

Integrated Co-Occurring Disorders

Integrated

Assessment Toolkit



Oregon
Health
Authority

Integrated Co-Occurring Disorders Assessment Toolkit

Version 1

Spring 2024

Defining Assessment

In our contemporary Oregon Behavioral Health landscape, assessment is often disconnected from the process of establishing and building a therapeutic relationship. In OAR 309-019-015 (18) Assessment is defined as *“the process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports. For outpatient substance use disorders services, the assessment is multi-dimensional and consistent with The ASAM Criteria third edition.”* And assessment is also much more than this.

Assessments are tools for structuring or organizing information about an individual seeking services -- a framework. Assessments are tools for the sharing of information in the co-ordination of care. Assessments are used to convey context and provide clinical information in legal matters. Assessments are about exploring an individual’s challenges and circumstances – a vehicle for building the vital therapeutic relationship. Assessments are an ongoing, organic process, and are almost always never fully completed. Assessments are tools to identify and document levels of risk, and demonstrate medical necessity. Assessments are used to demonstrate, inform, and recommend a course of individualized services and supports, including level of care. Assessments can be brief -- and also comprehensive -- as the oft used descriptor of “bio-psycho-social” implies.

Rules and Requirements Regarding Assessment

OAR 309-019-0135 requires that assessments identify current needs, conditions and circumstances – including risk, medical necessity and level of care recommendations. There are other Rules impacting assessments, which include – Federal Level SAMHSA and Block Grant (SUPTR) guidelines, as well as specific program requirements (such as CCBHC, FQHC and/or accreditation requirements). This toolkit does not attempt provide comprehensive guidance regarding all rules and requirements that may impact a particular program.

Integrated COD Assessment

Per OAR 309-019-0135(3) requires that assessments be “signed by a qualified program staff”. This portion of the Rule refers to the scope of practice of the staff completing the assessment.

Per OAR 3069-019-0145 and 309-018-0160 an Integrated Co-Occurring Disorders Assessment can be defined as;

- 1) A single comprehensive document that meets the requirements of OAR 309-019 and/or 309-018 for Mental Health Assessment, Substance Use Disorder Assessment and Problem Gambling Assessment.

Or

- 2) Separate Mental Health, Substance Use Disorder and Problem Gambling Assessments tied together by a summarizing document.

Scopes of Practice

The OHA Integrated Co-Occurring Disorders Program recommends that Integrated Assessments be facilitated by dually (SUD counselor and Qualified Mental Health Professional or equivalent) – or triply (Certified Gambling Addiction Counselor or ICD PG specialist) – credentialed clinical staff. This ensures that the integrated assessment is facilitated by clinical staff that are functioning within their credentialed scope(s) of practice.

If a dually or triply credentialed clinician is not available to facilitate an integrated assessment, multiple assessments facilitated by multiple providers working within the scope of practice of their credential(s) can be completed. Completing the Integrated Co-Occurring Disorders Core Trainings does not change a clinician’s scope of practice as indicated by their credentials, certifications or licenses.

CADC – *Certified Alcohol and Drug Counselor (or registered candidate)* or otherwise credential substance use disorder treatment professional – scope of practice is limited to assessing, diagnosing, service planning and treatment of Substance Use Disorders.

QMHA – *Qualified Mental Health Associate (or registered candidate)* – scope of practice is limited to providing services and supports addressing mental health disorders as prescribed in a service plan developed by a QMHP. QMHA’s can gather data for use in a mental health assessment. This data can include screening

information, demographic information and information on current living situation. The role of gathering data for assessment does NOT include risk assessment for mental health conditions or documentation and confirmation of the presence of diagnostic criteria demonstrating medical necessity for Mental Health Diagnoses. This data may be gathered by a QMHA only if confirmed and documented by a QMHP through direct synchronous interview of the participant.

CGAC – *Certified Gambling Addiction Counselor (or registered candidate)* – scope of practice is limited to providing assessment, service planning and treatment services addressing Gambling Disorder.

ICD PG Specialist – *Integrated Co-Occurring Disorders Problem Gambling Specialist* – An ICD PG specialist must be an approved ICD provider as one or more of CADC, QMHA, QMHP or Licensed Behavioral Health Professional. An ICD specialist can provide assessment, service planning and treatment services for participants dealing with Gambling Disorder and a Co-Occurring Substance Use Disorder, Mental Health Disorder and/or Intellectual/Developmental Disorder. The additional credential’s scope of practice must be approved for treatment of the co-occurring disorder assessed.

QMHP – *Qualified Mental Health Professional* – Scope of practice is limited to the assessment, service planning and treatment of mental health disorders.

Licensed Behavioral Health Professional – In certified or licensed Oregon facilities and programs, a licensed behavioral health professional’s scope of practice is limited to the assessment, service planning and treatment of mental health disorders. However, as a Licensed Professional, the requirements to expand their scope of practice do not require attainment of additional certifications.

To provide SUD services – Licensed Professional must complete at least 60 CEU’s of SUD specific training. Training shall include ASAM assessment specific training.

To Provide Problem Gambling services –

When problem gambling treated as a co-occurring disorder – 14 CEU’s in PG specific content per OAR 309-019-0145.

When treating gambling disorder as a “stand alone” disorder – 30 CEU’s of PG specific content per OAR 309-019-0170.

Structure of Assessments

An assessment “form” or pre-developed document is essentially a structure used to organize information. Some of this information is required by Rule or Service Guidelines, and some is important purely for case conceptualization and to guide clinically appropriate services. Oregon Administrative Rules are informed by Oregon Statute, Federal Rule and Statute, best practice guidelines, and health and safety considerations. Oregon Uses an ASAM assessment structure to organize SUD and GD information and a bio-psycho-social approach to organize mental health information. Essentially an ASAM assessment structure *is* a bio-psycho-social assessment organized in a certain way, with specific information required regarding the SUD/GD diagnosis and situation. Because Oregon requires an ASAM assessment in SUD and GD services, a single integrated COD assessment tool must use a multi-dimensional ASAM structure. This toolkit will provide detailed guidelines on the use of an aligned multi-dimensional structure for an integrated assessment that provides information and meets requirements for Mental Health and Problem Gambling assessments as well as SUD assessments.

There is a wide variety of approaches providers can take with structuring their assessment tools. Some providers may choose to have a very specific form, and others may choose to have more open text. The less structured an assessment tool is, the more it relies on clinical judgment in the gathering of relevant and required information, as well as case formulation. Standard structures – such as an ASAM format – create a common “language” across practitioners, programs, agencies and systems. By following the standards, providers are able to share important information more quickly and with more detail.

Integrated COD providers across Oregon are serving a diverse citizenry. Because of this diversity, and requirements of different types of programs, it’s not possible to create a “one-size-fits-all” integrated assessment template. The variety of Electronic Health Records and the myriad requirements of each also make doing this difficult. Several Integrated Co-Occurring Disorders providers have shared their templates with our program, and we have included them in this toolkit.

Incorporating Collateral Information

Collateral information could come in a variety of forms – assessments from other agencies, assessments in specific programs within the agency, or assessments, screen tools and other information gathered by providers that are out of scope to complete a specific assessment. Assessments -- by definition in both Oregon Administrative Rule, as well as standard service code guidelines, must consist of a synchronous interactive interview with the participant. The challenging task when using collateral information – information from sources OTHER than the interactive interview with the participant – is to ensure that the information that must be gained or verified through the clinical interview is, indeed, gained or verified in the interview. OHA Integrated Co-Occurring Disorders Services recommends that programs develop a tool or form to Use in these instances. Collateral information that must be gained or verified by the interviewing clinician include Risk/Immediate Need, Medical Necessity and Level of Care information.

Risk and Immediate Need. Assessing for suicide/homicide risk, physical harm to self or other, immediate substance use risk and gambling risk. Also assessing severity of symptoms and access to life sustaining needs.

For ASAM requirements, a risk rating must be provided for each ASAM dimension.

Medical Necessity – Diagnosis. Documented diagnostic criteria endorsed with supporting information for each diagnostic criteria.

Level of Care Recommendation. Level of care recommendation must include information supporting the recommendation. For ASAM requirements, there must be a Level of Care Recommendation for each ASAM dimension.

Conceptualization/summary and treatment recommendations. Summary of the assessment information, including subjective and objective information and recommendations for course of treatment and support services.

Integrated Assessment Structure

Oregon Administrative Rule requires that assessment tools Used for diagnosing and service planning Substance Use Disorder treatment be in ASAM (American Society of Addiction Medicine) Criteria format. The Oregon Administrative Rule requires that assessment tools Used for diagnosing and service planning Mental Health Disorder treatment be in a bio-psycho-social format. The keystone principle of an integrated assessment structure for application/use in Oregon Behavioral Health systems is that an ASAM assessment structure is a bio-psycho-social assessment structure.

An integrated assessment will use an ASAM multidimensional structure across all “diagnostic families” – Substance Use Disorders, Gambling Disorder, and Mental Health Disorders.

OHA ICD has developed a “Multidimensional Assessment Crosswalk” – below – using the ASAM Criteria, 3rd edition.

<u>Multidimensional Assessment Crosswalk</u>			
ASAM DIMENSION	Substance Use Disorders	Gambling Disorder	Mental Health Disorders
1	Acute Intoxication & Withdrawal Potential. Diagnosis. Current Substance Use.	Problem Gambling Severity and Current Gambling Behaviors.	Current Symptom presentation. Severity. Diagnosis. BIOLOGICAL- PSYCHOLOGICAL
2	Biomedical Conditions and Complications	Biomedical Conditions and Complications	Biomedical Conditions and Complications. BIOLOGICAL
3	Emotional, Behavioral or Cognitive Conditions and Complications	Emotional, Behavioral or Cognitive Conditions and Complications	Impact and history of experience of MH disorders. PSYCHOLOGICAL
4	Readiness to Change (related to SUD Behavior)	Readiness to Change (related to PG Behavior)	Readiness to Change (related to MH Symptoms) PSYCHOLOGICAL- SOCIAL
5	Relapse, Continued Use, or Continued Problem Potential	Relapse, Continued Gambling, or Continued Problem Potential	Decompensation Risk BIOLOGICAL- PSYCHO-SOCIAL
6	Recovery/Living Environment	Recovery/Living Environment	Recovery/Living Environment SOCIAL
CULTURAL FACTORS			

Each ASAM dimension can be applied to all three diagnostic families. The second and sixth dimensions – biomedical conditions and living environment, respectively – are generalizable across all three diagnostic families as factors in these two dimensions are not impacted by -- or impacting -- the conditions of each diagnostic family in different ways.

