

ODASL

OKLAHOMA DETERMINATION OF ASAM SERVICE LEVEL

**You must address all six dimensions utilizing the information
obtained during the screen/assessment in order to
determine the appropriate ASAM service level.**

**NOTE: DIMENSION 4 MUST BE COMPLETED LAST – TO ENSURE THIS OCCURS DIMENSION 4 HAS BEEN MOVED TO THE
END OF THE INSTRUMENT. READINESS TO CHANGE CANNOT BE ADDRESSED UNTIL INFORMATION ON ALL OTHER
DIMENSIONS HAS BEEN GATHERED.**

JANUARY 2018

DIMENSION 1 ACUTE INTOXICATION and/or WITHDRAWAL POTENTIAL

Dimension 1 INTOXICATION *Must consider type of substance(s) used*

1) WHAT RISK IS ASSOCIATED WITH THE CURRENT LEVEL OF INTOXICATION?

Last Use

| | |
|--|---|
| No substance use in the last (30) days | 0 |
| No substance use in the last (3) days | 1 |
| Substance use in the last three (3) days | 2 |
| Substance use in the last twenty-four (24) hours | 3 |
| Substance use within the past twelve (12) hours | 4 |

If the response for question 1 is 0 consider proceeding to Dimension 2 otherwise continue scoring

2) ARE INTOXICATION MANAGEMENT SERVICES NEEDED TO ADDRESS ACUTE INTOXICATION?

| | |
|---|---|
| No substance use in last thirty (30) days | 0 |
| No indication of current intoxication | 1 |
| Intoxicated but, able to participate in the interview | 2 |
| Intoxicated and not coherent | 3 |
| Intoxicated and unable to function | 4 |

Total of Intoxication Scores

Score questions 1 & 2 only

ACUTE INTOXICATION COMMENTS

Dimension 1 WITHDRAWAL MANAGEMENT (WM)

3) IS THERE SIGNIFICANT RISK OF SEVERE WITHDRAWAL SYMPTOMS, SEIZURES, OR OTHER MEDICAL COMPLICATIONS BASED ON THE CONSUMER'S PREVIOUS WITHDRAWAL HISTORY?

| | |
|---|---|
| No current risk of withdrawal indicated | 0 |
| No prior WM episodes and/or related medical issues | 1 |
| Some risk of withdrawal and/or past history of WM episodes | 2 |
| Immediate need of WM services with medical and/or seizure risk | 3 |
| Need of WM with medical and/or seizure risk & past episodes of withdrawal | 4 |

4) WHAT IS THE AMOUNT, FREQUENCY, CHRONICITY, RECENT USE OR DISCONTINUATION OR SIGNIFICANT REDUCTION IN SUBSTANCE USE? (PATTERN OF RECENT USE)

| | |
|---|---|
| Substance use less than one time per week in the last thirty (30) days | 0 |
| Substance use with no related problem behavior(s) | 1 |
| Weekly substance use with obvious intoxication but no related problems | 2 |
| Daily substance use resulting in problematic and/or uncontrolled behavior | 3 |
| Substance(s) used multiple times daily resulting in significant problems | 4 |

- 5) **POTENTIATION (INTENSIFYING) EFFECT OF SUBSTANCE(S)**
List all potentiating substances used
- | | | |
|--|---|-------|
| No use of potentiating substances | 0 | |
| Sporadic (less than once weekly) use of potentiating substances | 1 | |
| Weekly use of potentiating substances | 2 | |
| Daily use of potentiating substances | 3 | |
| Regular and potentially dangerous amounts of potentiating substance(s) | 4 | _____ |
-
-

- 6) **ARE THERE CURRENT SIGNS OF WITHDRAWAL?**
- | | | |
|--|---|-------|
| Substance use less than one time per week in the last thirty (30) days | 0 | |
| No indications of withdrawal | 1 | |
| Some withdrawal risk or past history of WM episodes | 2 | |
| Immediate need of WM services | 3 | |
| Immediate need of WM services with multiple past episodes of WM | 4 | _____ |
-
-

