SUBSTANCE ABUSE PREVENTION & CONTROL
ASAM SCREENER FOR YOUTH & YOUNG ADULTS

Attachment I

The ASAM Screener for Youth and Young Adults must be used to document eligibility for Early Intervention services for youth (12-17) and young adults (ages 18-20) as described in bullet 2 of the eligibility information below:

Eligibility for SUD Services for Individuals Aged 20 and Under:

1) SUD Treatment Services *(Requires: Assessment Tool-Youth (Ages 12-17) or Full ASAM Assessment (18-20))*
   Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.

OR

2) Early Intervention Services
   (Requires: ASAM Screener for Youth and Young Adults (Ages 12-20))
   Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance related condition, with the exception of tobacco-related conditions and non-substance related conditions.

Youth/Young Adult Demographic information

Youth/Young Adult Name:		**Date:**	**Phone Number:** ☐ Mobile **Okay to leave voicemail.** ☐ Yes ☐ No	
Parent / Guardian Name *(for youth 12-17)*:				
Address or Zip Code:				
DOB:	**Age:**		**Gender:**	
Race/Ethnicity:	**Preferred Language:**		**Medi-Cal ID #:** **Other ID# (Plan):**	
Insurance Type: ☐ None	☐ Medicare (plan): ____________	☐ Medi-Cal (plan):____________	☐ Private (plan):____________	☐ Other (plan):____________
Living Arrangement: ☐ Homeless	☐ Living with family	☐ Living in foster care	☐ Other (specify):	
Referred by (specify):				

1. **What are the main reasons you are seeking help today?**

____

____

2. **Which other services, such as physical or mental health counseling, are you receiving?** Please describe.

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____

3. **Which family, financial, legal, or school problems are you experiencing?** Please describe.

____

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COUNTY OF LOS ANGELES Public Health

Attachment I

LOS ANGELES COUNTY
ASAM SCREENER FOR YOUTH & YOUNG ADULTS

EPSDT Eligibility Criteria for Early Intervention Services for Youth and Young Adults:

Screen patient using the following six ASAM dimensions to identify SUD risk factors. Patient must be determined to have one or more risk factors to meet EPSDT criteria for Early Intervention Services. *Note: Consideration of SUD risks must take into account all six dimensions, as interaction among the dimensions may increase or decrease their SUD risk. Some SUD risk may require the presence of multiple risk factors among the dimensions. (See Guidance for Completing the ASAM Screener for Youth and Young Adults for more detailed instructions).*

ASAM Dimension	Example of At-Risk Indicators (check all that apply)
Dimension 1: *Acute Intoxication and/or WithdrawalPotential*	***Have you experienced any of the following?*** ☐ Any past year substance use (**complete table on page 3**) ☐ Early initiation and misuse of substances (*under 12 years of age*) ☐ Route of use: Injecting substances ☐ History of prior overdose ☐ Previous treatment for alcohol, tobacco/nicotine, or drug use ☐ Other: ________________________
Dimension 2: *Biomedical Conditions / Complications*	***Do you have any medical/physical health condition(s) we should know about?*** ☐ Chronic pain ☐ Asthma ☐ Diabetes ☐ Pregnancy ☐ HIV/AIDS, other sexually transmitted infection ☐ Other: _______________________
Dimension 3: *Emotional, Cognitive,Behavioral Health Conditions / Complications*	***Have you experienced any depression, anxiety, or other mental health issues?*** ☐ Depression ☐ Anxiety ☐ Compulsive behavior ☐ ADHD (Attention Deficit Hyperactivity Disorder) ☐ PTSD (Post Traumatic Stress Disorder) ☐ Other Mental health issues: ________________________
Dimension 4: *Readiness to Change*	***Thinking about the effects of substance use, which area(s) of your life is most impacted by alcohol or other drug use?*** ☐ School ☐ Work ☐ Personal Relationships (Family/Friends/Romantic Partners) ☐ Hobbies/Recreation ☐ Other: ________________________ ***Do you think you need treatment services to help change your use of substances?*** ☐ Yes ☐ No, it is not a problem. ☐ No, I can stop anytime without help. ☐ I don't know

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LOS ANGELES COUNTY
ASAM SCREENER FOR YOUTH & YOUNG ADULTS

Dimension 5: *Relapse / Continued Use or Problem Potential*	***Are there any particular situations or stressors that would make you want to use?*** ☐ Cravings, withdrawal symptoms, or negative effects of substance use ☐ Social Pressure (friends/partners, families, at school, at work, at home) ☐ Triggers, including managing feelings/emotional stressors (trauma, sexual/gender identity, anxiety, depression, boredom, anger, etc.) ☐ Other:____________________________ ***At this time, which stressor(s) above are most problematic for you?*** ☐ Stressor: ____
Dimension 6: *Recovery Environment (Living Situation)*	***Do you currently live in an environment where others are regularly using drugs or alcohol?*** ☐ Friends and/or family who use substances ***Which situations in your life that make not using substances or cutting back substance use more difficult?*** ☐ Lack of social support ☐ Threatening relationships (gang, bullying, victimization) ☐ Unstable housing / homelessness ☐ Academic difficulty ☐ Criminal-legal system involvement (such as juvenile hall and/or jail/prison) ☐ Other:________________________

Past Year Substance Use:

Complete the following screening of past year substance use (based on the S2BI tool):

In the past year, how many times have you used the substance(s) listed below?	**Never**	**Once or Twice**	**Monthly**	**Weekly or More**
1. Tobacco Products	☐	☐	☐	☐
2. Alcohol	☐	☐	☐	☐
3. Marijuana	☐	☐	☐	☐
4. Illegal Drugs *(e.g., heroin, fentanyl, cocaine, methamphetamine, and Ecstasy)*	☐	☐	☐	☐
5. Prescription drugs that were not prescribed for you *(e.g., Pain Medication such as Vicodin or Percocet, Sedatives such as Valium or Xanax, or Stimulants like Ritalin or Adderall)*	☐	☐	☐	☐
6. Inhalants *(e.g., nitrous oxide)*	☐	☐	☐	☐
7. Herbs or synthetic drugs *(e.g., salvia, K2, or bath salts)*	☐	☐	☐	☐

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Treatment Provider: ____

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Attachment I

COUNTY OF LOS ANGELES
Public Health

LOS ANGELES COUNTY
ASAM SCREENER FOR YOUTH & YOUNG ADULTS

Narrative of Patient's Substance Use Risks:
Describe the patient's risk for SUD by summarizing their risk factors among the ASAM dimensions. Consideration for SUD risks must take into account all six ASAM dimensions, as interactions among the dimensions may increase or decrease their SUD risk. (See Guidance for Completing the ASAM Screener for Youth and Young Adults for more detailed guidance around assessing for SUD risk).

Youth/Young Adult is determined to meet eligibility criteria for Early Intervention services: ☐ **Yes** ☐ **No**

Did the patient complete a Full ASAM Assessment: ☐ **Yes** ☐ **No**

ASAM Assessment Date: ________________________

Risk Information

If the result of the ASAM Screener for Youth and Young Adults indicates that the Youth/Young Adult meets EPSDT criteria for Early Intervention services, they should be enrolled into Early Intervention Services (ASAM 0.5) to ameliorate or correct a substance misuse related condition. A full ASAM Assessment is required to enroll patients into higher intensity levels of care (e.g., ASAM 1.0, 2.1, 3.1, WM, etc.).

Designated Treatment Location/Referral Information:

Agency Name: ____

Address: ____

Phone: ____

Appointment Date/ Time (if available): ____

____

Staff/Clinician Name **Signature** **Date**

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