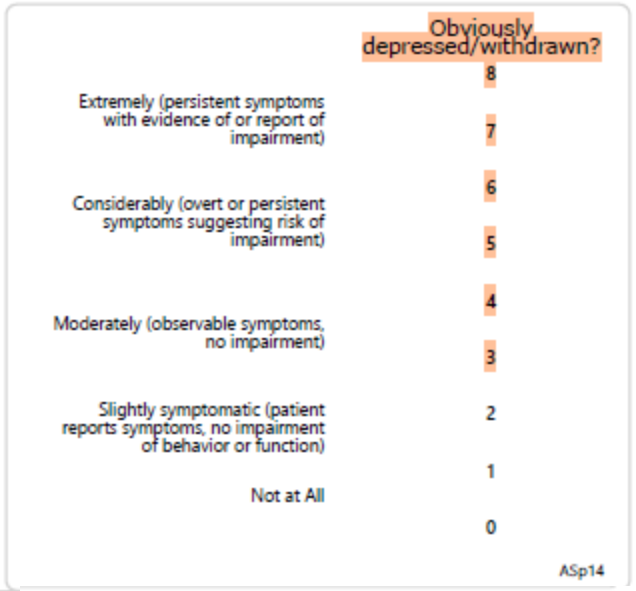
"Thoughts of how you might hurt yourself?"

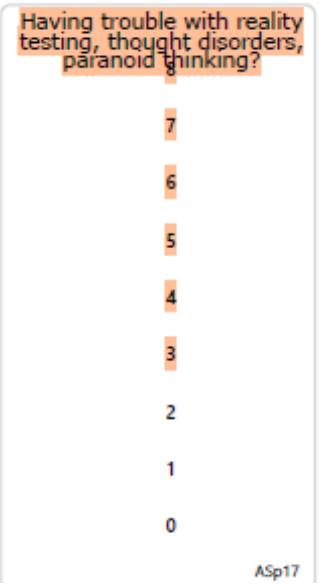
"In your lifetime?"	ASp08aL
"In the last month?"	ASp08aM
"In the last 24 hours?"	ASp08aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp08aU

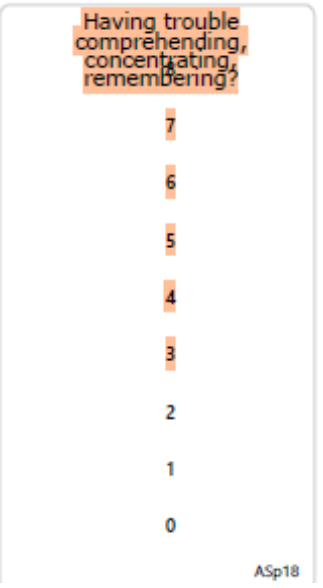
"Have you taken prescribed medication for any psychological or emotional problem..."

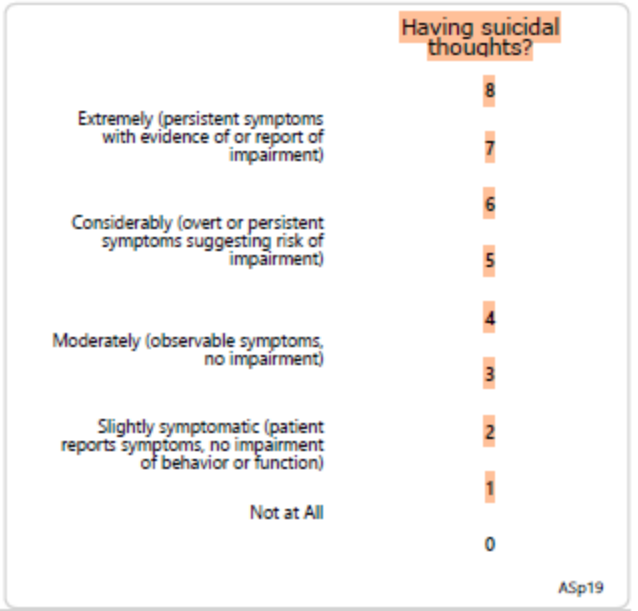
"In your lifetime?"	ASp10L
"In the last month?"	ASp10M
"In the last 24 hours?"	ASp10D