Total of Withdrawal Management Scores _____
Score questions 3 through 6 only

- 7) **IS AMBULATORY WM SAFE TO CONSIDER FOR THIS CONSUMER?** YES__ NO__

- 8) **ARE SUFFICIENT SUPPORTS FOR AMBULATORY WM PRESENT?** YES__ NO__

Questions 7 and 8 to be answered but, not scored

WITHDRAWAL MANAGEMENT COMMENTS

DIMENSION 1 ACUTE INTOXICATION

| | <u>Raw score</u> | <u>Severity rating</u> |
|-----|------------------|-------------------------|
| 0 | _____ | (0) No problem |
| 1-2 | _____ | (1) Minimal problem |
| 3-4 | _____ | (2) Moderate problem |
| 5-6 | _____ | (3) Significant problem |
| 7-8 | _____ | (4) Severe problem |

For a score of 2 or greater consider implementing intoxication management services

DIMENSION 1 WITHDRAWAL MANAGEMENT

| | <u>Raw score</u> | <u>Severity rating</u> |
|-------|------------------|-------------------------|
| 0 | _____ | (0) No problem |
| 1-4 | _____ | (1) Minimal problem |
| 5-8 | _____ | (2) Moderate problem |
| 9-12 | _____ | (3) Significant problem |
| 13-16 | _____ | (4) Severe problem |

For a score of 2 or greater consider implementing withdrawal management services immediately

DIMENSION 2 BIO-MEDICAL CONDITIONS AND COMPLICATIONS

- 1) **ARE THERE CURRENT PHYSICAL ILLNESSES OR CONDITIONS, ACUTE OR CHRONIC, OTHER THAN WITHDRAWAL?** *If the rating for question "1" is "0", go to question 4, otherwise continue scoring.*

| | | |
|--|---|-------|
| No illnesses or conditions present and the consumer is functioning well | 0 | |
| Any problems are manageable with ability to tolerate pain and discomfort | 1 | |
| Some difficulty managing physical problems and/or tolerating pain | 2 | |
| Limited ability to manage physical problems and/or tolerate pain | 3 | |
| Incapacitated due to severe medical problems and/or physical conditions | 4 | _____ |

- 2) **ARE THERE ACUTE OR CHRONIC CONDITIONS THAT REQUIRE STABILIZATION?**

*List all conditions reported (ACUTE i.e., infection, bone fracture, injury)
(CHRONIC i.e., chronic pain requiring pain management, diabetes, asthma)*

| | | |
|---|---|-------|
| No medical condition(s) are in evidence | 0 | |
| Few medical problems are present with mild and managed symptoms | 1 | |
| Current or ongoing, non-severe illness, problem(s) or condition(s) are present | 2 | |
| Serious or unstable illness, problem(s) or condition(s) exist requiring attention | 3 | |
| Severe illness, problems or conditions likely to interfere with tx present | 4 | _____ |

- 3) **IS THERE A COMMUNICABLE DISEASE PRESENT THAT COULD IMPACT THE WELL-BEING OF OTHER CONSUMERS OR STAFF?** *i.e., HCV, TB, STD, influenza*

| | | |
|---|---|-------|
| No infectious disease(s) are present | 0 | |
| An infectious disease is present but being treated | 1 | |
| An infectious disease is present but treatment has not been initiated | 2 | |
| A highly infectious disease is present with bodily fluid infection risk | 3 | |
| A highly infectious disease is present with airborne infection risk | 4 | _____ |

- 4) **IS THE CONSUMER PREGNANT?**

| | | |
|--|---|-------|
| The consumer is not pregnant | 0 | |
| The consumer is pregnant and receiving pre-natal care | 1 | |
| The consumer is pregnant but not receiving pre-natal care | 2 | |
| The consumer is pregnant and experiencing complications | 3 | |
| The consumer is pregnant and experiencing severe complications | 4 | _____ |

- 5) **WHAT IS THE PREGNANCY HISTORY FOR THIS CONSUMER?**

| | | |
|---|---|-------|
| There have been no prior pregnancies | 0 | |
| There have been prior pregnancies with no difficulty or complications | 1 | |
| The consumer has experienced a prior miscarriage | 2 | |
| Live birth with complications | 3 | |
| There have been multiple live births with complications and/or miscarriages | 4 | _____ |

