



# SUBSTANCE USE DISORDER DISCHARGE SUMMARY AND CONTINUED CARE PLAN

Name (last , middle, first)	DOC number	Date of admission
Substance Use Disorder Professional/Trainee name	Location <b>Choose an item.</b>	Date of discharge
Current level of care <b>Choose an item.</b>	Level of care needed, regardless of discharge type <b>Choose an item.</b>	Reason for discharge <b>Choose an item.</b>

### TERMINATION REVIEW, IF APPLICABLE

Reviewed by: \_\_\_\_\_ Date approved: \_\_\_\_\_

### DIMENSIONAL PROGRESS

At the time of discharge, complete a **summary statement** of the individual's progress, or lack of progress, on each **open individual service plan** for all American Society of Addiction Medicine (ASAM) dimensions. Continued care plan should include the ASAM risk rating, recommended level of care, and any current referrals.

#### ASAM Dimension 1 - Acute Intoxication/Withdrawal Potential

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### ASAM Dimension 2 - Biomedical conditions and complications

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### ASAM Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### ASAM Dimension 4 - Readiness to change

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### ASAM Dimension 5 - Relapse, Continued Use, or Continued Problem Potential

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### ASAM Dimension 6 - Recovery environment

Summary of progress: \_\_\_\_\_

Continued care plan: \_\_\_\_\_

#### Summary of discharge interview

D: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Participant name: \_\_\_\_\_ DOC number: \_\_\_\_\_

**CONTINUING CARE RE-ENTRY PLAN**

- No use of non-prescribed mind/mood-altering substances, including alcohol and marijuana
- No employment in any retail alcohol or marijuana industry unless therapeutically cleared by treating agency
- Self-help support groups (3 per week) and support group sponsor
- Enroll in and complete recommended treatment: Choose an item.
  - Mental health counseling     Vocational rehabilitation     GED     Anger management
  - Other: \_\_\_\_\_

Substance Use Disorder Professional/Trainee	Signature	Date

Supervisor	Signature	Date

Individual's signature	Date

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