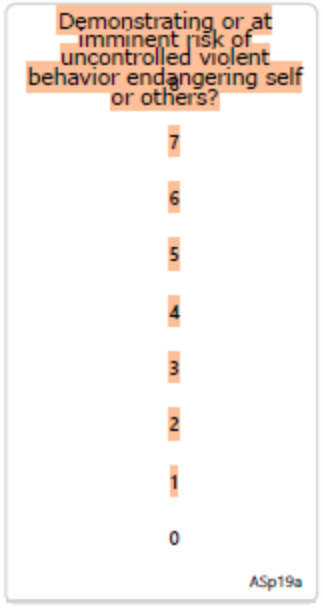
"Are you currently receiving the psychiatric care and services that you need?" (Don't include any alcohol or drug service needs with this item.)" ASp10a

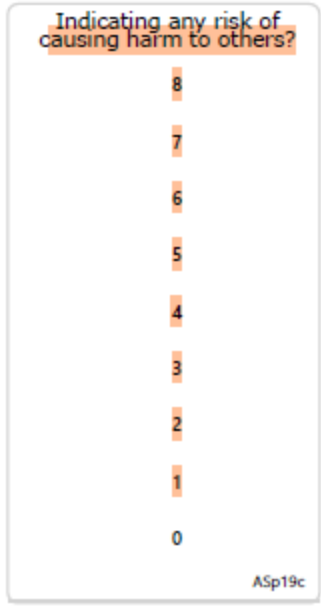












Lethargic or hypersomnolent?

8 — Extremely (persistent symptoms with evidence of or report of impairment)
7
6 — Considerably (overt or persistent symptoms suggesting risk of impairment)
5
4 — Moderately (observable symptoms, no impairment)
3
2 — Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)
1 — Not at All
0

ASp18a

Does the patient show fluctuating orientation at the time of interview or during the past 24 hours?

8
7
6
5
4
3
2
1
0

ASp18b

Showing retardation in thought/speech, decreased motor activity, stooped or slumped posture?

8
7
6
5
4
3
2
1
0

ASp18c

Indicating any risk of harm to self or vulnerability to victimization by another?

7 — Extremely (persistent symptoms with evidence of or report of impairment)
6
5 — Considerably (overt or persistent symptoms suggesting risk of impairment)
4
3 — Moderately (observable symptoms, no impairment)
2 — Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)
1 — Not at All
0

ASp19d

Limited in their ability to contract for safety, should he/she/they become at risk of harm to self or others?

7
6
5
4
3
2
1
0

ASp19b

Does the patient carry a psychiatric diagnosis?	Anxiety Disorder Panic Disorder Agoraphobia	ASp19i
Given the history and any new information, what active psychiatric diagnoses does the patient seem to have (other than substance use disorder)?	Post Traumatic Stress Disorder Social Phobia Obsessive-Compulsive Disorder Eating Disorder	ASp19j
Please provide further detail (e.g., specific diagnoses):	Depressive Disorder Mania or Bipolar Disorder Schizophrenia, Psychotic, or Thought Disorder Borderline, Paranoid, Antisocial or Other Personality Disorder Cognitive delays (developmental delays or borderline intetellectual functioning) Other (please describe in the comment box below)	ASp19jC

How would you rate the patient's need for psychiatric/psychological treatment?

8 — Severe psychological problems (e.g., acutely suicidal, manic, or psychotic)
7
6 — Considerable problems and risk, especially if uses substances (e.g., history of impulsive suicidality, moderate dementia)
5
4 — Moderate problems require close outpatient follow-up (e.g., suicidal thoughts)
3
2 — Minimal psychological issues (i.e., tolerable grief or depressed mood)
1 — No psychological (i.e., non-substance) problems
0

Symptom-Function Scale

Consider the patient's psychological, social, and vocational/educational symptoms and functional issues, if any. Rate the severity of the patient's **most concerning issue(s)** among these. Do not include impairment in function due to physical or environmental limitations. SxFctSc

