



# 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>

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.

## ASAM Dimension 1 - Acute Intoxication/Withdrawal Potential

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

Continued care plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

## ASAM Dimension 2 - Biomedical conditions and complications

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

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

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

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

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

## ASAM Dimension 4 - Readiness to change

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

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

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

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

Continued care plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

## ASAM Dimension 6 - Recovery environment

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

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) \_\_\_\_\_

## Summary of discharge interview

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

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

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

**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

**TERMINATION REVIEW**

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

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