Special consideration is required in dimension four, as there could be wide variability in readiness to change between diagnostic families. For example, an individual may be very ready to address their Alcohol Use, and not motivated or ready to address their gambling behavior.

Level of Care Recommendations

It is possible that the complexity, presentation, and readiness for change of the different challenges being assessed could result in different level of care recommendations for each diagnostic family.

If a level of care assessment in any diagnostic family results in an intensive outpatient/partial hospitalization, withdrawal management, residential or inpatient recommendation, referral to a higher level of care must be carefully considered. Ideally, an integrated co-occurring disorders treatment program at the appropriate level of care would be the best placement. However, if one is not available, the following considerations must be kept in mind:

- 1) Level of risk – assessing immediate health and safety risk and referring to the appropriate level of care must be the first consideration.
- 2) Containment – if the challenges associated with the higher level of care need create a barrier to holistic, integrated treatment, a referral to the appropriate higher level of care should be made. The goal of the higher level of care treatment should be centered around stabilization, with re-introduction of integrated services as soon as possible.

Problem Gambling and Level of Care. If the individual's gambling behavior demonstrates a level of care or severity need higher than that recommended for the other diagnostic families, the individual should be placed with a Certified Gambling Addiction Counselor instead of an Integrated Co-Occurring Problem Gambling Specialist.

SUD Level of Care Determination. An Integrated Assessment, as it will contain Substance Use Disorder diagnostic information, must adhere to Oregon Administrative Rules regarding ASAM assessment. OAR includes specific requirements of documenting a Level of Care determination for each ASAM dimension. Further information on ASAM level of care tools can be found in materials published by ASAM.

Mental Health Level of Care Determination. OHA does not require a specific tool for Mental Health level of care determination. However, many CCO's require the LOCUS. For this reason, it may be useful to include questions similar to those in the LOCUS in an integrated assessment tool. Including the questions in the tool could help streamline the gathering of data for LOC information that CCO's may require.

Determining level of care in integrated programs can be challenging if there is a large difference between Level of Care needs. Some guidelines:

- 1) If treatment for one disorder is difficult due to the severity of another disorder, parallel or serial treatment may be the best recommendation.
- 2) For Gambling Disorder and Eating Disorders – if level of care need falls into intensive outpatient or residential levels of care, parallel treatment in coordination with a specialty program should be recommended.

Integrated Assessment Dimension Guides

The following pages contain guidelines, by dimension, for development of an integrated assessment.

Integrated Assessment Dimension I

Diagnosis. Severity. Risk. Functioning. Immediate Needs.

	SUD	PG	MH
Diagnosis	Diagnostic Criteria or screen	Diagnostic Criteria or screen	Diagnostic Criteria or screen. Possible Tools: DSM5 Crosscutting Measures; Mini Psychiatric
Severity	Assess severity of each Symptom	Assess severity of each Symptom	Assess severity of each Symptom
Immediate Risks	Specific Substances. Route of Administration. Frequency of Use. History of sustained use this episode. Dimensional Immediate Need Assessment: 1. Severe WD symptom's 2. Severe health problems 3. Imminent danger or inability to care for self 4. Ambivalence 5. Currently intoxicated or acutely psychotic/	Specific types of gambling. Frequency of gambling. Duration and avg. amount of \$ per event. Amount of \$ needed to gamble. How gambling \$ is acquired. Financial impact of gambling on self and family. Debt picture with urgent issues. History of sustained	Impact of Current Symptoms on needs and functioning (Resources & Relationships)

	dangerous pattern of use 6. Dangerous living situation	regular gambling this episode. Withdrawal Symptom's.	
Mental Status Exam	Conduct	Conduct	Conduct
Suicide/Homicide	SCREEN	SCREEN	SCREEN
Trauma History	SCREEN	SCREEN	SCREEN
Eating Disorders	SCREEN	SCREEN	SCREEN
Pressing Immediate Needs (SDOH)	Immediate Resource Needs	Immediate Resource Needs	Immediate Resource Needs
Containment/Functioning	Capacity to Care for Self and Dependents (ADL's)	Capacity to Care for Self and Dependents (ADL's)	Capacity to Care for Self and Dependents (ADL's)
Level of Care Determination	See ASAM	See ASAM	Use ASAM practice of documenting level of care recommendation in each assessment dimension.
	SUD	PG	MH

Integrated Assessment Dimension II

Biomedical Conditions, Complications. Physical Health

	SUD	PG	MH
Existing Diagnoses/Symptoms	Are there specific Physical Health conditions that have been diagnosed and/or are being treated? Are there current physical health challenges or conditions that aren't being treated?	Are there specific Physical Health conditions that have been diagnosed and/or are being treated? Are there current physical health challenges or conditions that aren't being treated?	Are there specific Physical Health conditions that have been diagnosed and/or are being treated? Are there current physical health challenges or conditions that aren't being treated?
Severity/Functioning	What is the impact of current physical health Symptoms on current functioning?	What is the impact of current physical health Symptoms on current functioning?	What is the impact of current physical health Symptoms on current functioning?
History/Interactivity	What is the history of the Symptoms/condition and what is the history of treatment? Include history of relationship with Substance Use and current interactivity with substance use.	What is the history of the Symptoms/condition and what is the history of treatment? Include history of relationship with gambling behaviors and current interactivity with gambling behaviors.	What is the history of the Symptoms/condition and what is the history of treatment? Include history of relationship with MH Symptoms and/or neurodiverse conditions and current interactivity with MH Symptoms and/or neurodiverse conditions.
Current Pregnancy?	SCREEN	SCREEN	SCREEN
Current Infectious Diseases or Potential?	SCREEN	SCREEN	SCREEN
Chronic Pain	SCREEN	SCREEN	SCREEN

Traumatic Brain Injury	SCREEN	SCREEN	SCREEN
Neurocognitive/Developmental Issues	SCREEN	SCREEN	SCREEN
Sexual Health	SCREEN	SCREEN	SCREEN
Level of Care Determination	See ASAM	See ASAM	Use ASAM practice of documenting level of care recommendation in each assessment dimension.
	SUD	PG	MH

Integrated Assessment Dimension III

Emotional/Behavioral/Developmental/Cognitive/History/Interactivity

	SUD	PG	MH
Identification & Screening			Eating Disorders. Neurocognitive/Cognitive/Developmental Disorders.
Impact of MH			Impact of MH Symptom's on current life circumstances and relationships. Functioning, containment, risk.
Interactivity	How does SUD interact with MH/PG/IDD? History of Diagnoses, causal or sequential relationships.	How does PG Interact with MH/SUD/IDD? History of Diagnoses, causal or sequential relationships.	How does MH Interact with PG/SUD/IDD? History of Diagnoses, causal or sequential relationships.
Function	What is the substance use managing?	What is the PG managing?	What are the emotional/behavioral/cognitive symptoms protecting?
Level of Care Determination	See ASAM	See ASAM	Use ASAM practice of documenting level of care recommendation in each assessment dimension. SEE ASAM for LOC in Dimension III
	SUD	PG	MH

Integrated Assessment Dimension IV

Readiness to Change

	SUD	PG	MH
Identification & Screening	“recovery capital” strengths based assets to support recovery	“recovery capital” strengths based assets to support recovery	Resilience factors. strengths based assets to support recovery
Stage of Change/Desire for Change/service engagement	Identify SOC	Identify SOC	Identify SOC. Desire/Hope/Perceived possibility for change in relationship to MH symptoms
History of Previous Treatment and Recovery Periods	Use Dimension I data	Use Dimension I data	Use Dimension I data
Locus of “control”/Perceived Agency	Perceived capacity for initiating and sustaining change in Substance Use Behaviors	Perceived capacity for initiating and sustaining change in Gambling Behaviors	Perceived capacity/possibility for initiating and sustaining change in behaviors connected to MH Symptoms
External Barriers (Use SDOH screening)	SDOH factors working against change	SDOH factors working against change	SDOH factors working against change
Legal System	Mandate or legal involvement due to SUD or otherwise?	Mandate or legal involvement due to PG or otherwise?	Mandate or legal involvement due to MH or otherwise?
Level of Care Determination	See ASAM	See ASAM for LOC as	Use ASAM practice of documenting level of

		applied to PG	care recommendation in each assessment dimension. SEE ASAM for LOC in Dimension IV applied to Mental Health
	SUD	PG	MH

Integrated Assessment Dimension V

Potential for Re-occurrence/decompensation

	SUD	PG	MH
Identification & Screening (from Dimension IV)	“recovery capital”	“recovery capital”	Resilience factors
Stage of Change/Desire for Change (from Dimension IV)	Identify SOC	Identify SOC	Identify SOC. Desire/Hope/Perceived possibility for change in relationship to MH symptoms
Availability of objects/situations that evoke problematic behaviors or symptoms	Availability of substances of concern.	Accessibility of funds to gamble and “gambling opportunities” available.	Occurrence of prompts that evoke symptoms
History and Experience of diminished symptoms	Factors that have contributed to past periods of abstinence or significantly reduced harmful use patterns.	Factors that have contributed to past periods of abstinence or significantly reduced harmful gambling patterns.	Factors that have contributed to past periods of remission or significantly reduction in MH Symptoms.
Locus of “control”/Perceived Agency (from dimension IV)	Perceived capacity for initiating and sustaining change in	Perceived capacity for initiating and sustaining change in	Perceived capacity/possibility for initiating and sustaining change in

	Substance Use Behaviors	Gambling Behaviors	behaviors connected to MH Symptoms
External Barriers (Use SDOH screening)	SDOH factors working against change	SDOH factors working against change	SDOH factors working against change
Level of Care Determination	See ASAM	See ASAM for LOC as applied to PG	Use ASAM practice of documenting level of care recommendation in each assessment dimension. SEE ASAM for LOC in Dimension V applied to Mental Health
	SUD	PG	MH

Integrated Assessment Dimension VI
Recovery Environment

	SUD	PG	MH
Social/ Family	Current relationships and Family History. Family attitudes to SUD	Current relationships and Family History. Family attitudes to PG	Current relationships and Family History. Family attitudes about Mental Illness.
Housing and Living Conditions	Current Status	Current Status	Current Status
Education	History and any future goals	History and any future goals	History and any future goals
Legal System Involvement	History and current situation, particularly as related to BH	History and current situation, particularly as related to BH	History and current situation, particularly as related to BH
Military History	Screen	Screen	Screen
Current Support Networks and Support Groups	Screen	Screen	Screen
Barriers to Services	Family/Social Group attitudes. Participation in community, particularly within context of positive and negative impacts on recovery.	Family/Social Group attitudes. Participation in community, particularly within context of positive and negative impacts on recovery.	Family/Social Group attitudes. Participation in community, particularly within context of positive and negative impacts on recovery.