6) **HAS THE CONSUMER BEEN PRESCRIBED ANY KIND OF MEDICATIONS?**
List all prescribed medications reported

| | | |
|---|---|-------|
| There is no medication need indicated | 0 | |
| The consumer is taking meds as prescribed | 1 | |
| The consumer is mostly compliant with medication(s) | 2 | |
| The consumer is somewhat non-compliant with medication(s) | 3 | |
| The consumer is regularly non-compliant regarding medication(s) | 4 | _____ |

7) **DOES THE CONSUMER USE NICOTINE PRODUCTS?**

| | | |
|--|---|-------|
| No nicotine products used | 0 | |
| Nicotine products are used weekly or less often | 1 | |
| Nicotine is used less than once daily or no more than once per day | 2 | |
| Nicotine is used several times daily | 3 | |
| Nicotine is used multiple times daily, often one of the first actions of the day | 4 | _____ |

8) **ALL MEDICAL CONDITIONS ARE STABLE WITH CONCURRENT TREATMENT AND/OR MONITORING** YES__ NO__
Question 8 to be answered but, not scored

Total of Dimension 2 Scores _____
Score questions 1 through 7 only

DIMENSION 2 BIO-MEDICAL CONDITIONS AND COMPLICATIONS

| | <u>Raw score</u> | <u>Severity rating</u> |
|---------|------------------|-------------------------|
| | 0 _____ | (0) No problem |
| SCORING | 1-7 _____ | (1) Minimal problem |
| | 8-14 _____ | (2) Moderate problem |
| | 15-21 _____ | (3) Significant problem |
| | 22-28 _____ | (4) Severe problem |

COMMENTS FOR DIMENSION 2

DIMENSION 3 EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

1) **ARE THERE CURRENT PSYCHIATRIC ILLNESSES OR PSYCHOLOGICAL, BEHAVIORAL, EMOTIONAL, OR COGNITIVE CONDITIONS THAT NEED TO BE ADDRESSED BECAUSE THEY CREATE RISK OR COMPLICATE TREATMENT?**

| | | |
|--|---|-------|
| No emo/beh/cog condition(s) negatively impacting treatment exist | 0 | |
| Managed emo/beh/cog condition(s) not impacting treatment exist | 1 | |
| Emo/beh/cog condition(s) exist that minimally impact treatment | 2 | |
| Emo/beh/cog condition(s) negatively impacting treatment exist | 3 | |
| Emo/beh/cog condition(s) that will severely impact treatment exist | 4 | _____ |

- 2) **ARE THERE CHRONIC CONDITIONS THAT REQUIRE STABILIZATION OR TREATMENT?**
i.e., bipolar disorder or chronic anxiety
- | | | |
|--|---|-------|
| No chronic emo/beh/cog condition(s) are present or in the history | 0 | |
| Chronic but well managed and stabilized emo/beh/cog condition(s) exist | 1 | |
| Chronic emo/beh/cog condition(s) with some need of stabilization exist | 2 | |
| Chronic emo/beh/cog condition(s) needing significant stabilization exist | 3 | |
| Emo/beh/cog condition(s) that will severely impact treatment exist | 4 | _____ |
-
-

- 3) **DO ANY EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS APPEAR TO BE PART OF THE ADDICTIVE DISORDER, OR DO THEY APPEAR TO BE AUTONOMOUS?**
- | | | |
|--|---|-------|
| No exacerbating emo/beh/cog condition(s) are present | 0 | |
| Minimal and managed related emo/beh/cog condition(s) exist | 1 | |
| Some related emo/beh/cog condition(s) requiring attention exist | 2 | |
| Related problems and/or conditions requiring significant attention exist | 3 | |
| Related problems and/or conditions severely impacting treatment exist | 4 | _____ |
-
-

- RISK 4) IS THE CONSUMER AT RISK FOR SELF-HARM?**
- DOMAINS**
- If questions 4 and/or 5 are elevated, halt interview and address immediately*
- | | | |
|---|---|-------|
| There is no apparent risk of self-harm | 0 | |
| The risk of self-harm is present but minimal | 1 | |
| There is moderate risk of self-harm that needs to be addressed | 2 | |
| There is significant risk of self-harm that will need to be addressed | 3 | |
| Risk of self-harm is high and must be addressed prior to treatment | 4 | _____ |
-
-