Severe symptoms such as risk of danger to self or others (e.g., high likelihood of a suicide attempt, frequent violence, manic excitability) AND/OR **extreme functional impairment** in personal hygiene (e.g., extremely unkempt appearance with noticeable body odor), OR basic communication (e.g., mostly incoherent speech)	4
Serious symptoms such as suicidal ideation, severe obsessional rituals, delusions or hallucinations, or illogical communications AND/OR **seriously impaired function** socially (e.g., inability to have friends, neglectful of family members), OR vocationally/educationally (e.g., unable to keep a job, failing/defiant at school, frequent shoplifting).	3
Moderate symptoms such as occasional panic attacks, flat affect, tangential speech AND/OR **moderate functional difficulty** socially (e.g., limited number or closeness of friendships), OR vocationally/educationally (e.g., frequent conflicts with [illegible])	2
Mild symptoms such as difficulty concentrating or trouble sleeping, or mild irritability AND/OR **mild or transient functional impairment** socially (e.g., relationship conflicts or occasional stealing from household members), OR vocationally/educationally (e.g., problems with job/school performance, attendance or follow-through).	1
No or minimal symptoms such as mild nervousness before public speaking or only occasional arguments with others AND/OR **good level of function** socially and vocationally/educationally (e.g., participates effectively and comfortably in diverse activities).	0

Psychological History

"How many times have you been treated for any psychological or emotional problems..."

"In a hospital?" ASp01a

"As an outpatient or private patient?" ASp01b

Any client with a history of 1 or more Psychiatric Hospitalizations needs to be seen by an LPHA

"What psychological or emotional problems have you had? Have you had problems with your mood, sleep, energy, nerves, eating, thinking, memory, or getting along with others?" ASp01c

- [ ] None
- [ ] Anxiety Disorder
- [ ] Panic Disorder
- [ ] Agoraphobia
- [x] Post Traumatic Stress Disorder
- [ ] Social Phobia
- [x] Obsessive-Compulsive Disorder
- [x] Eating Disorder
- [x] Depressive Disorder
- [x] Mania or Bipolar Disorder
- [x] Schizophrenia, Psychotic or Thought Disorder
- [x] Personality Disorder (e.g., Borderline, Paranoid, Antisocial, etc)
- [x] Cognitive delays (developmental delays or borderline mental function)
- [x] Other (please describe in the comment box below)

Any client reporting the checked "psychological or emotional problems" needs to be seen by an LPHA

Please provide further detail (e.g., specific diagnoses): ASp01CN

"Do you receive a pension for a psychiatric disability?" Yes No ASp02

Any client receiving a Psychiatric disability needs to be seen by an LPHA

"*Have you had a significant period in which you experienced:*" (For the first two items ensure that it was not a direct result of drug or alcohol use.)

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"*Serious depression, the 'blues' or hopelessness?*"

"*In your lifetime?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03L
"*In the last month?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03M
"*In the last 24 hours?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03D

"*A lack of interests, or inability to feel normal pleasure from activities?*"

"*In your lifetime?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03aL
"*In the last month?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03aM
"*In the last 24 hours?*"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp03aD

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Feelings of suspiciousness or paranoia, that is, that people were against you or out to get you, when they really were not?"

	0	1	2	3	4	
"In your lifetime?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04xL
"In the last month?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04xM
"In the last 24 hours?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04xD

"Recurrent thinking about other things that were not true?"

	0	1	2	3	4	
"In your lifetime?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04yL
"In the last month?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04yM
"In the last 24 hours?"	Not at all	Slightly	Moderately	Considerably	Extremely	ASp04yD

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Hallucinations, that is, seeing, hearing, smelling or feeling things that were not there?"

"In your lifetime?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05L
"In the last month?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05M
"In the last 24 hours?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05D

"Flashbacks?"

"In your lifetime?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05aL
"In the last month?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05aM
"In the last 24 hours?"	0 Not at all	1 Slightly	2 Moderately	3 Considerably	4 Extremely	ASp05aD

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Serious thoughts of suicide, i.e., that you would be better off dead, or wanting to hurt yourself?"

	0	1	2	3	4	
"In your lifetime?"	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)	ASp08L
"In the last month?"	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)	ASp08M
"In the last 24 hours?"	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)	ASp08D

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Thoughts of how you might hurt yourself?"

"In your lifetime?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp08aL
"In the last month?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp08aM
"In the last 24 hours?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp08aD

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Attempted suicide?"