Level of Care Determination	See ASAM	See ASAM for LOC as applied to PG	Use ASAM practice of documenting level of care recommendation in each assessment dimension. SEE ASAM for LOC in Dimension V applied to Mental Health
	SUD	PG	MH

Integrated Assessment

Cultural Factors

	SUD	PG	MH
Assessing Intersectionality	Utilizing power/intersectionality wheel tool to identify power and oppression relationships	Utilizing power/intersectionality wheel tool to identify power and oppression relationships	Utilizing power/intersectionality wheel tool to identify power and oppression relationships
Power Relationships	Identifying relationships with uneven power differentials	Identifying relationships with uneven power differentials	Identifying relationships with uneven power differentials
Shame	Negative internalized self-judgments and core beliefs about self in connection with using substances	Negative internalized self-judgments and core beliefs about self in connection with gambling	Negative internalized self-judgments and core beliefs about self in connection with MH Symptoms
Stigma	Broader cultural barriers/beliefs regarding using substances (perceived by participant and counselor)	Broader cultural barriers/beliefs regarding gambling (perceived by participant and counselor)	Broader cultural barriers/beliefs regarding specific “mental illness” (perceived by participant and counselor)
Care Determination	Assess role of power differential, shame and stigma in impacting change in relationship with substances. High impact suggests higher need for culturally specific services.	Assess role of power differential, shame and stigma in impacting change in relationship with gambling. High impact suggests higher need for culturally specific services.	Assess role of power differential, shame and stigma in impacting change in relationship with mental health and or IDD conditions. High impact suggests higher need for culturally specific services.

Cultural Dimensions

OHA has incorporated the elimination of health inequities as part of its central mission. As such, Integrated COD assessment in Oregon must prioritize and elevate the identification of challenges and support needs connected to culture and identity. In this spirit, we have added a seventh dimension to our assessment tool – the Cultural Factors Dimension. OHA ICD holds that, by identifying how Cultural Factors impact participant challenges, relevant and responsive treatment can be provided that directly addresses these vital factors. This assessment dimension suggests exploring intersectionality, power differentials, shame and stigma.

Socioculturally attuned adaptations. The assessing clinician will build strong rapport and gain valuable information to inform treatment by formulating questions in the assessment interview in way that attunes to the individual's sociocultural dimensions in a supportive, open and accepting manner. Many people experience exclusion, ostracization and oppression in connection with sociocultural identity. These factors can be exacerbated through an assessment process that is not adapted to tend to these dimensions of an individual's life and circumstances in a way that demonstrates support, understanding and cultural humility. It is vital to treat the whole person. Interviewing and engaging skills are crucial to the intake and assessment process. People have experienced the intake process as negligence of these dimensions. OHA Integrated Co-Occurring Disorders Services strives to provide ongoing training and support for clinicians in their development of skill sets and scope of cultural awareness and humility.

By understanding participant identities in relation to the dominant culture, a clearer understanding of the experience of shame, stigma, agency and emotional and physical violence (as well as threats of violence) and how these experiences have shaped the participant can be identified. These factors are often, if not always, contributors to mental health and addictions challenges. One way to work with these factors in an assessment process with participants is through a discussion framed and guided by wheel of power and privilege. Here are several resources:

<https://just1voice.com/advocacy/wheel-of-privilege/>

<https://www.canada.ca/content/dam/ircc/documents/pdf/english/corporate/anti-racism/wheel-privilege-power.pdf>

It is also likely important to explore how culture, shame and stigma connect with the participant's substance use, gambling and/or mental health symptoms.

Social Determinants of Health

The Social Determinants of Health (SDOH) have also been found to contribute to mental health and addiction issues. There are five key areas of SDOH (SOURCE: [OHA SDOH Webpage](#)):

Economic stability: Such as job opportunities and income

Education access and quality: Such as the level of education we complete, how well we read or our preferred written or spoken language.

Health care access and quality.

Neighborhood and built environment: Such as neighborhood access to safe and stable housing, transportation, healthy food and opportunities for physical activity; air and water quality.

Social and community context: Such as racism, discrimination, conditions in the workplace.

Determining a participant's relationship with each of the five SDOH areas and how they may connect with their addiction and mental health challenges are likely to inform more relevant and successful treatment.

Interactivity and relationships between disorders

A fundamental part of Integrated Co-Occurring Disorders treatment is understanding and addressing how the relationship between addiction and mental health, and between multiple addictions and mental health issues, impacts the participant. In many ways, it is the direct addressing of this space between multiple disorders that makes effective integrated treatment because this is where the participant is centering themselves. The factors to identify when looking at interactivity and relationship are:

- 1) The history of each disorder (severity, ebbs and flows and bio-psycho-social context of these).
- 2) The history of the relationships between disorders (severity, ebbs and flows and bio-psycho-social context of these).
- 3) The current *direction* of the relationship between disorders:

- a. What comes first in a sequence of behaviors and/or experiences?
- b. What is the bio-psycho-social context involved with each “stage” or manifestation of the particulars of each disorder?

Understanding these relationships and interactivity will help treatment providers to develop treatment interventions that center on the participant’s experience. This centering will increase engagement, connection and support which will strengthen motivation to change and actions to make changes.

Stages of Change – Stagemwise Assessment

The [IDDT](#) (Integrated Dual Disorders Treatment) model emphasizes the importance of stagewise assessment and treatment. Addiction counselors may understand this as a Stage of Change model, and is core part of Motivational Interviewing. Stagemwise treatment is slightly different ([Case Western Reserve IDDT Stages of Change & Treatment](#)). Integrated COD recommends assessing for SOC/stagemwise stage in each dimension of the assessment. Information about the specific SOC/stagemwise stage will support more specific service planning.

Integrated Service Planning. Integrated services plans are comprehensive plans that address all disorders being treated within one plan. Interventions that address multiple disorders should be prioritized when possible. In OHA integrated COD programs, identifying and documenting adaptations made to interventions in service to neurodiverse participants can be an important part of services and supports planning.

SAMPLE
Integrated Service Plan

Mental Health Diagnoses:

Substance Use Disorder Diagnoses:

Gambling Disorder Diagnoses:

Non-diagnostic co-occurring conditions to address:

Neurodivergent Conditions Identified:

Integrated Intervention (1,2,3.):

Dx (xMH, xSUD, xPG) Goals and Objectives for this intervention

Neurodivergent Adaptations

Specific Interventions

Dx being addressed

Goals and Objectives

Neurodivergent Adaptations

Sample

Integrated Co-Occurring Assessment Summary Document

Mental Health Diagnoses

Medically Necessary Supporting Criteria with supporting data for each criteria endorsed

Level of Care Recommendation by Dimension with supporting data

Current Risk Factors

Psychological Trauma

Current Suicide Risk

Substance Use Disorder Diagnoses

Medically Necessary Supporting Criteria with supporting data for each criteria endorsed

Level of Care Recommendation by Dimension with supporting data

Current substance use behaviors and substance use- related risks

Gambling Disorder Diagnosis

Medically Necessary Supporting Criteria with supporting data for each criteria endorsed

Level of Care Recommendation by Dimension with supporting data

Current Gambling Behaviors and gambling-related risks

Neurodivergent Factors

Cultural and SDOH Factors

Current Medical Conditions

Summary and Formulation

Recommendations

In Summary. It's our hope that this toolkit can provide some structure and guidance in the development of integrated assessment tools that fit for your agency, program and community.

We work to foster a culture of continuous feedback. To that end, we invite any and all suggestions and feedback to our email icod.support@oha.oregon.gov .

We will update our toolkits periodically to reflect feedback and contemporary best practices.

The next pages include sample integrated assessments provided by members of our Integrated Co-Occurring Disorders Assessment Workgroup.

Special thanks to staff and supervisors contributing to our workgroup, listed here by organization:

Cascadia Health

Lane County Behavioral Health

Life's Intention, LLC

Lifeworks Northwest

Lutheran Community Services Northwest

Milestones Recovery

Northwest Treatment

ORTC

Phoenix Counseling

Prism Health

Rimrock Trails

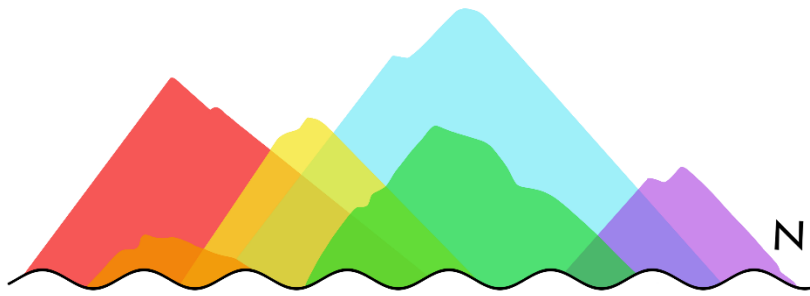
Willamette Family Treatment Services

Oregon Health Authority, Behavioral Health Division

Addiction, Treatment, Recovery and Prevention Unit

Adult Mental Health Unit

Supplemental Guide: Screening Tools for Integrated Co-Occurring Disorders Treatment. Available on www.oregon.gov/icd webpage.