- 5) **IS THE CONSUMER AT RISK TO HARM OTHERS?**
- | | | |
|---|---|-------|
| There is no apparent risk of harm to others | 0 | |
| The risk of harm to others is present but minimal | 1 | |
| There is moderate risk of harming others that needs to be addressed | 2 | |
| There is significant risk of harming others needs to be addressed | 3 | |
| Risk of harm to others is high and must be addressed prior to treatment | 4 | _____ |
-
-

- 6) **HOW IMPULSIVE IS THE CONSUMER?**
- | | | |
|--|---|-------|
| The consumer is not impulsive | 0 | |
| The consumer is minimally impulsive but manages to delay response | 1 | |
| The consumer is impulsive but is usually able to delay response | 2 | |
| The consumer is highly impulsive and only minimally able to delay response | 3 | |
| Highly impulsive with limited or no ability to filter or delay responses | 4 | _____ |
-
-

- 7) **EVEN IF CONNECTED TO THE ADDICTION AND SUB-DIAGNOSTIC, ARE ANY EMOTIONAL, BEHAVIORAL OR COGNITIVE SIGNS OR SYMPTOMS SEVERE ENOUGH TO WARRANT SPECIFIC MENTAL HEALTH TREATMENT? *i.e., suicidal ideation and depression due to a "methamphetamine crash"***
- | | | |
|---|---|-------|
| No symptoms are present | 0 | |
| Minimal symptoms present that are well managed | 1 | |
| Some symptoms are present that could negatively affect treatment | 2 | |
| Significant symptoms with negative effect to treatment exist | 3 | |
| Severe symptom set exists that must be addressed prior to SUD treatment | 4 | _____ |
-
-

8) **IS THE CONSUMER ABLE TO MANAGE THE ACTIVITIES OF DAILY LIVING AND COPE WITH ANY EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS?**

i.e., grooming, nutrition or shelter and or co-occurring disorders

| | |
|--|---|
| Manages the activities of daily living well with no conditions present | 0 |
| Conditions are minimal and well-managed with occasional assistance | 1 |
| Conditions exist, some difficulty in managing symptoms, requires assistance | 2 |
| Serious difficulty coping with existing symptoms, requires regular assistance | 3 |
| Critical impairments in coping with symptoms needing ongoing services to manage the basic activities of daily living | 4 |

9) **ALL EMO/BEH/COG CONDITIONS ARE STABLE WITH CONCURRENT TREATMENT AND/OR MONITORING**

YES__ NO__

Question 9 to be answered but, not scored

Total of Dimension 3 Scores

Score questions 1 through 8 only

DIMENSION 3 EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

SCORING

Raw score

Severity rating

| | | |
|-------|-------|-------------------------|
| 0 | _____ | (0) No problem |
| 1-8 | _____ | (1) Minimal problem |
| 9-16 | _____ | (2) Problem |
| 17-24 | _____ | (3) Significant problem |
| 25-32 | _____ | (4) Severe problem |

COMMENTS FOR DIMENSION 3

NOTE: DIMENSION 4 MUST BE COMPLETED LAST – TO ENSURE THIS OCCURS DIMENSION 4 HAS BEEN MOVED TO THE END OF THE INSTRUMENT. READINESS TO CHANGE CANNOT BE ADDRESSED UNTIL INFORMATION ON ALL OTHER DIMENSIONS HAS BEEN GATHERED.

DIMENSION 5 RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

1) **IS THE CONSUMER IN IMMEDIATE DANGER OF CONTINUED SEVERE MENTAL HEALTH DISTRESS AND/OR SUBSTANCE USE?**

| | |
|---|---|
| No risk of continued distress or substance use | 0 |
| Any issues related to urges to use and/or distress are well managed | 1 |
| Some issues exist creating risk as to the capability to address distress/cravings | 2 |
| At risk with little ability to address distress/cravings | 3 |
| At risk with no ability to address distress or halt continuing substance use | 4 |

- 2) **DOES THE CONSUMER HAVE ANY RECOGNITION OR UNDERSTANDING OF, OR SKILLS IN COPING WITH, HIS/HER ADDICTIVE OR CO-OCCURRING MENTAL HEALTH DISORDER IN ORDER TO PREVENT RELAPSE, CONTINUED USE, OR CONTINUED PROBLEMS SUCH AS SUICIDAL BEHAVIOR?**
- | | | |
|---|---|-------|
| Understanding of issues and adequate coping skills tools in place | 0 | |
| Some understanding of issues and tools in place for successful coping | 1 | |
| Lack of understanding of issues and/or adequate tool to cope | 2 | |
| No understanding of exacerbating issues and limited tools to cope | 3 | |
| Lack of recognition of exacerbating issues and/or no tools to cope | 4 | _____ |
-
-

- 3) **HAVE ADDICTION/ PSYCHOTROPIC MEDICATIONS ASSISTED IN RECOVERY BEFORE?**

This question should respond to either of these categories of medications ever being prescribed.