"In your lifetime?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp09L
"In the last month?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp09M
"In the last 24 hours?"	0 Not at all	1 Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	2 Moderately (Some risk with probable recovery or discovery / rescue)	3 Considerably (Risk of death but also likely discovery / rescue)	4 Extremely (Action taken with high likelihood of completion & death)	ASp09D

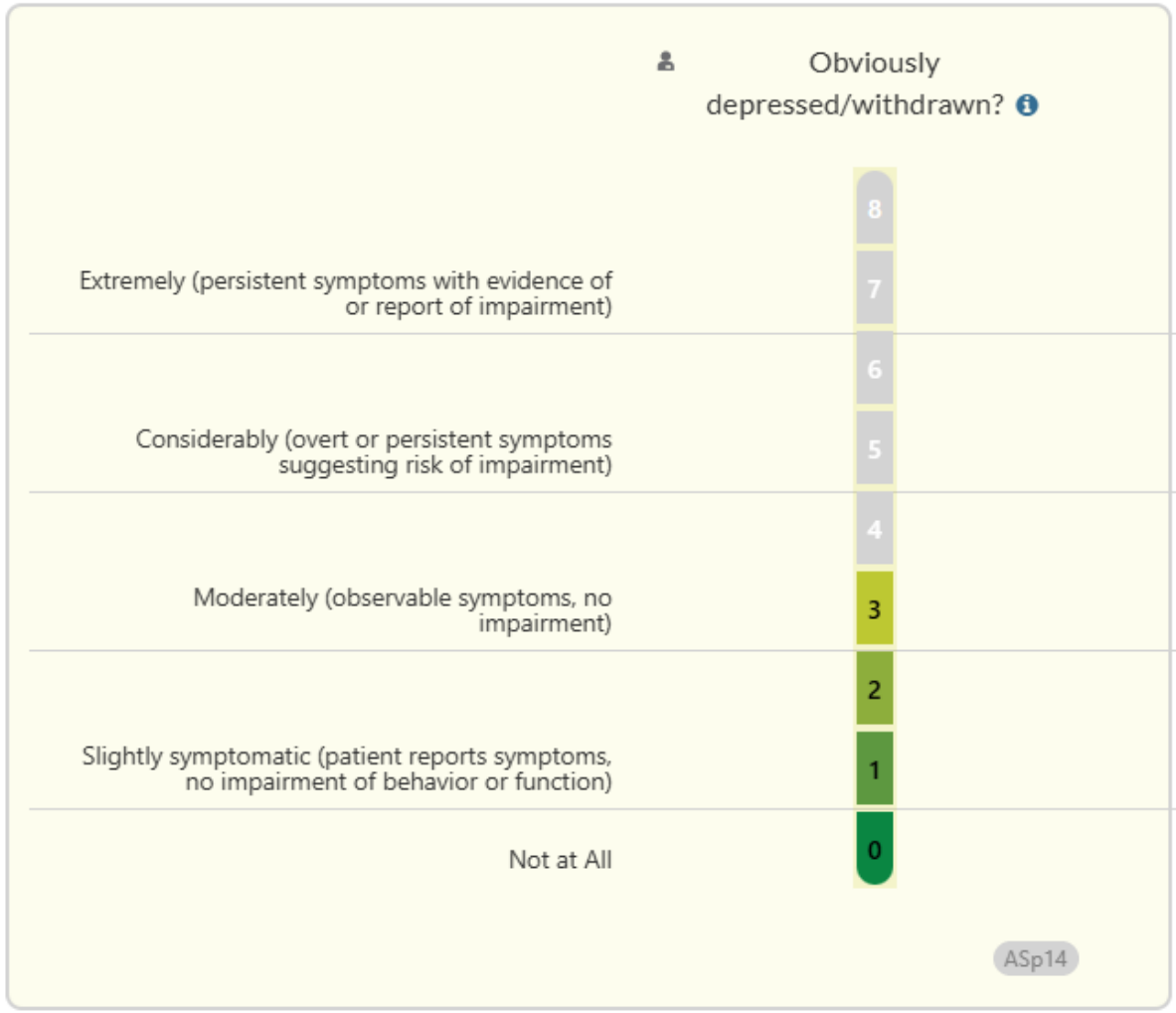
"Have you taken prescribed medication for any psychological or emotional problem..."