NORTHWEST TREATMENT^{LLC}
NWTREATMENT.COM (503) 655-1029

Integrated Co-Occurring Disorder Assessment

Date:

Name:

DOB:

Individual reports identifying as: *(gender)*

Individual reports identifying as: *(ethnicity)*

Individual reports being: *(partner status)*

Case Number:

Referred by:

Diagnoses:

Recommended level of care:

Mental Health: Choose an item.

Substance Use/ASAM: Choose an item.

Problem Gambling: Choose an item.

Current level of care placement:

Mental Health: Choose an item.

Substance Use/ASAM: Choose an item.

Problem Gambling: Choose an item.

Rationale for discrepancy, as needed:

Reason for Assessment: *(Why are you here? What are your goals for therapy? including any limitations of daily activities):*

Dimension 1:

Current Symptoms, Severity, Behaviors, Diagnosis, Acute Intoxication, Withdrawal Potential

Substance Use History:

What is your use Summary (types of drugs/age of use/amounts/frequency) Include THC usage:

Primary substance: Choose an item.

Route of administration: Choose an item.

Frequency/amount & duration of use:

Use prior to last 12 months

Use within last 12 months

Current use within 30 days

Age of first use: Click or tap to enter a date.

Date of last use: Click or tap to enter a date.

Period of heaviest use: (dates/ages, amount, frequency)

Withdrawal symptoms:

Risk of withdrawal: Choose an item.

Secondary substance: Choose an item.

Route of administration: Choose an item.

Frequency/amount & duration of use:

Use prior to last 12 months

Use within last 12 months

Current use within 30 days

Age of first use: Click or tap to enter a date.

Date of last use: Click or tap to enter a date.

Period of heaviest use: (dates/ages, amount, frequency)

Withdrawal symptoms:

Risk of withdrawal: Choose an item.

Tertiary substance: Choose an item.

Route of administration: Choose an item.

Frequency/amount & duration of use:

Use prior to last 12 months

Use within last 12 months

Current use within 30 days

Age of first use: Click or tap to enter a date.

Date of last use: Click or tap to enter a date.

Period of heaviest use: (dates/ages, amount, frequency)

Withdrawal symptoms:

Risk of withdrawal: Choose an item.

Additional substances used:

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12- month period (primary, secondary and tertiary - please check all that apply):

	Primary	Secondary	Tertiary
1) substance is taken in larger amounts or over a longer period than was intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) there is a persistent desire or unsuccessful efforts to cut down or control substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) a great deal of time is spent in activities necessary to obtain the substance use the substance or recover from the substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) craving, or a strong desire to use the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) important social, occupational, or recreational activities are given up or reduced because of substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) recurrent substance use in situations in which it is physically hazardous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tolerance as defined by either of the following:

	Primary	Secondary	Tertiary
1) a need for markedly increased amounts of substance to achieve intoxication or desired effect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) a markedly diminished effect with continued use of the same amount of substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Withdrawal, as manifested by either of the following:

	Primary	Secondary	Tertiary
1) the characteristic withdrawal syndrome for substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) substance is taken to relieve or avoid withdrawal symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnostic impressions as indicated by number of endorsed criteria (above): mild (2-3), moderate (4-5), or severe (6+)

Substance Use Diagnosis:

Individual meets criteria for the following DSM-5-Tr diagnoses:

Primary:

Severity: Choose an item.

Secondary:

Severity: Choose an item.

Tertiary:

Severity: Choose an item.

SUD Diagnosis supported as evidenced by following impairments/impacts:

Gambling Use Disorder DSM Questionnaire

	Mild	Moderate	Severe
1) feels the desire to gamble and uses more and more money to get the pleasure craved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) agitated and annoyed when trying to gamble less or halt altogether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) tried to curb, lessen or halt gambling, but not been able to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) obsesses about gambling, preparing for next gambling session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) when feeling unhappy, distraught, remorseful, or hopeless will gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) if losing during gambling will attempt to make up by more gambling, win back what was lost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) dishonest about gambling, attempt to cover up issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) gambling has caused relationships, school, career to be in serious peril	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) depends on others to help pay important bills (rent, utilities, loans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnostic impressions as indicated by number of endorsed criteria (above): mild (4-5), moderate (6-7), or severe (8+)

Gambling Use Diagnosis:

Based upon Clinical Judgement and Case Formulation the individual met criteria for:

- F

Justification & Diagnostic Criteria that the individual reports:

-

Current Mental Health Symptom Presentation:

Depression: Have you experienced any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Feel down/sad/empty mood most days | <input type="checkbox"/> Limbs heavy or twitchy |
| <input type="checkbox"/> Decreased interest/lack of motivation | <input type="checkbox"/> Increase/decrease sleep |
| <input type="checkbox"/> Increase/decrease appetite/weight w/o dieting | <input type="checkbox"/> Decreased energy/fatigue |
| <input type="checkbox"/> Feel worthless, excessive/inappropriate guilt | <input type="checkbox"/> Recurrent thoughts of death or suicide |
| <input type="checkbox"/> Decreased concentration/indecisive frequently | <input type="checkbox"/> Hopelessness, powerless, crying, emo distant |
| <input type="checkbox"/> Other: | |

How long do these periods of depression tend to last?

Any recent changes in appetite, libido, or sleep?

On a scale of 1 to 10, how concerned are you about this issue?

Mania: Have you experienced any of the follow symptoms?

- | | |
|--|--|
| <input type="checkbox"/> Inflated self-esteem or grandiosity | <input type="checkbox"/> Flight of ideas |
| <input type="checkbox"/> Decreased need for sleep | <input type="checkbox"/> Distractibility |
| <input type="checkbox"/> Subjective experience that thoughts are racing | <input type="checkbox"/> Pressure to keep talking |
| <input type="checkbox"/> Increase in goal-directed activity or psychomotor agitation | <input type="checkbox"/> More talkative than usual |
| <input type="checkbox"/> Excessive involvement in pleasurable activities that have a high potential for painful consequences | |

Have you experienced elevated, expansive, or irritable mood, lasting at least one week? (*Distinct period of abnormality or persistence*)

On a scale of 1 to 10, how concerned are you about this issue?

Traumatic or Critical events:

Re-experiencing:

- | | |
|---|--|
| <input type="checkbox"/> Intrusive thoughts | <input type="checkbox"/> Reactivity to exposure |
| <input type="checkbox"/> Recurrent dreams | <input type="checkbox"/> Feel like it happening again in this moment |
| <input type="checkbox"/> Distress from cues | <input type="checkbox"/> Re-experiencing event |

Avoidance of stimuli:

- | | |
|--|---|
| <input type="checkbox"/> Thoughts | <input type="checkbox"/> Foreshortened future |
| <input type="checkbox"/> Activities | <input type="checkbox"/> Restricted affect |
| <input type="checkbox"/> Inability to recall | <input type="checkbox"/> Detachment |
| <input type="checkbox"/> Diminished interest | <input type="checkbox"/> |
| <input type="checkbox"/> | |

Increased arousal:

- | | |
|--|--|
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Exaggerated startle |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Hypervigilance |
| <input type="checkbox"/> | <input type="checkbox"/> |

Any difficult experiences still haunting you today?

On a scale of 1 to 10, how concerned are you about this issue?

Anxiety:

- | | |
|--|---|
| <input type="checkbox"/> Muscle tension | <input type="checkbox"/> Restlessness or feeling keyed up or on edge |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Difficulty concentrating or mind going blank |
| <input type="checkbox"/> Being easily fatigued | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> |
| <input type="checkbox"/> | |

On a scale of 1 to 10, how concerned are you about this issue?

Panic Attack:

- | | |
|--|---|
| <input type="checkbox"/> Worry too much | <input type="checkbox"/> Numbness or tingling |
| <input type="checkbox"/> Fear of losing control/going crazy | <input type="checkbox"/> IBS |
| <input type="checkbox"/> Increased heart rate | <input type="checkbox"/> Sweat |
| <input type="checkbox"/> Short of breath | <input type="checkbox"/> Choking sensation |
| <input type="checkbox"/> Feel detached as if the world is fake | <input type="checkbox"/> Tremble/shake |
| <input type="checkbox"/> Feel you are going to die | <input type="checkbox"/> Chills/hot flashes |
| <input type="checkbox"/> Chest pain/discomfort/tightness | <input type="checkbox"/> Nausea/upset stomach |
| <input type="checkbox"/> Dizzy/lightheaded/woozy | <input type="checkbox"/> |
| <input type="checkbox"/> | |

Do you worry about having attacks?

Do you limit/change activities because you fear attacks?

Do people you care for worry you might have a panic attack, etc? (Consequences of attacks)?

On a scale of 1 to 10, how concerned are you about this issue?

Obsessions/Compulsions:

- | | |
|--|--|
| <input type="checkbox"/> Unwanted thoughts | <input type="checkbox"/> Fear of contamination |
| <input type="checkbox"/> Unwanted aggression | <input type="checkbox"/> Repetitive behaviors |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Ritualistic behaviors | <input type="checkbox"/> Hypervigilance |
| <input type="checkbox"/> | <input type="checkbox"/> |

Do any of the above interfere with daily functioning?

On a scale of 1 to 10, how concerned are you about this issue?

Eating Disorders:

Do you consistently think of food and what you will be eating?

Do you regularly focus on 'good' or 'healthy' food?

Do you frequently think about how your clothes fit and your appearance?

On a scale of 1 to 10, how concerned are you about this issue?

What are your major concerns & symptoms?

- | | | |
|---|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Mania |
| <input type="checkbox"/> Trauma/Flashbacks | <input type="checkbox"/> Panic Attack | <input type="checkbox"/> Phobia |
| <input type="checkbox"/> Obsession/Compulsion | <input type="checkbox"/> Disordered Eating | <input type="checkbox"/> Delusion/Hallucination |
| <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Loneliness/Grief | <input type="checkbox"/> Low Self Worth |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Concerns/Comments:

What are your strengths & barriers?

Have you ever had a suicide attempt, thoughts or plans (*date and methods*):

Have you ever had a homicide attempt, thoughts or plans (*date and methods*):

Have you ever had self-injurious behaviors (*date and methods*):

Any issues in past 30 days?

