



Escalator Narrative Integrated Substance Use COD Assessment – aka” The Homegrown”

General Admission Information

Consumer Name: [Click here to enter text.](#)

Consumer DOB: [Click here to enter a date.](#)

Consumer Age [Choose an item.](#)

Today’s Date: [Click here to enter a date.](#)

Assessor Name/Credentials: [Click here to enter text.](#)

Consumer Identified Gender: [Choose an item.](#)

➤ **Other Describe -** [Click or tap here to enter text.](#)

Reason for Assessment

Clinician goals for this section – Obtain and record the following information if possible:

- Why is the consumer here (Specifically, what happened to bring them in for treatment now?)
- Referral source
- Consumer’s perception of the current situation/problem
- Family member’s perception of current situation/problem (if family member/friend present, especially for adolescents)
- Onset and basic history of current situation/problem

In consumer’s own words (and family if present ask them as well): Why are you here today? [Click or tap here to enter text.](#)

Briefly, what events lead to you coming here today (include referral source)? [Click or tap here to enter text.](#)

Additional opening information for assessment

Describe below – [Use gray box with goals above for guidelines](#)

[Click or tap here to enter text.](#)

Consumer’s level of participation

Briefly Describe:

What is consumer’s level of engagement and self-reporting during assessment.

- For example, is consumer:
 - Open or guarded?
 - Cooperative or uncooperative?
 - Is consumer actively providing information or a poor historian?)

- If a family member or other support is present for the assessment also assess their level of participation and engagement. Also note how the consumer interacts with the family member or support person who is present

Comments on level of participation:

[Click or tap here to enter text.](#)



Substance Use History:

Clinician guidelines/goals – The goal is to get a basic substance use history or overview. Start with alcohol and marijuana and then for the additional sections select substances based on consumer's viewpoint on substances used based on perception of which substances were used most often or had the most impact. Remember to ask about illicit, legal, and prescribed substances that may have been used/misused. Alcohol, marijuana and tobacco are already included in the grid provided

Other substances commonly used/misused:

<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Over the Counter
<input type="checkbox"/> Opioid pain medicine	<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Heroin	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Benzodiazepine	<input type="checkbox"/> Other prescriptions
<input type="checkbox"/> Amphetamine/Methamphetamine	<input type="checkbox"/> Alcohol, marijuana, synthetic marijuana

Boxes for Frequency/Quantity/Method should include details described (Samples below)

- "1 gram per day, 3 days per week nasally"
- "\$50 per day, once per week, smoked"
- "20 bags per day, daily. IV (intravenously)"

Substance Use History Grid

➤ **Current Age** Choose an item.

Substance	*Age of 1 st Use	*Date of last use	Describe Recent Frequency/Quantity/Method	*Age(s) of Peak Use	Describe Peak Use Frequency/Quantity/Method
Alcohol	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Marijuana/ THC	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
1- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3- Substance: Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Nicotine/Tobacco	Choose an item.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter text.



Additional Information about substances used -

No other substance use reported/Not Applicable

Or describe additional information about substance use below:

Click or tap here to enter text.

Substance Use and Co-Occurring Disorders: life impact, diagnostic formulation and ASAM level of care assessment

Clinician goals for this section – Gather information to determine substance use diagnosis as well as ASAM level of care info:

DSM – 5 criteria (Clinician does not need to ask each question verbatim, however through discussion with consumer try to determine if any of the following criteria are present for consumer’s primary substance(s))

- Does the consumer ever use a substance in larger amounts and for longer than intended?
- Has the consumer wanted to cut down or quit but struggled to do so?
- Does the consumer spend a lot of time using and obtaining the substance?
- Does the consumer report cravings or strong desire to use substances?
- Has the consumer’s substance use interfered with obligations such as work, school, or home responsibilities?
- Has the consumer experienced social or interpersonal problems caused or made worse by substance use?
- Has there been any reduction in important social, occupational or recreational activities due to substance use?
- Has there been repeated use in dangerous or hazardous situations/ (e.g. While driving, at the workplace, etc.)?
- Has consumer used substance despite knowledge of physical or psychological difficulties related to use?
- Has consumer experienced tolerance?
- Has the consumer experienced withdrawal symptoms or used nonprescribed substance to prevent withdrawal?

➤ A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe

Also to be assessed in this section – [ASAM placement criteria](#) and Co-Occurring Mental Health and Medical Conditions

Narrative comments on substance use life impact using guide box above:

Click or tap here to enter text.