- | | | |
|---|---|-------|
| Medications have not been prescribed in the past | 0 | |
| Past medication use successful in assisting recovery | 1 | |
| Medication use successful in assisting recovery on multiple occasions | 2 | |
| Medication prescribed in the past but, not taken | 3 | |
| Past medication use unsuccessful in assisting with recovery efforts | 4 | _____ |

If medications in these categories have been prescribed then list all of them.

- 4) **WHAT ARE THE CONSUMER'S SKILLS IN COPING WITH PROTRACTED WITHDRAWAL, CRAVINGS, OR IMPULSES?**

- | | | |
|---|---|-------|
| No cravings/urges present or an adequate set of coping skills is in place | 0 | |
| An adequate set of coping skills are regularly utilized for infrequent cravings | 1 | |
| Functional in early recovery but, some coping skills are lacking | 2 | |
| Inadequate skill set for early recovery, major problems with stability | 3 | |
| Unable to cope with withdrawal, craving(s), or impulse(s) | 4 | _____ |

List all substances

- 5) **HOW WELL CAN CONSUMER COPE WITH NEGATIVE EFFECTS, PEER PRESSURE, AND STRESS WITHOUT RECURRENCE OF ADDICTIVE THINKING AND BEHAVIOR?**

- | | | |
|---|---|-------|
| No problems related to coping with stressors | 0 | |
| Fully able to cope with stressors and/or stressors are minimal | 1 | |
| Usually able to cope with stressors but, can return to relapse thinking | 2 | |
| Often unable to cope with stressors, or returns to relapse thinking | 3 | |
| Completely unable to cope with stressors, and usually in relapse thinking | 4 | _____ |
-
-

- 6) **HOW SEVERE ARE THE PROBLEMS AND FURTHER DISTRESS THAT MAY CONTINUE OR REAPPEAR IF THE CONSUMER IS NOT SUCCESSFULLY ENGAGED IN TREATMENT AND CONTINUES TO USE, OR HAVE MENTAL HEALTH DIFFICULTIES?**

- | | | |
|---|---|-------|
| No problems or distress are present for this consumer | 0 | |
| Problem severity and risk are low, successfully engaged in treatment/recovery | 1 | |
| Problem reappear at times, risk moderate but, generally under control | 2 | |
| Problem severity & risk are high, if the consumer is not engaged in treatment | 3 | |
| Problem severity and risk high and unmanageable for the consumer | 4 | _____ |
-
-

- 7) **HOW AWARE IS THE CONSUMER OF RELAPSE TRIGGERS AND SKILLS TO CONTROL ADDICTION IMPULSES OR IMPULSES TO HARM SELF OR OTHERS?**
- | | | |
|---|---|-------|
| High awareness with low relapse risk and good coping skills in place | 0 | |
| High awareness, low risk, fair level of relapse prevention/coping skills in place | 1 | |
| Impaired recognition/understanding of relapse issues and some problems exist however, with prompting, self-management possible and occurs | 2 | |
| Very few coping skills to interrupt addictive use or to limit relapse exist | 3 | |
| No coping skills to interrupt addiction or prevent/limit relapse exist | 4 | _____ |
-
-
- 8) **WHAT IS THE CONSUMERS LOCUS OF CONTROL AND LEVEL OF SELF-EFFICACY?**
- | | | |
|---|---|-------|
| Strong internal locus of control and high self-efficacy in place | 0 | |
| Adequate internal locus of control, high self-efficacy, with minimal issues | 1 | |
| Minimal awareness of internal locus of control & low self-efficacy | 2 | |
| Perceived external locus of control and low self-efficacy | 3 | |
| Compromised locus of control and very low self-efficacy | 4 | _____ |
-
-
- 9) **WHAT IS THE CONSUMERS EXPERIENCE WITH CRAVINGS AND URGES TO USE?**
- | | | |
|--|---|-------|
| No cravings or urges to use have been present for some time | 0 | |
| Infrequent and manageable cravings or urges to use exist | 1 | |
| Intermittent cravings and urges to use exist but, are usually manageable | 2 | |
| Frequent cravings and urges to use exist that are usually unmanageable | 3 | |
| Constant and unmanageable cravings and urges to use are present | 4 | _____ |
- List all substances
-
-
- 10) **WHAT IS THE CONSUMERS RECOVERY ENVIRONMENT?**
- | | | |
|---|---|-------|
| Strong, supportive overall recovery environment promoting success exist | 0 | |
| Adequate, supportive overall recovery environment | 1 | |
| Some issues related to parts of the recovery environment | 2 | |
| Major issues and problems with the recovery environment | 3 | |
| The environment is completely inadequate for recovery | 4 | _____ |
-
-