- As indicated by statements above: recommend completing Columbia Risk Assessment
- As indicated by statements above: recommend completing a Safety Plan

Mental Health Diagnosis:

Based upon Clinical Judgement and Case Formulation the individual met criteria for:

- F

Justification & Diagnostic Criteria that the individual reports:

-
-

Mental Status Exam

Appearance	<i>Typical Grooming</i>	<i>Other</i>			
Attitude	<i>Cooperative</i>	<i>Guarded</i>	<i>Evasive</i>	<i>Angry</i>	<i>Hostile</i>
Mood	<i>Typical Range</i>	<i>Irritable</i>	<i>Anxious</i>	<i>Depressed</i>	<i>Elevated Other</i>
Insight	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Other</i>	
Affect	<i>Typical Range</i>	<i>Constricted</i>	<i>Flat</i>	<i>Tearful</i>	<i>Reactive</i>
Speech	<i>Typical Range</i>	<i>Slowed</i>	<i>Hesitant Interrupted</i>		<i>Rapid</i>
Motor Activity	<i>No Unusual Movement</i>	<i>Other</i>			
Thought Process	<i>Goal-Directed</i>	<i>Disorganized</i>	<i>Flight of Ideas</i>	<i>Loosening Association</i>	<i>Other</i>
Thought Content	<i>Typical</i>	<i>Suicidal</i>	<i>Homicidal</i>	<i>Delusions</i>	<i>Phobias Other</i>
Perception	<i>Typical</i>	<i>Hallucinations</i>	<i>Delusions</i>	<i>Other</i>	
Impulse Control	<i>Typical</i>	<i>Other</i>			
Judgement	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Other</i>	
Insight	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Other</i>	
Memory Impairment	<i>Short Term Intact</i>	<i>Long Term Intact</i>		<i>Concerns</i>	
Attention/Concentration	<i>Attentive</i>	<i>Disinterested</i>	<i>Bored</i>	<i>Internally Preoccupied</i>	
Eye Contact	<i>Typical</i>	<i>Avoidant</i>	<i>Other</i>		
Oriented	<i>To Person</i>	<i>To Time</i>	<i>To Place</i>	<i>To Situation</i>	<i>Other</i>

Dimension 1 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D1 presenting problem:

Comments:

Dimension 2:
Biomedical Conditions & Complications

Pertinent Medical Information and History:

Insurance:

General health past and present (*significant, diagnoses, unusual illness/surgeries, general statement*):

Any specific concerns regarding your physical health or disability?

Current Medications (*name, description, dose/frequency, length of use, supplements & vitamins*)

Primary Care Doctor & date of last appointment?

Any possibility of pregnancy? Pregnancy history?

Do you struggle with chronic pain?

Have you ever had head trauma or loss of consciousness?

Sexual Health:

Ever had any negative consequences because of sexual behaviors?

Have sexual matters ever negatively influenced any of your relationships?

Are you worried about people/things you're sexually attracted to?

Are you worried about your sexual performance?

What is your history with having sex while intoxicated?

What is your comfortability with sober sex?

Any concerns or history with Communicable Disease/STIs?

Physical Health Intervention/Referral:

Have you ever been screened for the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> STI (everyone) | <input type="checkbox"/> HPV (everyone sexually active) | <input type="checkbox"/> Pap Test (individuals with a cervix) |
| <input type="checkbox"/> Breast Cancer (everyone) | <input type="checkbox"/> Hep C (born 1945-1965, IV users) | <input type="checkbox"/> Osteoporosis (everyone 65+) |
| <input type="checkbox"/> Immunizations (everyone) | <input type="checkbox"/> Blood Pressure (everyone 19+) | <input type="checkbox"/> Lipid Panel (everyone 19+) |
| <input type="checkbox"/> Diabetes (everyone) | <input type="checkbox"/> Skin Exam (everyone 19+) | <input type="checkbox"/> Colon Cancer (everyone 45+) |
| <input type="checkbox"/> Low-dose CT Scan (smokers 55+) | | |

Concerns/Comments:

Dimension 2 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D2 presenting problem:

Comments:

Dimension 3:

Emotional, Behavioral, Cognitive Conditions & Complications, Impact & History of MH Disorders

Pertinent Psychological and Psychiatric History:

(Therapy, hospitalizations, diagnoses, duration, type of treatment, perceived effectiveness of treatment or therapy):

Have you ever been diagnosed with a mental health or psychological condition?

Psychiatric medications *(current and past, duration, dosages, effectiveness, side effects):*

Do you have a history of traumatic experience(s)?

Do you have a history of abuse of any kind?

Do you have a history of domestic violence?

Have you had any issues with mental health symptoms prompting substance use or gambling issues?

Have you had any issues with substance use or gambling prompt mental health symptoms?

Gambling

Behavior & History:

- What do you consider to be gambling?
- When was the first time you can remember gambling? How did it feel?
- When was the first time you can remember that gambling was problematic for you?
- When was your first big win? How did it impact you?
- Do you feel like your gambling has become *increasingly* problematic? How so?
- What is your overall attitude about gambling?
- What are some of the positive things or experiences you've gotten out of gambling?
- What types of gambling do you engage in?
- What happens before you go gambling?

- What happens after you go gambling?
- What do you think about luck? What do you think luck is?
- What are your dreams and aspirations in life? Do any of those involve gambling?
- Do you have other gambling type activities that you like to do? Like Video Games or Apps? Do you spend money on these games/apps?
- Do you use alcohol and/or other drugs before, during or after you gamble?
- Have you noticed any thresholds around your alcohol and/or drug use and gambling? *(For example - - how many drinks do you usually have before you decide to gamble? Or how long do you usually gamble for before you decide to have a drink?)*
- Did you gamble before you started using alcohol and/or drugs? Which do you think became a “problem” first?
- How do you think your alcohol and/or drug use effects your gambling and vice versa?
- Do you gamble to relieve tension or “blow off steam”?
- Do you gamble to forget your responsibilities for a while?
- Do you gamble mainly to cope with stress and pressures of life?
- Do you gamble to distract yourself from your problems?
- Does gambling help you forget bad memories in your life?

Financial Assessment

- How frequently do you gamble? How much do you spend when you gamble?
- What is your take home pay amount and frequency?
- Do you get paid via direct deposit, check, cash?
- Do you have a budget for daily expenses?
- Who in your household manages the money? If it is not you, what is your access to money like?
- How much money do you need to gamble? How much cash do you need to have to gamble? (or is cash a factor at all?)
- What is your debt from gambling?
- What is your overall debt? Debt on credit cards, pay day loans, personal loans, family loans?

Dimension 3 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D3 presenting problem:

Comments:

Dimension 4:
Readiness to Change

On a scale of one to ten, how aware are you of underlying problems and consequences of your substance use? Choose an item.

- Details of your awareness of underlying problems and consequences:

On a scale of one to ten, how open are you to services and change at this time for the following:

- Mental Health:
 - current stage of change: Choose an item.
 - as evidenced by:

- SUD Primary substance:
 - current stage of change: Choose an item.
 - as evidenced by:

- SUD Secondary substance:
 - current stage of change: Choose an item.
 - as evidenced by:

- SUD Tertiary substance:
 - current stage of change: Choose an item.
 - as evidenced by:

- Gambling
 - current stage of change: Choose an item.
 - as evidenced by:

Are your substance use, gambling, and/or mental health symptoms affecting any of the following? If so, how?
Work/School

Mental Health

Physical Health

Cognition/Memory

Finances

Relationships

Sexual Activity

Legal Matters

Handling Everyday Tasks

Spirituality/Spiritual practice

Do you continue to gamble and/or use substances despite having it affecting the areas listed above?

Have you received help for any of the identified challenges in the past?

What would help to support your recovery?

What are potential barriers to your recovery (*e.g., financial, transportation, relationships, etc.*)?

What have you tried to do to change your behavior in the identified challenging areas? How well or not well did it work?

Is there a legal or familial mandate? Do you want to change your behavior or relationship with these challenges?

Goals? No change, gamble less, abstinence, some forms of gambling, but not others (*data about specific relationships with specific games*)?

Dimension 4 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D4 presenting problem:

Comments:

Dimension 5:

Decompensation Risk, Relapse, Continued Use/Gambling, Continued Problem Potential

On a scale of one to ten, rate ability to manage stress with coping skills: Choose an item.

- Details of your stress coping skills:

On a scale of one to ten rate awareness of alternative to substance use or gambling: Choose an item.

On a scale of one to ten rate awareness of gambling triggers: Choose an item.

On a scale of one to ten rate awareness of substance use triggers: Choose an item.

On a scale of one to ten rate ability to resist environmental pressures to use substances and/or gamble?
Choose an item.

Percentage of individuals in your life that regularly:

- Drink:
- Use:
- Gamble:

Describe:

Likelihood that substances will be in your environment during services and supports:

Have you had a period of time in which you haven't used substances or gambled, or experienced mental health symptoms? If so, how long did that last?

- What do you think were the factors that led to using substances, experiencing mental health symptoms or gambling again?
- What do you think were the factors that helped during these periods when you weren't using substances and/or gambling, or experiencing mental health symptoms?

Do you have money barriers in place?

- What do you think about money barriers? Are you open to setting them? How would you do that?

Do you think that substance use or mental health symptoms are related to gambling?

If so, do you think you want to or could make some changes with substance use or your mental health symptoms?

Does the individual feel they are in danger in their current environment:

Explain

Number of treatment episodes:

- Substance Use related
 - Please describe, including outcomes:

- Mental Health related
 - Please describe, including outcomes:

- Gambling related
 - Please describe, including outcomes:

Risk of SUD relapse/continued use: Choose an item.

- As evidenced by:

Risk of gambling relapse/continued use: Choose an item.

- As evidenced by:

Risk of mental health symptom relapse/deteriorating: Choose an item.

- As evidenced by:

Dimension 5 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D5 presenting problem:

Comments:

Dimension 6: **Recovery/Living Environment**

Pertinent social and family history

Where were you born and what was it like growing up in your family/family of origin (*cultural/religious factors, family expectations, family history of MH/SUD/PG diagnoses*):

Siblings:

What did you parents do when you were growing up:

Summary of childhood/family beliefs about substance use, gambling:

Summary of childhood/family beliefs about Mental Health:

Current relationships

Where do you live now & who do you live with?