"In your lifetime?"	Yes	No	ASp10L

Any client reporting a history of taking prescribed medication for any psychological or emotional problem needs to be seen by an LPHA

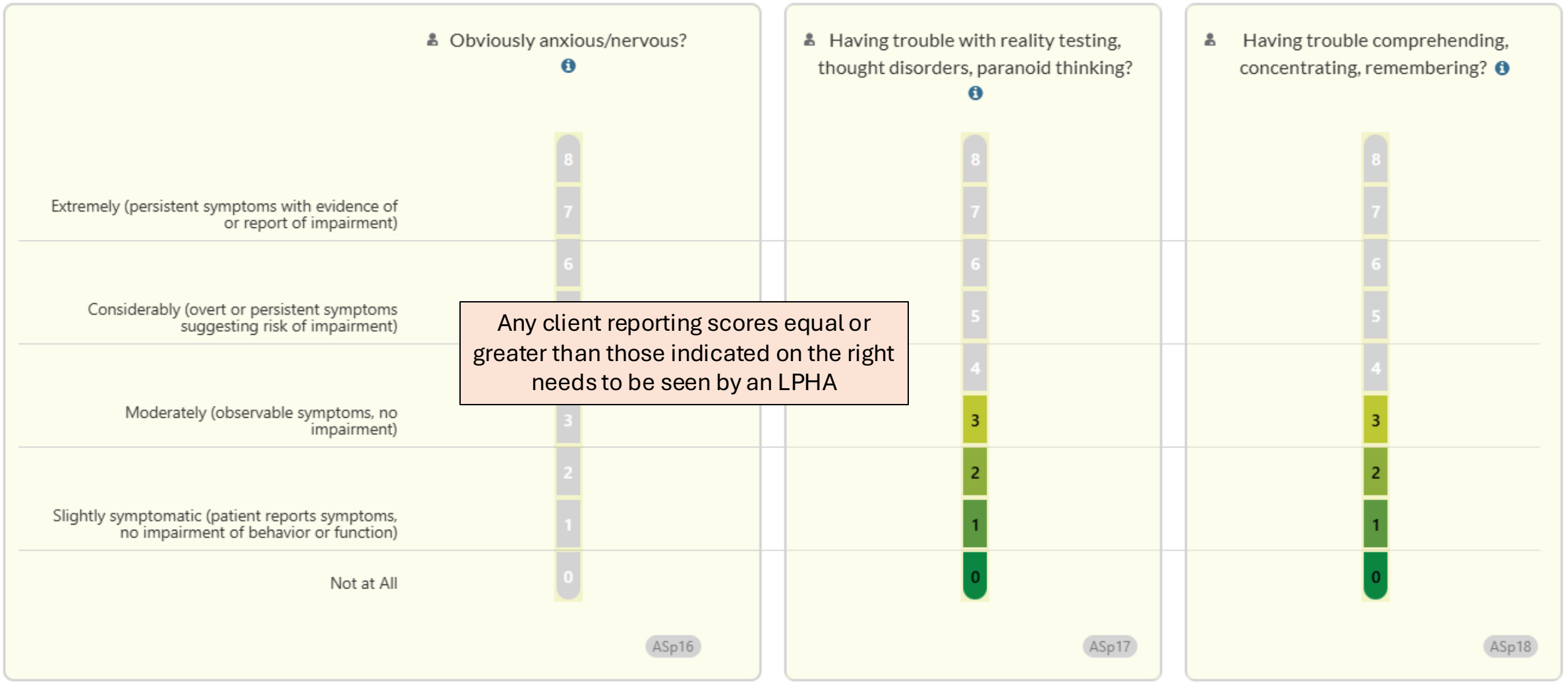
Psychological Interviewer Rating

At the time of the interview, is the patient:



Any client reporting scores equal or greater than that to the right needs to be seen by an LPHA

At the time of the interview, is the patient:



Any client reporting scores equal or greater than those indicated on the right needs to be seen by an LPHA

At the time of the interview, is the patient:

	Lethargic or hypersomnolent?	Does the patient show fluctuating orientation at the time of interview or during the past 24 hours?	Showing retardation in thought/speech, decreased motor activity, stooped or slumped posture?
	8	8	8
Extremely (persistent symptoms with evidence of or report of impairment)	7	7	7
	6	6	6
Considerably (overt or persistent symptoms suggesting risk of impairment)		5	5
		4	4
Moderately (observable symptoms, no impairment)	3	3	3
	2	2	2
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	1	1	1
Not at All	0	0	0
	ASp18a	ASp18b	ASp18c

Any client reporting scores equal or greater than those indicated on the right needs to be seen by an LPHA

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

At the time of the interview, is the patient:

Given the history and any new information, what active psychiatric diagnoses does the patient seem to have (other than substance use disorder)?

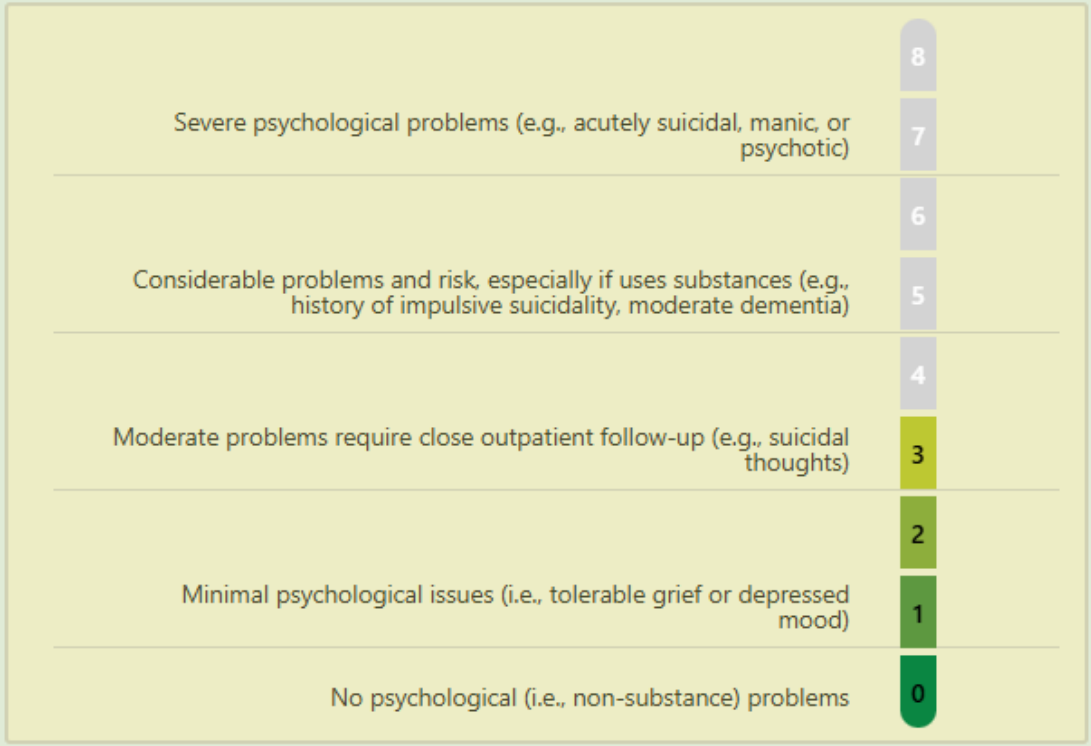
ASp19j

- [ ] None
- [x] Anxiety disorder
- [x] Panic disorder
- [x] Agoraphobia
- [x] Post Traumatic Stress Disorder
- [x] Social Phobia
- [x] Obsessive-Compulsive Disorder
- [x] Eating disorder
- [x] Depressive disorder
- [x] Mania or Bipolar Disorder
- [x] Schizophrenia, Psychotic or Thought Disorder
- [x] Borderline, Paranoid, Antisocial, or Other Personality Disorder
- [x] Cognitive delays (developmental delays or borderline intellectual functioning)
- [x] Other (please describe in the comment box below)

Any client whose history and presentation suggests they may have any of the checked "psychological or emotional problems" needs to be seen by an LPHA

How would you rate the patient's need for psychiatric/psychological treatment?