Total of Dimension 5 Scores _____

DIMENSION 5 RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

| SCORING | <u>Raw score</u> | <u>Severity rating</u> |
|----------------|------------------|-------------------------|
| | 0 _____ | (0) No problem |
| | 1-10 _____ | (1) Minimal problem |
| | 11-20 _____ | (2) Problem |
| | 21-30 _____ | (3) Significant problem |
| | 31-40 _____ | (4) Severe problem |

COMMENTS:

DIMENSION 6 RECOVERY/LIVING ENVIRONMENT

- 1) **DO ANY FAMILY MEMBERS, SIGNIFICANT OTHERS, LIVING SITUATIONS OR SCHOOL OR WORK SITUATIONS POSE A THREAT TO THE CONSUMER'S SAFETY OR ENGAGEMENT IN TREATMENT?**
- | | | |
|---|---|-------|
| The environment is highly supportive with good supports in place | 0 | |
| Environment offers passive supports and consumer is successful | 1 | |
| Environment is not supportive of recovery but, with structure and support, the consumer is generally able to cope | 2 | |
| Environment not supportive of recovery, coping is difficult with environment | 3 | |
| Environment actively toxic to recovery | 4 | _____ |
-
-
- 2) **DOES THE CONSUMER HAVE SUPPORTIVE FRIENDSHIPS THAT CAN INCREASE RECOVERY?**
- | | | |
|--|---|-------|
| Multiple supportive friendships, highly supportive of recovery exist | 0 | |
| Some supportive friendships exist that enhance recovery efforts | 1 | |
| Friends only partially support recovery, consumer usually manages | 2 | |
| No support of recovery efforts by friends | 3 | |
| Friends actively oppositional to recovery efforts | 4 | _____ |
-
-
- 3) **DOES THE CONSUMER HAVE FINANCIAL RESOURCES THAT CAN INCREASE RECOVERY?**
- | | | |
|--|---|-------|
| Significant financial resources exist to support recovery efforts | 0 | |
| Some financial resources supporting recovery exist | 1 | |
| Financial resources are limited or only partially support recovery efforts | 2 | |
| Financial resources are insufficient to support recovery efforts | 3 | |
| Financial problems are an impediment to recovery efforts | 4 | _____ |
-
-
- 4) **DOES THE CONSUMER HAVE EDUCATIONAL OR VOCATIONAL RESOURCES THAT INCREASE RECOVERY?**
- | | | |
|---|---|-------|
| Significant Voc/Ed resources fully supportive of recovery exist | 0 | |
| Some Voc/Ed resources exist that are supportive of recovery | 1 | |
| Voc/Ed resources can only partially support recovery efforts | 2 | |
| Voc/Ed resources to support recovery do not exist | 3 | |
| Voc/Ed problems and limitations are an impediment to recovery | 4 | _____ |
-
-
- 5) **ARE THERE LEGAL, VOCATIONAL, REGULATORY (i.e., PROFESSIONAL LICENSURE), CRIMINAL JUSTICE OR SOCIAL SERVICE MANDATES THAT MAY ENHANCE THE CONSUMER'S MOTIVATION FOR ENGAGEMENT IN TREATMENT?**
- | | | |
|--|---|-------|
| Leg/Reg/Voc/SS issues exist that are highly supportive of recovery | 0 | |
| Leg/Reg/Voc/SS issues exist that generally support recovery | 1 | |
| Minimal or no Leg/Reg/Voc/SS issues exist supportive of recovery | 2 | |
| Some Leg/Reg/Voc/SS issues exist that discourage or inhibit recovery | 3 | |
| Legal/Reg/Voc/SS issues exist that interfere with recovery efforts | 4 | _____ |
-
-