Any concerns about stable housing?

What is your current relationship with siblings/parents?

How would you identify your marital status/relationship/sexual orientation?

Do you have any children and what is your relationship with them (*age of children, child care issues, parental figures/relationships*)?

Who are your significant friends/social activities/meaningful activities (*support groups, community involvement, volunteer, leisure/recreation, other interests, how is SUD/MH/Gambling part of these*):

Do you have any antagonistic relationships?

What are, if any, religious/spiritual history and current beliefs (*how is SUD/MH/Gambling part of these*):

Do you have any leisure activities (*how is SUD/MH/Gambling part of these*)?

Educational History

What is the highest grade you completed and where did you attend?

Did you ever attend alternative Schools/Special Education?

Have you ever been told you have a learning difference (*do you need support*)?

Have you ever been suspended/expelled/experienced other school-based behavioral interventions?

Have you ever had challenges with attention or focus? (*age onset, medication & duration, tutoring, AP/honors*):

Have the symptoms been stable across life or resolve in adulthood?

Do you have interest in GED/further education now?

Do you have any other significant childhood developmental issues (*developmental milestones and childhood injuries/illnesses*):

What is your occupational History (*last 5 years min, including any current employment barriers/issues*):

Do you have any employment barriers?

Military History

Any connection to the military?

Do you have a legal History: (*DUII, Possession charges, Misdemeanor charges, Felony charges, how many charges in lifetime*)

Supportive Groups/Communities

- Mental Health:
- Substance Use:
- Gambling:

Who is supportive of your recovery? (family, peers)

Barriers to Treatment *(what might prevent you attending):*

What is your family's attitude about substance use, gambling, and/or mental health?

Who in your family or circle of friends knows about your challenges with substance use, mental health, and/or gambling?

Have you experienced negative consequences with your family as a result of your substance use, mental health condition, and/or gambling?

Have you experienced positive outcomes with your family as a result of your substance use, mental health condition, and/or gambling?

Have you ever been pushed out of your house by family due to your substance use, mental health condition, and/or gambling behavior?

Do you feel ashamed of your substance use, gambling, and/or mental health condition and don't want to attend church or other meaningful community gatherings?

Dimension 6 Summary & Justification

SUD

ASAM Severity of Risk rating: Choose an item.

ASAM Level of Care: Choose an item.

Immediate Needs:

Mental Health

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

Problem Gambling

Severity of Risk: Choose an item.

Level of Care: Choose an item.

Immediate Needs:

D6 presenting problem:

Comments:

Clinical Formulation, Recommended Level of Care & Referrals

(Program placement, current & future service plans recommended, ASAM level, initial diagnosis)

Recommended level of care:

Mental Health: Choose an item.

Substance Use/ASAM: Choose an item.

Problem Gambling: Choose an item.

Current level of care placement:

Mental Health: Choose an item.

Substance Use/ASAM: Choose an item.

Problem Gambling: Choose an item.

Rational for Discrepancy, as needed: Choose an item.

Client stated preference for ASAM Level of Care

Severity of Risk

Severity of Risk: Choose an item.

Individual's immediate needs & how they will be addressed:

Referrals made and/or Resources needed:

Screening Tools Used

<input type="checkbox"/> Infectious Disease Risk	<input type="checkbox"/> Columbia risk	<input type="checkbox"/> Safety Plan
<input type="checkbox"/> URICA	<input type="checkbox"/> Trafficking screen	<input type="checkbox"/> Adverse Childhood Experiences
<input type="checkbox"/> Patient Health Questionnaire 9	<input type="checkbox"/> General Anxiety Disorder 7	<input type="checkbox"/> PTSD Checklist (PCL-5)
<input type="checkbox"/> Devereux Adult Resilience Survey	<input type="checkbox"/> Brief Addiction Monitor	<input type="checkbox"/> Addiction Severity Index
<input type="checkbox"/> Antisocial Personality Disorder Questionnaire	<input type="checkbox"/> Alcohol Use Disorder Identification Test	<input type="checkbox"/> Standard Assessment of Personality
<input type="checkbox"/> Level Of Care Alcohol Drug Treatment Referral	<input type="checkbox"/> Spiritual Well-being Scale	<input type="checkbox"/> Eating Attitudes Test (EAT-26)
<input type="checkbox"/> Zanarini Rating (BPD)	<input type="checkbox"/> Mood Disorder Questionnaire	<input type="checkbox"/> Drug Abuse Screening Test
<input type="checkbox"/> Level of Care Utilization System	<input type="checkbox"/> Clinical Institute Withdrawal Assessment	<input type="checkbox"/> Allen Barriers to Treatment Instrument
<input type="checkbox"/> Drinker Inventory of Consequences	<input type="checkbox"/> Accountable Health Communities Health-Related Social Needs	<input type="checkbox"/> Nutritional Assessment
<input type="checkbox"/> Brief Biosocial Gambling Screen	<input type="checkbox"/> Lie/Bet Screening	<input type="checkbox"/>

	Last 12 months use (<i>amount, frequency</i>)	
	Prior to last 12 months use (<i>amount, frequency</i>)	
	Withdrawal symptoms	
	Overdose Potential	

3rd Substance	Age of first use	
	Date of last use	
	Route of Administration	
	Greatest use (<i>period, amount, frequency</i>)	
	Current use (<i>last 30 days, amount, frequency</i>)	
	Last 12 months use (<i>amount, frequency</i>)	
	Prior to last 12 months use (<i>amount, frequency</i>)	
	Withdrawal symptoms	
	Overdose Potential	

Additional Substances Used:

Overdose Safety Plan (*if appropriate*):

DSM 5 Substance Use Disorder Criteria
--

For a person to be diagnosed with a substance use disorder, they must display a problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least 2 of the following 11 symptoms occurring within any 12-month period.

- 1:
- 2:
- 3:

1 2 3

- Consuming more of the substance than originally planned
- Worrying about stopping or consistently failed efforts to control one’s use
- Spending a large amount of time using substance, or doing whatever is needed to obtain them
- Use of substance results in failure to “fulfil major role obligations” at home, work, or school
- Craving the substance
- Continued use of substance despite health problems caused by or worsened by the substance
- Continued use of substance, despite its having negative effects in relationships with others
- Repeated use of substance in dangerous situations (i.e. driving, operating machinery)
- Giving up or reducing activities in a person’s life because of the substance use
- Tolerance, as defined by either of the following:
 - a) Need to use noticeably larger amounts over time to get the desired effect
 - b) Noticing less of an effect over time after repeated use of the same amount
- Withdrawal, as manifested by either of the following:
 - a) The characteristic withdrawal symptoms for substance
 - b) Substance is taken to relieve or avoid withdrawal symptoms

Comments:

ICD - 10 Substance-related diagnoses

“Mild” 2-3 criteria

“Moderate” 3+ criteria

“Severe” 6+ criteria

	Diagnosis	Mild/Moderate/Severe	Qualifier	ICD 10 Code
1st Diagnosis:	Amphetamine Use Disorder	Choose an item.	Choose an item.	Choose an item.
2 nd Diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.
3 rd Diagnosis:	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Gambling

Has the individual ever gambled? Yes No

What types of gambling has the individual engaged in?

[Click here to enter text.](#)

When was the first time the individual can remember gambling and how did they feel?

[Click here to enter text.](#)

When was the first time the individual can remember that gambling was problematic for them?

[Click here to enter text.](#)

Does the individual think their gambling has become increasingly problematic?

[Click here to enter text.](#)

When was the individual’s first big win and how did it impact them?

[Click here to enter text.](#)

Describe a typical gambling experience. Are substances involved?

[Click here to enter text.](#)

Does the individual gamble to blow off steam, release tension, forget responsibilities, cope with stress, distract from problems, and/or forget bad memories?

[Click here to enter text.](#)

DSM 5 Gambling Use Disorder Criteria

For a person to be diagnosed with a gambling use disorder, they must display persistent and recurring, problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting 4 (or more) of the following within a 12-month period.

- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Is restless or irritable when attempting to cut down or stop gambling
- Has made repeated, unsuccessful efforts to control, cut back, or stop gambling
- Is often preoccupied with gambling (*e.g., having persistent thoughts of reliving past gambling experiences, handicapping, or planning the next venture, thinking of ways to get money with which to gamble*)

- Often gambles when feeling distressed (*e.g., helpless, guilty, anxious, depressed*)
- After losing money gambling, often returns another day to get even ("*chasing*" *one's losses*)
- Lies to conceal to extent of involvement with gambling
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- Relies on others to provide money to relieve desperate financial situations caused by gambling

Gambling Disorder Diagnosis (F63)

"Mild" 4-5 criteria

"Moderate" 6-7 criteria

"Severe" 8-9 criteria

- Episodic** (symptoms subsiding between periods of meeting criteria)
- Persistent** (experiences continuous symptoms for multiple years)

Diagnosis	Mild/Moderate/Severe	Qualifier	ICD 10 Code
Gambling Use Disorder			

Mental Health Symptoms

The individual reports experiencing the following:

- Feelings of inadequacy, low self-esteem
- Worry/anxiety
- Panic attacks
- Difficulty relaxing
- Fear of dying
- Fear of losing control or going crazy
- Social withdrawal/fear of social situations

- Obsessions
- Compulsions (specify):
 - Easily startled
 - Hypervigilance
 - Vivid unpleasant dreams, nightmares
 - Flashbacks
 - Shame/guilt
 - Avoidance of close personal relationships
 - Intrusive thoughts

- Depression
 - Feelings of hopelessness
 - Insomnia, sleep disturbance / poor quality
 - Loss of interest in pleasurable activities

- Difficulty making decisions
- Irritability, agitation, or restlessness
- Trouble concentrating
- Hyperactivity
- Attention/focus difficulties

- Decreased need for sleep
- Hallucinations/paranoid illusions/delusions
- Altered consciousness or disorientation
- Compulsive gambling

- Sexual addiction
- Struggles with eating (too much, too little, strict rules, etc.)
- Non-AOD addictions (specify):

- Problems getting along with family
- Marital / relationship problems
- Problems getting along with friends
- Parenting issues
- Poor school or work performance
- Problems on the job

