

**Brief ASAM Phone Screening Tool Instruction Sheet
(For use by ACL/Program Calls)**

REQUIRED FORM: For the ACL (Access and Crisis Line)

OPTIONAL FORM: For any other SUD Treatment program

WHEN: To be completed by a designated screen personnel/staff as each client call is received.

PURPOSE: Completion of the Brief ASAM Phone Screening Tool provides identification of a client's request/need for substance use disorder services.

REQUIRED ELEMENTS:

- **Client Name:** Client's full name.
- **Date:** Enter date of phone call.
- **City/geographic region:** Enter information.
- **Phone:** Enter the client's contact number.
- **Okay to leave a V/M:** Check Yes or No. This is important for privacy reasons.
- **Referral source:** Check the appropriate box. If "Other", enter details.
- **Gender:** Check the appropriate box. If "Other", enter information as provided by client.
- **If Female, are you currently pregnant?** Check the appropriate box.
- **Sexual Orientation:** Check the appropriate box. If "Other" enter information as provided by client.

ASAM DIMENSION 1: WITHDRAWAL/DETOX POTENTIAL

- **Are you experiencing any current severe withdrawal symptoms?** Check Yes or No. (cite examples if asked; nausea, vomiting, excessive sweating, fever, tremors, seizures, rapid heart rate, blackouts, hallucinations, "DTs")
 - If YES, make immediate referral for medical evaluation of need for acute, inpatient care. Follow agency policy and procedure; respond as directed by agency policy and procedure.
- **Are you under the influence of any substances right now?** Check Yes or No.
 - If no to above question, ask have you used any substances in the last 1 – 3 days? Check Yes or No.
 - If yes to the above question, consider Withdrawal Management. Continue screening.
- **Does drinking alcohol/using drugs impact your daily life or functioning?** Check Yes or No.
 - If yes, obtain and document in more detail.
- **Severity Rating – Dimension 1 (Substance Use, Acute Intoxication, and Withdrawal Potential):** Follow the prompts and check the current, assessed level of risk.

ASAM DIMENSION 2: BIOMEDICAL CONDITIONS/COMPLICATIONS (not related to Withdrawal)

- **Are you having a medical emergency?** Check Yes or No.
 - If yes, make an immediate referral for further medical evaluation of need for acute, inpatient care. Respond and follow as directed by agency policy and procedure.
 - If no, continue the screening.

- **Do you have any physical health conditions or disabilities?** Check Yes or No.
 - If yes, obtain additional information: type, how severe, under current treatment, is it a barrier for access to treatment services?
 - If yes to the above question, do any of these health conditions have an impact on your daily life or functioning? Check Yes or No.
 - If yes, obtain additional information.
- **Do you require any special accommodations?** Check Yes or No.
 - If yes, obtain additional information (i.e. need for wheelchair, walker, therapy animal, hearing impaired, deaf, etc.)
- **Severity Rating – Dimension 2 (Biomedical Conditions and Complications):** Follow prompts and check the current, assessed level of risk.

ASAM DIMENSION 3: EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS/COMPLICATIONS

- **Are you currently having thoughts of hurting yourself or others?** Check Yes or No
 - If YES, *ask additional questions to client to further assess if client has a plan and the means to harm themselves or others. If clinically indicated due to client's answers, refer to the nearest psychiatric emergency facility, follow and respond as directed agency policy and procedure.*
- **Are you currently having any severe mental or emotional issues or distress?** Check Yes or No.
 - If yes, document in detail additional information. *If clinically indicated due to client's answer "yes" and details, refer to the nearest psychiatric emergency facility, follow and respond as directed by agency policy and procedure.*
- **Do you have a psychiatric diagnosis/condition:** Check Yes or No.
 - If yes, enter details.
 - If yes to above question, does this psychiatric diagnosis/condition have an impact on your daily life or functioning? Check Yes or No. Describe in detail.
- **Severity Rating – Dimension 3 (Emotional, Behavioral or Cognitive (EBC) Conditions or Complications):** Follow prompts and check the current, assessed level of risk. (Review Co-Occurring Conditions Screening Form for historical information relevant to this dimension)

ASAM DIMENSION 4: READINESS TO CHANGE

- **Have you been mandated or directed to receive SUD treatment?** Check Yes or No.
 - If yes, describe in detail.
- **How ready are you to change your alcohol and/or other drug use now?** Check the appropriate box: Not Ready, Getting Ready, Ready, In process of making changes, Sustained Change made. DO NOT LEAVE BLANK.
- **Severity Rating – Dimension 4 (Readiness to Change):** Follow prompts and check the current, assessed level of risk.

ASAM DIMENSION 5: RELAPSE, CONTINUED USE POTENTIAL

- **Have you used on most days (15 or more) in the last 30 days?** Check Yes or No.
- **Are you likely to continue to drink/use without treatment?** Check Yes or No.
- **On a scale from 0 to 10, with 0 being "none" and 10 being "very likely", how would you describe your desire/urge to use substances?** Fill in client self-report in the appropriate numbered box. DO NOT LEAVE BLANK.

- **Severity Rating** – Dimension 5 (Relapse, continued Use, or Continued problem Potential): Follow the prompts and check the current, assessed level of risk.

ASAM DIMENSION 6: RECOVERY ENVIRONMENT

- **Is your current living situation unsafe or harmful to your recovery?** Check Yes or No.
- **Do you have relationships that are supportive of you and your recovery?** Check Yes or No.
- **Do you struggle to care for yourself?** Check Yes or No.
- **Severity Rating – Dimension 6 (Recovery Environment):** Follow the prompts and check the current, assessed level of risk.

LEVEL OF CARE INQUIRY

- **Do you have an idea about the type of treatment you're interested in?** Check Yes or No.
 - If yes, check the appropriate box: Outpatient, Intensive Outpatient, Residential, MAT, or Other. If "Other", enter client self-report on the line provided.

LEVEL OF CARE DISPOSITION

- **Recommended Level of Care:** Check appropriate box based on ASAM risk ratings.
- **Actual Level of Care Offered:** Check the appropriate box based on client referral.
- **Reason for Difference (if any):** Check reasons for difference between levels of care recommendation vs level of care offered within the box selections. If "Other" is selected, enter more details.
- **Program Referral:** Enter information regarding the program(s) client was referred to.
- **Printed Name:** Print name of person completing screen.
- **Signature:** Signature of person completing the screen.
- **Date:** Enter date screening was completed and signed.