ASp20



Any client reporting scores equal or greater than that indicated on the left needs to be seen by an LPHA

Symptom-Function Scale

Consider the patient's psychological, social, and vocational/educational symptoms and functional issues, if any.
Rate the severity of the patient's **most concerning issue(s)** among these.
Do not include impairment in function due to physical or environmental limitations.

SxFctSc

Severe symptoms such as risk of danger to self or others (e.g., high likelihood of a suicide attempt, frequent violence, manic excitability) AND/OR **extreme functional impairment** in personal hygiene (e.g., extremely unkempt appearance with noticeable body odor), OR basic communication (e.g., mostly incoherent or nonverbal).	4
Serious symptoms such as suicidal ideation, severe obsessional rituals, delusions or hallucinations, or illogical communications AND/OR **seriously impaired function** socially (e.g., inability to have friends, neglectful of family members), OR vocationally/educationally (e.g., unable to keep a job, failing/defiant at school, frequent shoplifting).	3
Moderate symptoms such as occasional panic attacks, flat affect, tangential speech AND/OR **moderate functional difficulty** socially (e.g., limited number or closeness of friendships), OR vocationally/educationally (e.g., frequent conflicts with co-workers/supervisors or fellow students/teachers).	2
Mild symptoms such as low mood, difficulty getting to sleep, or mild irritability AND/OR **mild or transient functional impairment** socially (e.g., relationship conflicts or occasional stealing from household members), OR vocationally/educationally (e.g., problems with job/school performance, attendance or follow-through).	1
No or minimal symptoms such as mild nervousness before public speaking or only occasional arguments with others AND/OR **good level of function** socially and vocationally/educationally (e.g., participates effectively and comfortably in diverse activities).	0

Any client reporting scores equal or greater than that indicated on the left needs to be seen by an LPHA

Youth ASAM Assessment

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

16. Have you ever seen or talked to a counselor or therapist for emotional or behavioral issues ? ☐ Yes ☐ No

Please describe:_____

_____

When	Where	Treatment Setting	Diagnosis	Length of Treatment

17. Do you consider any of the following behaviors or symptoms to be problematic for you (e.g., use of substances to cope with emotional, behavioral, or mental health issues as checked below)?

Mood			
☐ Feeling sad or depressed	☐ Loss of pleasure or interest in things	☐ Feelings of hopelessness or inferiority *(e.g., lower than others)*	☐ Significant changes in appetite or sleep
☐ Racing thoughts *(e.g., fast, repetitive thought patterns about a particular topic)*	☐ Rapid or pressured speech *(e.g., fast and virtually nonstop talking that is usually cluttered and hard to interrupt)*	☐ Feeling overly ambitious, grandiose, or narcissistic *(e.g., self-absorbed)*	

Client Name: _____

Medi-Cal or My Health LA ID: _____

Treatment Provider: _____

Youth ASAM Assessment

Stress & Anxiety		
☐ Feeling anxious/nervous	☐ Restlessness *(e.g., persistent feeling of being unable to sit still or relax)*	☐ Having bad dreams/nightmares
☐ Compulsive behaviors *(e.g., trapped in a pattern of repetitive behaviors that are difficult to overcome)*	☐ Obsessive thoughts *(e.g., excessive worry that is difficult to control)*	☐ Experiencing flashbacks *(e.g., a sudden and disturbing vivid memory of a traumatic event in the past)*

Additional Comments:

_____

_____

Psychosis		
☐ Paranoia *(e.g., fearful feelings and thoughts related to threat, persecution, or conspiracy from others)*	☐ Hallucinations *(e.g., having perceptions of something not present. Could include audio, visual, smell)*	☐ Delusions *(e.g. a false belief that is maintained despite contrary evidence)*

Additional Comments:

_____

_____

Attention/Learning		
☐ Becoming easily distracted	☐ Impulsive *(e.g., doing things suddenly and without thinking)*	☐ Difficulty with paying attention
☐ Hyperactivity *(e.g., being overactive and having problems with sitting still)*	☐ Frequently interrupting others	☐ Problems with reading/writing/math