Briefly discuss how the above symptoms impair the individual’s ability to function effectively.
[Click here to enter text.](#)

- History of Traumatic Experiences** Yes No
History of Abuse, including Domestic Violence Yes No

Complete the MOCA and the following screens if indicated by the above symptoms: GAD-7, PCL-5, PHQ-9, MDQ, Zanzarini Rating Scale, Antisocial Personality Questionnaire, Standardized Assessment of Personality, Eating Attitudes Test 26

History of Suicidal / Homicidal Ideation, plans, attempts *(when, situation, what kept the individual alive, method)*
[Click here to enter text.](#)

IF CURRENT: describe ideation, plan, access to method
 Complete Columbia Risk Assessment if appropriate
[Click here to enter text.](#)

Columbia Risk Assessment Rating Score:

Describe safety plan
[Click here to enter text.](#)

Family history of suicide?
[Click here to enter text.](#)

Current danger to others: (describe)
[Click here to enter text.](#)

MENTAL STATUS EXAM:									
Check all that apply									
<u>Interview Behavior:</u>									
<input type="checkbox"/> Normal	<input type="checkbox"/> Irritable	<input type="checkbox"/> Silly	<input type="checkbox"/> Evasive	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Passive	<input type="checkbox"/> Dramatic	<input type="checkbox"/> Negativistic	<input type="checkbox"/> Tearful	
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Unmotivated	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Guarded	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Dependent	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Naïve		

Dimension 1: Summary

SUD

Diagnoses:
 ASAM Severity of Risk Rating:
 ASAM Level of Care:
 Immediate Needs:

Mental Health

Diagnoses:
 Immediate Needs:

Problem Gambling

Diagnoses:
 Immediate Needs:

SEVERITY RATING - DIMENSION 1 (Acute Intoxication and/or Withdrawal Potential)

<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<ul style="list-style-type: none"> No signs of withdrawal/intoxication present 	<ul style="list-style-type: none"> Mild/moderate intoxication Interferes with daily functioning Minimal risk of severe withdrawal No danger to self/others <p>Withdrawal management (WM) follow up for controlled or mild symptoms</p>	<ul style="list-style-type: none"> May have severe intoxication but responds to support Moderate risk of severe withdrawal No danger to self/others <p>Prioritize the link to medical WM services</p>	<ul style="list-style-type: none"> Severe intoxication with imminent risk of danger to self/others Difficulty coping Significant risk of severe withdrawal <p>Urgent, high risk or severe WM needs, high need of support 24-hours/day</p>	<ul style="list-style-type: none"> Incapacitated Severe signs and symptoms Presents danger, i.e., seizures Continued substance use poses an imminent threat to life <p>Emergency Department-imminent danger</p>

Substances of concern for withdrawal:

Additional Comments:

Dimension 2: Biomedical Conditions & Complications

Current Medical Conditions

Click here to enter text.

History of Medical Complications

Click here to enter text.

Current Medications *(including psychiatric and over-the-counter medications)*

Click here to enter text.

Are medications being taken according to the prescription?

Click here to enter text.

Date of last physical exam:

Primary care provider:

Pregnant? Yes No

History of concussions or head trauma? Yes No

Comment: Click here to enter text.

History of Seizures? Yes No

Comment: *(substance related?)* Click here to enter text.

Infectious Disease Risk Assessment completed: Yes No Date: Click here to enter a date.

Referral made to:

The Medical Concerns form is completed at this time.

Dimension 2: Summary

SUD

Diagnoses:

ASAM Severity of Risk Rating:

ASAM Level of Care:

Immediate Needs:

Mental Health

Diagnoses:

Immediate Needs:

Problem Gambling

Diagnoses:

Immediate Needs:

Severity Rating - Dimension 2 (Biomedical Conditions and Complications)

<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<ul style="list-style-type: none"> Fully functional/no significant pain or discomfort 	<ul style="list-style-type: none"> Mild symptoms interfering minimally with daily functioning Able to cope with physical discomfort 	<ul style="list-style-type: none"> Acute or chronic biomedical problems are non-life threatening but are neglected and need new or different treatment Health issues moderately impacting *ADLs and independent living Sufficient support to manage medical problems at home with medical intervention 	<ul style="list-style-type: none"> Poorly controlled medical problems requiring evaluation Poor ability to cope with medical problems Insufficient support to manage medical problems independently Difficulty with ADLs and/or independent living 	<ul style="list-style-type: none"> Unstable condition with severe medical problems,** including but not limited to: <ul style="list-style-type: none"> Emergent chest pain Delirium tremens (DTs)*** Unstable pregnancy Vomiting bright red blood Withdrawal seizure in the past 24 hours Recurrent seizures
	Regular follow up, low intensity services for controlled conditions	Priority follow up and evaluation for new/uncontrolled conditions	Need for evaluation and treatment, including medical monitoring in conjunction with 24-hour nursing to ensure stabilization	Need for evaluation and treatment, including medical monitoring in conjunction with 24-hour nursing to ensure stabilization

*ADLs= Activities of Daily Living, for example, dressing, preparing food, grooming, work, socializing.
 **Incoherence or confusion that is not typical of intoxication.
 ***If the patient has an emergent or unstable medical condition call 911 or immediately refer to the ED.

Additional Comments:

Dimension 3: Emotional/Behavioral/Cognitive Conditions and/or Complication, and Interactions between SUD, MH, and Gambling

Previous Mental Health Diagnoses

Click here to enter text.

Individual’s view of current situation / recent life changes

Click here to enter text.

Individual’s identified strengths and what role might they play in recovery

Click here to enter text.

Brief description of upbringing (including beliefs about and exposure to substance use/gambling/mental health diagnoses)

Click here to enter text.

Has the individual ever been told they had a learning difference? Have they ever been suspended? Have they ever received special education?

Click here to enter text.

Brief Summary of current social relationships and relationship history

Click here to enter text.

Interactions between MH, SUD, and Gambling

Historically, in which order did the individual experience MH symptoms, SUD, and/or gambling? Which became problematic first?

Click here to enter text.

How does substance use affect the individual’s gambling & how does gambling affect the individual’s substance use?

Click here to enter text.

How does the individual’s mental health symptoms affect their gambling & how does gambling affect the individual’s mental health symptoms?

Click here to enter text.

How does the individual’s mental health symptoms affect substance use and how does substance use affect the individual’s mental health symptoms?

Click here to enter text.

Does the individual experience an increase in substance use or gambling when they are experiencing mental health symptoms?

Click here to enter text.

Does the individual experience an increase in mental health symptoms when withdrawing from substances or gambling?

Click here to enter text.

Does the individual use substances to manage mental health symptoms or gambling behaviors?

Click here to enter text.

Does the individual gamble to manage mental health symptoms or substance use?

Click here to enter text.

Symptom Impact on Areas of Life

Does substance use, gambling, and/or mental health symptoms affect any of the following? If so, how?

Work/School	
Physical Health	
Cognition/Memory	
Finances	
Relationships	
Sexual Activity	
Legal Matters	
Handling everyday tasks	
Spirituality/spiritual practices	

Dimension 3: Summary

SUD

ASAM Severity of Risk Rating:
 ASAM Level of Care:
 Immediate Needs:

Mental Health

Immediate Needs:

Problem Gambling

Immediate Needs:

Severity Rating – Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> No dangerous symptoms Good social functioning Good self-care No symptoms interfering with recovery 	<ul style="list-style-type: none"> Possible diagnosis of emotional, behavioral, cognitive condition Requires monitoring for stable mental health condition Symptoms do not interfere with recovery Some relationship impairments <p style="margin-top: 10px;">Further assessment and referral or follow-up with existing mental health (MH) provider</p>	<ul style="list-style-type: none"> Symptoms distract from recovery Requires treatment and management of mental health condition No immediate threat to self/others Symptoms do not prevent independent functioning <p style="margin-top: 10px;">Prioritize follow up or new evaluation with MH provider for new/uncontrolled conditions</p>	<ul style="list-style-type: none"> Inability to care for self at home May include dangerous impulse to harm self/others Does require 24-hr support At risk of becoming a 4/Very Severe without treatment <p style="margin-top: 10px;">Urgent assessment and treatment for unstable signs and symptoms</p>	<ul style="list-style-type: none"> Life-threatening symptoms including active suicidal ideation Psychosis Imminent danger to self/others <p style="margin-top: 10px;">Emergency Department-immediate assessment</p>

Interviewer Instructions:

- Take into account cognitive impairments.
- Choose the score that is closest to your overall impression. Patients may not exhibit every symptom within a severity rating. The patient's historical functioning does **NOT** override the status. Current level of functioning **DOES** override historical functioning (see ASAM Criteria, 3rd Ed. page 56).

Additional Comments:

Dimension 4: Readiness to Change

Describe the individual's awareness of the underlying issues which impact substance use, gambling, and/or mental health symptoms?

[Click here to enter text.](#)

Does individual believe they have a problem with substance use?

Yes No

Does individual believe they have a problem with gambling?

Yes No

Consequences of substance use (*past, current, and future*)

[Click here to enter text.](#)

Consequences of gambling (*past, current, and future*)

[Click here to enter text.](#)

Does the individual continue to use or gamble despite it negatively affecting the below areas?

Work/School	
Physical Health	
Cognition/Memory	
Finances	
Relationships	
Sexual Activity	
Legal Matters	
Handling everyday tasks	
Spirituality/spiritual practices	

On a scale from 1-10, how open is the individual to receiving services related to substance use?

[Click here to enter text.](#)

On a scale from 1-10, how open is the individual to receiving services related to gambling?

[Click here to enter text.](#)

On a scale from 1-10, how open is the individual to receiving services related to mental health symptoms?

[Click here to enter text.](#)

Barriers to the individual's ability to engage in services (*family attitudes, transportation, guilt/shame, childcare*)

[Click here to enter text.](#)

What has the individual tried to do to change their behavior, in the following areas:

	What did the individual do?	How did it work?
Substance use		
Gambling		
Mental Health symptoms		

External mandates

[Click here to enter text.](#)

Goals relating change (*e.g., no change, gamble less, abstinence, some forms of gambling but not others*)

Substance use	
Gambling	
Mental Health symptoms	

Legal History

of lifetime arrests:

of arrests in past year:

Charges: *(describe)*

- Substance-related offenses
- Crimes against people
- Domestic violence
- Property crimes
- Other:

Age of first arrest:

Total amount of jail / prison time:

Is the individual currently on probation? No Yes Probation Officer:

Gambling: Financial Assessment

How frequently does the individual gamble? How much do they spend?