6) **ARE THERE TRANSPORTATION ISSUES THAT NEED TO BE ADDRESSED?**

| | | |
|---|---|-------|
| Significant transportation exists to support recovery | 0 | |
| Transportation to support recovery is usually available | 1 | |
| Transportation to support recovery is sometimes available | 2 | |
| Transportation is not available to support recovery | 3 | |
| Transportation is not available and distances are prohibitive | 4 | _____ |

7) **ARE THERE CHILD CARE ISSUES THAT NEED TO BE ADDRESSED?**

| | | |
|--|---|-------|
| Child care is fully accessible with no issues or problems or no children | 0 | |
| Child care is usually accessible with minimal issues or problems | 1 | |
| Child care is usually not accessible with some issues and problems | 2 | |
| Child care is not accessible and there are significant problems | 3 | |
| Child care is not accessible and/or the child is at risk | 4 | _____ |

8) **ARE THERE HOUSING ISSUES THAT NEED TO BE ADDRESSED?**

| | | |
|--|---|-------|
| Adequate housing exists, very supportive of recovery | 0 | |
| Housing exists that is generally supportive of recovery | 1 | |
| Housing available but, not generally supportive of recovery | 2 | |
| Adequate housing is not available that supports recovery | 3 | |
| Adequate housing does not exist or housing toxic to recovery | 4 | _____ |

9) **ARE THERE EMPLOYMENT ISSUES THAT NEED TO BE ADDRESSED?**

| | | |
|--|---|-------|
| Employment exists that is supportive of recovery efforts | 0 | |
| Employment exists that is generally supportive of recovery | 1 | |
| Employment offers some supports and generally does not hinder recovery | 2 | |
| Current employment/unemployment interferes with recovery efforts | 3 | |
| Employment/unemployment problems are sabotaging recovery efforts | 4 | _____ |

Total of Dimension 6 Scores _____

DIMENSION 6 RECOVERY/LIVING ENVIRONMENT

| SCORING | <u>Raw score</u> | <u>Severity rating</u> |
|---------|------------------|-------------------------|
| | 0 _____ | (0) No problem |
| | 1-9 _____ | (1) Minimal problem |
| | 10-18 _____ | (2) Problem |
| | 19-27 _____ | (3) Significant problem |
| | 28-36 _____ | (4) Severe problem |

COMMENTS:

DIMENSION 4 READINESS to CHANGE

1) HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN SUBSTANCE USE OR BEHAVIORS INVOLVED IN THE PATHOLOGICAL PURSUIT OF REWARD OR RELIEF AND HIS OR HER NEGATIVE LIFE CONSEQUENCES?

| | | |
|--|---|-------|
| Very aware and regularly self-initiating change | 0 | |
| Willing to enter treatment with minimal ambivalence to recovery | 1 | |
| Reluctant to agree to enter treatment for a substance use disorder | 2 | |
| Motivation inconsistent with treatment and/or minimal awareness of SUD | 3 | |
| Does not follow through with treatment and minimal awareness of SUD | 4 | _____ |

2) HOW READY, WILLING OR ABLE IS THE CONSUMER TO MAKE CHANGES TO SUBSTANCE USING OR ADDICTIVE BEHAVIORS?

| | | |
|--|---|-------|
| Very willing to engage in treatment | 0 | |
| Willing to change but, unaware or unrealistic as to difficulty of task | 1 | |
| Low readiness to change, passive and compliant toward treatment | 2 | |
| Generally unwilling or only partially follows through with treatment | 3 | |
| Unwilling to explore need to change and rejects treatment | 4 | _____ |

3) HOW MUCH DOES THE CONSUMER FEEL IN CONTROL OF HIS OR HER TREATMENT SERVICE?