Have you had any past or current substance use services? (Describe below)

Some common substance use levels of care	
Residential/Inpatient	Medication Assisted Treatment
Detox/Withdrawal Management	Partial Care
Methadone Clinic	Intensive Outpatient
Community Supports	Outpatient

Describe (Try to include dates/timelines, type of services and outcome where possible) -

Click or tap here to enter text.



Substance Use Withdrawal Symptoms – [ASAM Dimension 1]

None reported/Not Applicable

Or describe below:

Describe (Describe type of withdrawal and substance - For example “Opioid withdrawal”)

Status – (see codes below)

Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Status Codes:

- **Active** – Consumer is in active withdrawal currently or within past 24 hours
- **MAT** – Consumer is currently on MAT to prevent withdrawal symptoms
- **Recent** – Consumer has had withdrawal in past 3 months
- **History** – Withdrawal symptoms have not been experienced in past 3 months or longer

Substance Use or Withdrawal Related Safety Concerns? (For example, seizures, DT's, overdose)

None reported/Not Applicable

Or describe below:

Click or tap here to enter text.

History of Overdose None Reported - Yes, describe details below (Include number, dates of most recent, etc.)

Click or tap here to enter text.

Other Hazardous Substance Use (Driving intoxicated, using in dangerous situations, etc.)

None reported/Not Applicable

Or describe below:

Click or tap here to enter text.

Are there any signs that consumer may be intoxicated?

None reported/Not Applicable

Or describe below:

Click or tap here to enter text.



Does consumer have any medical conditions or symptoms that have been or could be made worse by substance use?

[ASAM Dimension 2]

Some examples:

Heart condition	Head injury/TBI
Endocarditis	Skin lesions/ulcers
Breathing/Lung condition	Pancreatitis
Liver problems (Cirrhosis/Hep C)	Cancer
Autoimmune disease	Other? – ask consumer

None reported/Not Applicable

Or describe medical conditions potentially worsened by substance use below –

[Click or tap here to enter text.](#)

Additional medical/physical issues or concerns:

Some things to include in a basic medical/physical history and assessment:

- Current medical conditions or other problematic medical/physical symptoms
- Current or history of serious injury or disability
- History of past surgery or future surgeries
- Current medications for medical/physical issues
- Current medical providers, treatments and specialists - (Obtain releases/consents when possible)
- Any pain management issues/concerns
- History of misuse of pain meds
- Allergies/Adverse reactions to meds or other food, etc.

No additional medical concerns reported

Or describe additional medical/physical information below:

[Click or tap here to enter text.](#)

Some medical conditions:

- Asthma
- Arthritis
- Cancer
- COPD or other Lung Disease
- Diabetes
- Digestive/Gastro-Intestinal
- Heart Disease
- Hepatitis
- High Blood Pressure
- High Cholesterol
- HIV/AIDS
- Liver Disease
- Other Autoimmune disease
- Other -[Click or tap here to enter text.](#)



Psychiatric/Mental Health Conditions and Symptoms [ASAM Dimension 3]

Psychiatric/Mental Health Safety and Risk Factors – (Guidelines in box below) – *Always get a supervisor when there is a current risk or safety concern

<p>Danger to Self:</p> <ul style="list-style-type: none"><input type="checkbox"/> Past/recent/current suicidal <i>ideations, plans, or attempts</i><input type="checkbox"/> Expressed or implied <i>intent</i> to harm self or others<input type="checkbox"/> Past/recent/current other <i>self-harm</i> (cutting, burning, etc.)<input type="checkbox"/> Access to means to harm self<input type="checkbox"/> Significant <i>reckless behavior</i> and/or dangerous <i>poor judgment</i> or hazardous <i>impulsivity</i> <p>Additional Psychiatric Risk Factors</p> <ul style="list-style-type: none"><input type="checkbox"/> Multiple and/or recent <i>psychiatric hospitalizations</i><input type="checkbox"/> Dangerous <i>paranoia</i><input type="checkbox"/> Command hallucinations<input type="checkbox"/> Significant mania or psychosis that may impact judgement	<p>Actual/Potential Danger to Others:</p> <ul style="list-style-type: none"><input type="checkbox"/> Past/recent/current <i>homicidal ideations, plans, or attempts</i><input type="checkbox"/> Past/recent/current <i>aggressive behavior/threats</i><input type="checkbox"/> Past/recent/current <i>domestic violence</i><input type="checkbox"/> Child <i>abuse/neglect</i><input type="checkbox"/> Sexual assault/threat<input type="checkbox"/> Stalking or planning violent acts<input type="checkbox"/> Access to means to harm others (guns, etc.)<input type="checkbox"/> Preoccupation with violence <p>When documenting any of these areas include:</p> <ul style="list-style-type: none">• Dates/Timeline – Are risk factors current, recent or historical?• Severity – Include details to support seriousness of any risk or safety issues or concerns
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Narrative description of Psychiatric/Mental Health Risk Factors:

Click or tap here to enter text.