[Click here to enter text.](#)

What is the individual’s take-home amount and frequency? Do they have direct-deposit, check, or cash?

[Click here to enter text.](#)

Does the individual have a budget for daily expenses?

[Click here to enter text.](#)

Who in the individual’s household manages the money? If it is not them, what is their access to the money?

[Click here to enter text.](#)

How much money does the individual need to gamble? How much cash do they need to gamble? Is cash a factor?

[Click here to enter text.](#)

What is the individual’s debt from gambling?

[Click here to enter text.](#)

What is the individuals’ overall debt?

[Click here to enter text.](#)

Social Determinants of Health impact on Readiness to Change

SDOH	Individual Response	Impact on stage of change
Education access and quality		
Healthcare access and quality		
Neighborhood and build environment		
Social and community context		
Economic stability		

Dimension 4: Summary

Individual’s stage of change regarding substance use: Choose an item.

As evidenced by: [Click here to enter text.](#)

Individual’s stage of change regarding gambling: Choose an item.

As evidenced by: [Click here to enter text.](#)

Individual’s stage of change regarding mental health symptoms: Choose an item.

As evidenced by: [Click here to enter text.](#)

SUD

ASAM Severity of Risk Rating:

ASAM Level of Care:

Immediate Needs:

Mental Health

Immediate Needs:

Problem Gambling

Immediate Needs:

Severity Rating – Dimension 4 (Readiness to Change)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> Proactive responsible participant in treatment Committed to changing alcohol or other drug (AOD) use 	<ul style="list-style-type: none"> Willing to enter treatment Ambivalent to the need to change 	<ul style="list-style-type: none"> Reluctant to agree to treatment Low commitment to change AOD use Variable adherence to treatment 	<ul style="list-style-type: none"> Unaware of and not interested in the need to change Unwilling/only partially able to follow through with treatment Passively compliant, goes through the motions in treatment 	<ul style="list-style-type: none"> Rejecting need to change Engaging in potentially dangerous behavior Unwilling/unable to follow through with treatment recommendations
	Requires low intensity services for motivational enhancement	Requires moderate intensity services for motivational enhancement	Requires high intensity engagement and/or motivational enhancement services to prevent decline in functioning/safety	Secure placement for acute or imminently dangerous situations and/or close observation required

Additional Comments:

Dimension 5: Potential for Recurrence/Decompensation

Describe emotional coping skills

[Click here to enter text.](#)

Will the individual's home/environment be substance free during services?

Yes No

Does the individual have an awareness of alternatives to substance use?

Yes No

Does the individual have an awareness of potential substance use triggers? (internal/external)

Yes No

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

Does the individual have an awareness of alternatives to gambling?

Yes No

Does the individual have an awareness of potential gambling triggers? (internal/external)

Yes No

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

Does the individual have an awareness of potential mental health triggers? (internal/external)

Yes No

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

Does the individual have an ability to resist environmental pressures to drink/use/gamble? Yes No

Assessing Recovery Capital

Has the individual had a period of time in which they haven't used substances or gambled or experienced mental health symptoms? If so, how long did that last?

[Click here to enter text.](#)

What does the individual believe the factors were that led to using substances, experiencing MH symptoms, or gambling again?

[Click here to enter text.](#)

What does the individual believe the factors were that helped during these periods of not using substances, gambling, or experiencing MH symptoms?

[Click here to enter text.](#)

Does the individual have money-barriers in place? Are they open to setting them? What would that look like? (e.g., having someone else hold on to their cards or cash)

[Click here to enter text.](#)

Previous Treatment History

Previous substance use treatment episodes (when, where)

[Click here to enter text.](#)

Previous gambling treatment episodes (when, where)

[Click here to enter text.](#)

Previous mental health treatment episodes (when, where)

[Click here to enter text.](#)

History of psychiatric hospitalizations (*when, where*)

[Click here to enter text.](#)

What was helpful to the individual during past treatment experiences?

[Click here to enter text.](#)

What was not helpful to the individual during past treatment experiences?

[Click here to enter text.](#)

Risk of SUD recurrence/continued use: Choose an item.

As evidenced by:

Risk of Gambling recurrence/continued behavior: Choose an item.

As evidenced by:

Risk of Mental Health recurrence/continued behavior: Choose an item.

As evidenced by:

Dimension 5: Summary

SUD

ASAM Severity of Risk Rating:

ASAM Level of Care:

Risk of recurrence/continued use:

Immediate Needs:

Mental Health

Risk of recurrence/continued behavior:

Immediate Needs:

Problem Gambling

Risk of recurrence/continued behavior:

Immediate Needs:

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3 Severe	<input type="checkbox"/> 4 Very Severe
<ul style="list-style-type: none"> Low/no potential for relapse 	<ul style="list-style-type: none"> Some minimal risk for use Fair coping and relapse prevention skills 	<ul style="list-style-type: none"> Some or inconsistent use of coping skills Able to self-manage with prompting 	<ul style="list-style-type: none"> Little recognition of risk for use Poor skills to cope with relapse 	<ul style="list-style-type: none"> No coping skills for relapse/addiction problems Substance use/behavior places self/others in imminent danger
	Low-intensity relapse prevention services are needed or self-help/peer support group	Relapse prevention services and education are needed. Possible need for: <ul style="list-style-type: none"> intensive case management medication management assertive community treatment 	Relapse prevention services including: <ul style="list-style-type: none"> structured coping skills training motivational strategies assertive case management and assertive community treatment possible need for structured living environment 	Likely needs all services listed in “Severe” <ul style="list-style-type: none"> For acute cases, need for 24-hour clinically managed living environment. OR For chronic cases, not imminently dangerous situations, need 24-hour supportive living environment

Interviewer instruction: To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. Follow emergency protocols for your agency and county in situations involving imminent danger and reportable events.

Additional Comments:

Dimension 6: Recovery / Living Environment

Current living situation

[Click here to enter text.](#)

Does the individual have any concerns about stable housing?

[Click here to enter text.](#)

Does the individual have any concerns about childcare?

[Click here to enter text.](#)

Does the individual have any concerns about transportation?

[Click here to enter text.](#)

Does the individual have any concerns about food?

[Click here to enter text.](#)

Military involvement

Yes No

Financial status

Click here to enter text.

Support system

Click here to enter text.

Supportive groups or communities (*substance use, gambling, mental health*)

Click here to enter text.

Who is supportive of the individual's recovery (*substance use, gambling, mental health / peers, family, friends*)

Click here to enter text.

Antagonistic relationships and/or barriers

Click here to enter text.

Occupational History

Click here to enter text.

Educational History

Click here to enter text.

Is the individual in danger in their current environment?

Yes No

Cultural/spiritual/religious identification and attitudes

Click here to enter text.

Does the individual experience stigma related to substance use, gambling, and/or mental health which has negatively impacted their ability to engage in meaningful social activities?

Click here to enter text.

Leisure activities

Click here to enter text.

Dimension 6: Summary

SUD

ASAM Severity of Risk Rating:

ASAM Level of Care:

Immediate Needs:

Mental Health

Immediate Needs:

Problem Gambling

Immediate Needs:

Severity Rating – Dimension 6 (Recovery/Living Environment))

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> • Able to cope in environment/supportive 	<ul style="list-style-type: none"> • Passive/disinterested social support, but still able to cope • No serious environmental risks 	<ul style="list-style-type: none"> • Unsupportive environment, but able to cope in the community with clinical structure most of the time 	<ul style="list-style-type: none"> • Unsupportive environment, difficulty coping even with clinical structure 	<ul style="list-style-type: none"> • Environment toxic/hostile to recovery • Unable to cope and the environment may pose a threat to safety
	May need assistance in: <ul style="list-style-type: none"> • finding a supportive environment • developing supports re: skills training • childcare • transportation 	Needs assistance listed in “Mild,” as well as <ul style="list-style-type: none"> • assertive care management 	Needs more intensive assistance in <ul style="list-style-type: none"> • finding supportive living environment • skills training (depending on coping skills and impulse control) • assertive care management 	<ul style="list-style-type: none"> • Patient needs immediate separation from a toxic environment • Assertive care management • Environmental risks require a change in housing/environment • For acute cases with imminent danger: patient needs immediate secure placement

Additional Comments:

Complete Immediate Need Profile

Substance Use Severity Ratings	
DIMENSION 1	
DIMENSION 2	
DIMENSION 3	
DIMENSION 4	
DIMENSION 5	
DIMENSION 6	

Overall Substance Use Severity Rating:

Substance Use Level of Care

To determine overall ASAM Substance Use level of care

DIMENSION 1	Level: Choose an item.
DIMENSION 2	Level: Choose an item.
DIMENSION 3	Level: Choose an item.
DIMENSION 4	Level: Choose an item.
DIMENSION 5	Level: Choose an item.
DIMENSION 6	Level: Choose an item.

Overall Substance Use Level of Care: **Choose an item.**

Assessment Summary and Clinical Impressions

Clinical Formulation & Diagnostic Justification

[Click here to enter text.](#)

Screening Scores	
MOCA	
GAD-7	
PHQ-9	
PCL-5	
EAT-26	
MDQ	
SAP	
ZAN-BPD	
APQ	

Individual issues by dimension

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

	Risk of recurrence/continued behavior	Stage of Change
Substance Use		
Gambling		
Mental Health		

Diagnoses (*SUD, MH, and Gambling*):

Individual meets criteria for Substance Use LEVEL: Choose an item.

Individual enrolled in Substance Use LEVEL: Choose an item.

(Explain if different)

SERVICES AND SUPPORTS RECOMMENDATIONS:

[Click here to enter text.](#)

REFERRALS: *Areas to be referred to other service providers or outside agencies and why*

[Click here to enter text.](#)

Staff Signature: _____ Date: [Click here to enter a date.](#)

Supervisor Signature: _____ Date: [Click here to enter a date.](#)