| | | |
|--|---|-------|
| Consumer perceives personal control of treatment initiatives | 0 | |
| Consumer perceives some personal control of treatment | 1 | |
| Consumer perceives there is some personal control of treatment | 2 | |
| Consumer perceives minimal personal control of treatment | 3 | |
| Consumer perceives there is no personal control of treatment | 4 | _____ |

4) HOW AWARE IS THE CONSUMER OF THE RELATIONSHIP BETWEEN HIS OR HER EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITION(S) AFFECTING THE SUBSTANCE USE DISORDER AND CREATING NEGATIVE LIFE CONSEQUENCES?

| | | |
|---|---|-------|
| Very aware and self-initiating change | 0 | |
| Willing to enter treatment but somewhat ambivalent toward change | 1 | |
| Reluctant to agree to treatment for a mental health condition | 2 | |
| Inconsistent with treatment and/or minimal awareness of MH condition(s) | 3 | |
| Does not follow through with treatment, minimal awareness of MH condition | 4 | _____ |

5) HOW AWARE IS THE CONSUMER OF ADDITIONAL SECONDARY PROBLEMS AND CONDITIONS THAT MUST BE ADDRESSED?

| | | |
|---|---|-------|
| Very aware and self-initiating change(s) necessary | 0 | |
| Willing to address some secondary issues with minimal ambivalence | 1 | |
| Reluctant to agree to address additional issues | 2 | |
| Inconsistent in addressing other issues with minimal awareness | 3 | |
| Does not follow through, little or no awareness of other issues | 4 | _____ |

- 6) IS THE CONSUMER AWARE OF, AND WILLING TO ADDRESS A SECONDARY PROBLEM OR CONDITION BUT NOT THE SUBSTANCE USE DISORDER OR THE EMOTIONAL, BEHAVIORAL OR COGNITIVE DISORDER?

(i.e., court, employment, etc.)

| | | |
|--|---|-------|
| No secondary issues exist or fully stabilized secondary issues | 0 | |
| High awareness of and some commitment to address secondary issues | 1 | |
| Some awareness of and commitment to addressing secondary issues | 2 | |
| Minimal awareness of and no commitment addressing secondary issues | 3 | |
| No awareness of, or willingness to address secondary issues | 4 | _____ |
| <hr/> | | |
| <hr/> | | |

Total of Dimension 4 Scores _____

DIMENSION 4

READINESS to CHANGE

SCORING

| <u>Raw score</u> | <u>Severity rating</u> |
|------------------|-------------------------|
| 0 _____ | (0) No problem |
| 1-6 _____ | (1) Minimal problem |
| 7-12 _____ | (2) Problem |
| 13-18 _____ | (3) Significant problem |
| 19-24 _____ | (4) Severe problem |

COMMENTS:

WHAT TO EXPECT

You have been screened, found appropriate for Residential Substance Use Disorder treatment and placed on the statewide Electronic Wait List. There are certain things you will need to do to for the process to work.

- 1) Be sure your contact phone number is valid. Notify the Agency and individual that placed you on the Wait List if there are any changes to the contact number.**
- 2) Attend the Interim or Outpatient Services assigned. These services are designed to provide support while you wait for a Residential SUD treatment bed to become available. If you do not remain in contact with the provider, you may not be able to remain on the Wait List. Those who are incarcerated, etc. are not required to attend/receive these services.**
- 3) Understand all Residential Substance Use Disorder Treatment programs in Oklahoma are Tobacco free. You will not be able to smoke or use products or devices containing nicotine while in treatment.**
- 4) When you leave Residential treatment you will be expected to continue your recovery by participating in counseling services that will further strengthen and support your early recovery efforts.**
- 5) You need to answer and/or return calls from unknown numbers as you will not recognize the phone numbers of the Residential SUD Treatment programs contacting you.**
- 6) If you refuse to enter treatment three times, you will be removed from the Wait List.**
- 7) When you accept the offer by a Residential SUD Treatment program you will need to ask:**
 - a. What types of clothing to bring and how much?**
 - b. What toiletries are allowed?**
 - c. Can cell phones be brought into the facility?**
 - d. What are the policies on phone use? How often and when can calls be made?**
 - e. When is visitation? How are family and friends approved to visit?**
 - f. Are passes to leave the facility granted?**
 - g. What is the average length of stay?**