Protective Factors

Common Protective Factors:	
<ul style="list-style-type: none"><input type="checkbox"/> Ability and strategies to cope with stress<input type="checkbox"/> Frustration tolerance<input type="checkbox"/> Hopefulness/Future orientation<input type="checkbox"/> Responsibility to others<input type="checkbox"/> Religious beliefs	<ul style="list-style-type: none"><input type="checkbox"/> Formal support<input type="checkbox"/> Informal support<input type="checkbox"/> Concrete needs met<input type="checkbox"/> Willingness to restrict means<input type="checkbox"/> Family willingness to restrict means

Describe Protective Factors: (Use above guidelines)

Click or tap here to enter text.

Additional comments on risk, safety or protective factors – Where any immediate actions taken? Supervisor notified, etc.?

Not applicable

Or, comments/details below:

Click or tap here to enter text.



Psychiatric/Mental Health History and Current Symptoms/Concerns – Complete grid below:

<p>Current/past psychotropic meds. Dose, Effects of meds? Adherence to meds, Misuse of meds <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>	<p>Current/past psychiatric treatment. Include hospitalizations, partial care, IOP-MH, Outpatient, Case management, <input type="checkbox"/> None Reported Or, describe details here: Click or tap here to enter text.</p>	<p>Sleep/Appetite or Nutrition problems Include details such as insomnia or sleep disorders, eating disorders, etc. <input type="checkbox"/> None Reported Or, describe details here: Click or tap here to enter text.</p>
<p>Depressive symptoms E.g., Depressed mood. Poor motivation, loss of interest in activities, etc. <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>	<p>Mood Swings/Bipolar Symptoms E.g. mania, “highs and lows”, unstable emotions, mood lability, anger issues <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>	<p>Anxious symptoms E.g. Generalized, social, OCD, panic attacks, phobia, etc. <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>
<p>Trauma or Abuse History Physical, emotional, sexual abuse, PTSD symptoms, witnessing trauma, DV, etc. <input type="checkbox"/> None Reported Or, describe details here: Click or tap here to enter text.</p> <p>*If current or recent notify supervisor</p>	<p>ADHD or childhood disorders Poor focus, impulsivity, restlessness, ODD, Developmental etc. <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>	<p>Psychosis Hallucinations, delusions, thought disorder, paranoia, confusion, etc. <input type="checkbox"/> None Reported or Observed Or, describe details here: Click or tap here to enter text.</p>

Other psychiatric symptoms, conditions, history, concerns or other observations - not recorded above – Include any information discussed about self-medication for any of the above mental health conditions/symptoms noted

Click or tap here to enter text.



Readiness to Change [ASAM Dimension 4]

<u>Insight</u>	<u>Internal Motivation</u>	<u>External Motivation</u>
Consumer's self-awareness Consumer understanding of problem(s) Consumer willingness to participate (*Assess insight for both SUD and MH where applicable)	Consumer interest or drive Consumer's expressed desire for change Consumer's willingness to take action (*Assess insight for both SUD and MH where applicable)	Is anyone coercing/mandating consumer to attend treatment? <input type="checkbox"/> NO If YES describe (Legal, family, work, etc.) Click or tap here to enter text.
<u>Clinical justification to support Assessed Insight Level:</u> Click or tap here to enter text.	<u>Clinical justification to support Assessed Internal Motivation Level:</u> Click or tap here to enter text.	Is anyone recommending consumer to attend treatment? <input type="checkbox"/> NO If YES describe: Click or tap here to enter text.
<u>Assessed Overall Insight Level:</u> Choose an item.	<u>Assessed Overall Internal Motivation Level:</u> Choose an item.	<u>Assessed Overall External Motivation Level:</u> Choose an item.

Comments on consumer insight and motivation as well as consumer's current perception of the problem:

Click or tap here to enter text.