Youth ASAM Assessment

Behavioral			
☐ Hostile or violent acts *(e.g., physical fights, forcing sexual activity)*	☐ Uncontrollable anger issues/ outbursts	☐ Bullying or threatening others	☐ Destroying property
☐ Manipulative or deceitful *(e.g., excessive lying)*	☐ Breaking rules/laws often *(e.g., carrying/using dangerous weapons, not going to school/truancy)*	☐ Stealing/theft	☐ Self-harm *(e.g., cutting, picking, burning, etc.)*

Additional Comments:

_____

_____

Other			
☐ Engaging in risky sexual activity *(e.g., unprotected intercourse, sexual victimization, sex in exchange for alcohol/drugs, pornography)*	☐ Severe food restrictions / anorexia	☐ Binging or purging	☐ Preoccupation with gambling

Youth ASAM Assessment

18. In the past year, do you continue using substances despite it negatively impacting your emotional, behavioral, and/or mental health? ☐ Yes ☐ No
    Please describe: _____
    _____

19. Have you ever experienced any kind abuse (physical, emotional, sexual)? ☐ Yes ☐ No
    Please describe: _____
    _____

20. Have you experienced or witnessed any traumatic or scary event(s) that has stuck with you? ☐ Yes ☐ No
    Please describe: _____
    _____

21. In the past year, have you felt like hurting or killing yourself? ☐ Yes ☐ No
    Please describe: _____
    _____

22. In the past year, have you felt like hurting or killing someone else? ☐ Yes ☐ No
    Please describe: _____
    _____

** If YES to Q#21 or #22, further assess for current suicide/homicide ideation, intent, plan, target(s), access to lethal means and provide appropriate interventions. Consider Duty to Protect (Tarasoff Law).*

Youth ASAM Assessment

Please rate the client's severity for this dimension by circling one of the following levels of severity:

Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications) Severity Rating				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

Additional Comments: _____

_____

Confirmation of Executed Release of Information (ROI) Form During Adjudication of Requests for Authorization

SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

County of Los Angeles Public Health

COUNTY OF LOS ANGELES Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)

CONSENT FOR PAYMENT AND HEALTHCARE OPERATIONS

Purpose of Consent and Disclosure: The purpose of this consent is to authorize payment for all services rendered for the treatment of Substance Use Disorder (SUD) and to permit the release of my 42 CFR Part 2 protected SUD health information from my current, past, and future treating providers within the SAPC Provider Network to SAPC, in its role as the Medi-Cal Specialty SUD Plan for SUD services, for purposes of payment and other health care operations. This consent also authorizes submission and payment to the California Department of Health Care Services (DHCS), Managed Care Plans (MCP), and other third-party payors and the release of all information necessary to submit and process claims.

I. CLIENT INFORMATION		
Name (Last, First, and Middle):	Date of Birth:	Medi-Cal #:
Email Address: By providing your email address, you are authorizing SAPC and SAPC's Provider Network to contact you by email.	Phone Number:	Last 4 Digits of SSN:
Address:		Sage ID #:

VI. REVOCATION OF CONSENT

I have the right to revoke this Consent form at any time by completing this section and providing my Revocation of Consent by mail or in person to my treating substance use provider, except to the extent that my provider or other lawful holder has already acted in reliance on it.

Treating Substance Use Provider Agency's Mailing Address:

Organization Name: _____

Street Address (Line 1): _____

Street Address (Line 2: Apt/Suite/Unit): _____

City, State, and Postal Code: _____

Once my Revocation of Consent is received, my provider will revoke the Consent form for future release of information. Disclosures made prior to receiving the revocation cannot be retrieved.

By signing below, I revoke my Consent for future release of information for payment and health care operations. I understand that any disclosures made prior to the receipt of this revocation cannot be undone or retrieved.

Name and Signature of Client or Client's Legal Representative:

If the client cannot write, they may make a mark on the signature line. Signature by mark requires two witnesses. A witness must write the client's name on the line designated for the client's name and write their own name and sign on one of the designated witness spaces below. A second witness must write their name and sign on the other witness space to acknowledge the client's signature by mark.

_____	_____	_____ / _____ / _____
Print Name (First Middle and Last)	Signature	Month / Day / Year

If signed by Client's Legal Representative, state relationship and authority to do so:

Q&A / Discussion