COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

2025

ASAM 3.5 Level of Care – Monthly Curriculum Planning Tool

PROVIDER AMBASSADOR PROGRAM

UPDATED: MAY 2025

ASAM 3.5 Level of Care – Monthly Curriculum Planning Tool (Fourth Edition)

This planning tool is designed to help ASAM 3.5 programs (under the Fourth Edition) map out curriculum and daily structure. Use this document to record curriculum details and plan hourly activities across a full month. The tool helps ensure alignment with ASAM expectations for structured, individualized, and clinically intensive residential care. Please add/remove tables as appropriate for your agency.

To ensure services meet the needs of all people within the 3.5 Level of Care, services should be designed to be both habilitative (services that help you, often for the first time, learn or improve skills and functioning for daily living)[1] and rehabilitative (services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired due to sickness, injury, or disability)[2] in nature. Rehabilitative and habilitative services may include the same activities but with modifications for people who need to relearn skills and for those who had not learned the skills in the first place.

Additionally, there should be services that address each of the six dimensions. While the primary dimensional drivers of Level 3.5 are Dimensions 3, 4, and 5, it is important to have services that address Dimensions 1 and 2. These may include chronic disease management, education on mental health disorders or psychoeducation on addiction medications, including medications for tobacco cessation. Note: the 3.5 Level of Care requires 20 hours of clinical services per week.

All curricula should be reviewed to ensure it is culturally responsive to the community, is appropriate for multiple literacy levels and is trauma- informed. Programs should regularly assess community demographics and needs as well as those of the people entering treatment to ensure the curricula remains responsive to community needs.

Please note, agencies may add/delete Curriculum Activity tables in each section to fit with each agency's curriculum structure.

[1] Habilitative/Habilitation Services - Glossary | HealthCare.gov
[2] Habilitative/Habilitation Services - Glossary | HealthCare.gov

Provider Ambassador Program

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Curriculum Overview

CLINICAL

Clinical Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice (EBP)? Y/N	

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(If yes in what evidence-based practice database is this verified as an evidence-based practice)	
Intended population or subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Clinical Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N *(If yes, where is it listed)*	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

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Clinical Curriculum/Activity #3:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Clinical Curriculum/Activity #4:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

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RECOVERY

Recovery Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Recovery Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	

Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Recovery Curriculum/Activity #3:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

PSYCHOEDUCATION

Psychoeducation Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	

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Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Psychoeducation Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Psychoeducation Curriculum/Activity #3:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	

This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

SKILL BUILDING

Skill Building Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

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Skill Building Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

MEDICAL

Medical Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	

Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Medical Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

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MENTAL HEALTH

Mental Health Curriculum/Activity #1:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Mental Health Curriculum/Activity #2:

Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended Population or Subgroup:	
Is this EBP normed for the population served and the population in the community?	

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Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

Monthly Hourly Planning Grid

Use the tables below to plan programming by the hour for each day of the week, across four weeks (or five, as appropriate). Make sure to indicate pages, chapters, or sections of the materials being used to avoid duplication in a month's time.

Week 1

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Total Number of Clinical Hours

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Week 2

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Total Number of Clinical Hours:

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Week 3

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Total Number of Clinical Hours:

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Week 4

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Total Number of Clinical Hours:

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Week 5

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Total Number of Clinical Hours:

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Clinical Programming Considerations

In addition to careful planning above, please ensure your agency leadership and key personnel are able to address the following needs as indicated below:

Clinical Programming Considerations		
Question	*Note*	*Action Items*
How many hours of structured clinical services are currently offered per week? (Note: 3.5 requires at least 20 hours of *clinical services).*		
How will individual, group, couples, and family therapy be integrated and monitored?		
Are all services evidence-based and responsive to co-occurring mental health disorders?		
How will you ensure that individuals who are in the program will not have duplicative sessions?		
How individualized are your treatment plans? • Conduct a sample review and ensure: o Goals are in the words of the individual served.		

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Clinical Programming Considerations		
Question	*Note*	*Action Items*
o Goals and interventions are varied across a caseload. o Progress notes and service provision reflect the detail in the assessment and treatment plan		
How is treatment individualized? ● Conduct a sample chart review and ensure: o Schedules reflect information in the assessment and treatment plan. o EBPs reflect the individual's clinical need. o Treatment schedule reflects where the individual is in their recovery process.		