Legal History and Current Legal Involvement:

Some things to include in a basic legal history and assessment:

- Current legal involvement (Probation, Parole, Case Pending, Drug Court, Child Protection, etc.,)
- History of arrests (Number of arrests/convictions, types of arrests, recency of arrests)
- Any restraining orders or other court orders
- History of incarceration (How many, how long, etc.)
- History of or current illegal activity (E.g. stealing, assault, drug dealing, gang membership, etc.)
- Where applicable – Allegations/charges which triggered child protective services in the past or present (or both)
- What is consumer's perception of legal situation?
- Where applicable – Driving while under the influence arrests, major driving violations, dates and details
 - Has consumer lost driver's license?

No current or history of legal involvement or illegal behavior reported

Otherwise provide descriptive narrative of current and past legal involvement/illegal activity and pending charges below:

Click or tap here to enter text.



Relapse, Continued Use or Continued Problem Potential [ASAM Dimension 5]

Does consumer have any past periods of progress/success with regard to substance use?

Client denies any significant periods of progress/success

If yes, provide details using following guidelines -

- What was the longest time period consumer was doing well, how long did it last and how did it end?
- What was the most recent time period of doing well and how long did that last?
- What did consumer gain and learn from these experiences when they were doing well?

Details/Comments:

Click or tap here to enter text.

Additional areas to include when assessing relapse/continued use potential:

- Is consumer experiencing cravings and if so, how often?
- Does consumer tend to use substances impulsively (suddenly and unexpectedly)
- If consumer is prescribed MAT, is he/she adherent with medication?
- Does consumer have an awareness of relapse triggers and relapse prevention strategies?
- Has consumer been able to successfully avoid relapse triggers to some degree?
- Can consumer list some coping skills and supports that are used for relapse prevention
- Is consumer actively utilizing any coping skills, strategies or supports for managing life stressors and for maintaining mental and emotional stability?

Additional comments on relapse/continued use potential (Use guidelines above)

Click or tap here to enter text.

Recovery Environment [ASAM Dimension 6]

Considerations for assessing recovery environment:

- Family history of substance use issues/addiction – Include current family substance use or family in recovery
- Family history of mental health disorders and/or current mental health issues in family
- What is consumer's current living situation? – Are substances readily available in the home? Are others using in the home?
- Is consumer in a relationship? If so, does partner support consumer not using, or does partner use substances?
- Does consumer have social supports/friends? – Approximately what percentage of current social group uses substances?
- Is consumer active in form of community support? (12 Step, religious groups, social/hobby groups, other support groups)
- Is consumer involved in any positive recreational activities? If so what?
- Is client employed or otherwise has regular structure that promotes recovery?
- Are there any cultural or spiritual practices which consumer perceives may impact ability to make progress? How?
- Does consumer have specific positive supports (Friends, family or others who actively help consumer to stay away from substance use and help consumer cope with any co-occurring mental health concerns)

Comments on recovery environment (Use above guidelines)

Click or tap here to enter text.



Employment/Education Status – Include history of employment and/or educational problems or disabilities, Did substance use impact school/work? How far did consumer get in school? Financial problems? What are current employment or educational goals?
Click or tap here to enter text.

Brief Overview of Mental Status

Areas to note: Appearance, attitude, behavior, speech, affect, mood, thought process, thought content, perception, orientation, memory, concentration, judgement – [Sample Brief Mental Status Exam](#)

➤ **Comments on mental status:**

Click or tap here to enter text.

Additional Concluding Comments (Use this section to include any relevant information assessed or observed that may not have been captured in other areas on this assessment)

Click or tap here to enter text.

Clinical Formulation

<p>SUBSTANCE USE DIAGNOSIS <input type="checkbox"/> Not applicable List SUD diagnoses below Click or tap here to enter text.</p>	<p>MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Not applicable List all MH diagnoses below Click or tap here to enter text.</p>
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CLINICAL SUMMARY – Summarize findings from this assessment here. Also include consumer strengths and areas of need
Click or tap here to enter text.

SUBSTANCE USE LEVEL OF CARE REFERRAL Include clinician assessed LOC, Consumer requested LOC and Agreed upon LOC
Click or tap here to enter text.

COORDINATION OF CARE – List all releases of information/consents signed for coordination of care
Click or tap here to enter text.

PLAN – Explain: What program will client attend, or will client be referred elsewhere? – If client is attending program at this agency: Which site (s)? - How often? – When will client start? What additional services will be provided for consumer by this agency and (if applicable family)? Where any additional referrals made for services not provided by this program?

Check here if plan deferred until after treatment team meets to discuss

Comments on PLAN –

Click or tap here to enter text.

SIGNATURES, CREDENTIALS & DATE SIGNED

Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.