OWITS Reference Manual

Volume 6

Screenings and Assessments

Revision 1-3

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Table of Contents

DESCRIPTION....2
PURPOSE....2
DEFINITIONS / ABBREVIATIONS....3
1.0 PURPOSE OF SCREENINGS AND ASSESSMENTS....5
2.0 INITIAL STEPS....5
3.0 SCREENING > BH/BI....6
4.0 SCREENING > CAGE-AID....10
5.0 ASSESSMENTS > MENTAL HEALTH....11
6.0 ASSESSMENTS > TAP....26
7.0 ASSESSMENTS > BHA....43
8.0 ASSESSMENTS > DENS ASI....51
9.0 ASSESSMENTS > ASI LITE....71
10.0 ASSESSMENTS > SOGS....87
11.0 ASSESSMENTS > RSS – ADULT....90
12.0 ASSESSMENTS > ASAM....102
APPENDIX A – ASSESSMENT DESCRIPTIONS....103
APPENDIX B – OWITS REFERENCE MANUAL VOLUME TITLES....104
APPENDIX C – NAVIGATION MAP....105
REVISION HISTORY....106

DRAFT

Description

This manual contains a detailed, field-by-field deconstruction of each of the screening and assessment tools available in OWITS.

Purpose

To guide providers through the processes of conducting and recording each, to reduce the frequency of surprise errors that may appear during screenings and/or assessments.

Definitions / Abbreviations

- Agency: The collective locations and offices of a company, corporation, or organization that provides addiction recovery or mental health treatment and services. See also *Facility*.
- AMH: The Addictions and Mental Health division of the Oregon Health Authority.
- Box: A general term for a square or rectangle that appears on a web page and is generally used for data entry. See also *Field*, *Option Transfer Box*, and *Text Box*.
- Browser: Computer software used to locate, retrieve, and display content on the World Wide Web.
- Button: An image or icon on a computer screen that executes a command when clicked, such as "the OK button" or "the Cancel button."
- Character: A single unit of information, including letters, numerical digits, punctuation marks, spaces, and symbols.
- Click: To press a button on a computer mouse. "Click" refers to pressing the left mouse button once. "Double-click" refers to pressing the left mouse button twice in rapid succession. "Right-click" refers to pressing the right mouse button once.
- Client: An individual who is receiving, has received, or will receive treatment or services.
- Data / Dataset: Pieces of information or groups of pieces of information.
- Default: A preset setting or value; an option that is automatically selected in every situation.
- Drop-Down Menu: A list of options in a data entry field that allows users to select only one item.
- DSM: Diagnostic and Statistical Manual – a reference compiled by the American Psychiatric Association designed to assist mental health professionals in the identification of a client's mental health problems and related circumstances. In this manual, unless otherwise specified, "DMS" refers the DSM-IV.
- Environment: A subdivision of the overall OWITS system containing all available aspects of the program but resulting in a different final result.
- Facility: The individual locations or offices of a company, corporation, or organization that provides addiction recovery or mental health treatment and services. Multiple facilities may exist within a single agency. See also *Agency*.
- Field: A general term for an individual point of data entry on a web page or in a database application, usually a smaller piece of data from a larger collection or a record.
- File: A self-contained block of information or resource for storing information—such as a document, spreadsheet, or image—stored in or used by a computer or related device.
- GAF: Global Assessment of Functioning – A numerical scale used by mental health professionals to rate subjectively the social, occupational, and psychological functioning of adults.
- Heading / Subheading: The title of an OWITS module or of divisions and screens within OWITS modules. See also *Module*.
- ID: Identification
- Link: Short for "hyperlink," a connection to another web site or document.
- Module: A smaller component of a larger system.
- Navigate / Navigation: Movement through a series of data entry screens.

DRAFT

- Navigation Pane / Navigation View: The OWITS menu system, located on the left side of each OWITS page.
- Option Transfer Box: A pair of boxes on a web page that allow options to be selected and moved from one box to another. Also known as a "Mover Box."
- OWITS: Oregon Web-Infrastructure for Treatment Services – an electronic behavioral health record program as modified for Oregon.
- PDF: Portable Document Format – A type of computer file that contains a complete document in a format readable on most operating systems.
- Populate: To fill a data entry field with data.
- Pop-up: A new browser window that opens to display additional information without disrupting the page currently open.
- Screen: A specific informational view that can be displayed in OWITS at one time.
- SSN: Social Security Number
- Table: A grid of information with rows of information divided into categorical columns.
- Text Box: A bordered square or rectangle in a web page into which users can type text.
- Treatment Domain: A designation in OWITS client records that separates some client information based on the type of treatment or service administered.
- User: A person who interacts with the OWITS system.
- User ID: A unique name assigned to each user to control access to confidential records or to OWITS in general and to track record change history.
- Value: A specific data point for a given data type, such as one option in a drop-down menu.
- WITS: Web-Infrastructure for Treatment Services – an electronic behavioral health record program.

DRAFT

1.0 Purpose of Screenings and Assessments

1.1 OWITS offers a variety of screening and assessment tools for providers and provider staff to use in the evaluation and treatment of clients.

1.2 These tools are not meant to be comprehensive or universal.

1.2.1 Provider agencies and staff are encouraged to use the screenings and assessments at their discretion.

1.2.2 Provider agencies are not required to use any of the screenings or assessments in OWITS and may use other screening and assessment tools as appropriate.

1.2.3 Agencies may need to provide their staff members with additional tools, prompts, guidelines, and instructions for the successful completion and appropriate use of these modules.

1.3 Agencies or groups of agencies may request modifications or additions to the existing screenings and assessments.

1.3.1 The addition of a new screening or assessment module is estimated to cost approximately $5,000 - $30,000, depending on length and complexity.

1.3.1.1 If the additional module is approved and desired by AMH, the state of Oregon *may* be willing to pay all or part of the cost.

1.3.1.2 If the additional module is approved by AMH but not found necessary or widely beneficial, provider agencies may choose to pay for the implementation individually or as groups.

1.3.1.3 Any added assessment or screening tool would become available to all provider agencies using OWITS in Oregon.

1.3.2 Modifications to existing screenings and assessments must be approved by AMH.

1.3.3 Submit all suggestions and requests to the OWITS support team through the OWITS Support Ticket module (see OWITS Reference Manual, Volume 1: OWITS Basics), on the OWITS Forum (http://owits.boards.net) or by sending an email to owits.support@state.or.us.

1.3.3.1 If submitting a request through a Support Ticket, select “Suggestions / Other Feedback” in the Support Ticket Type field.

1.4 In the sections below, independent text and field labels quoted from OWITS will be *italicized*.

2.0 Initial Steps

2.1 The instructions for each of the screenings and assessments described in this manual assume that the user has already completed the following series of initial steps required to access a client's record in OWITS.

2.2 Log in to the appropriate OWITS environment.

2.2.1 Use Training for practice, demonstration, or test purposes.

2.2.2 Use Production to record actual client records.

DRAFT

2.3 Locate the client's profile.

2.3.1 In the Navigation View, click the "Client List" link.

2.3.2 The Client Search page will display.

2.3.3 Perform a search to locate the client's profile.

2.3.3.1 Search terms should be as broad as possible to increase the possibility of locating an existing record.

2.3.3.2 Use wildcards (such as asterisks or question marks) if multiple name spellings are possible.

2.3.3.2.1 For details regarding the specific actions of wildcard characters, see OWITS Reference Manual, Volume 1: OWITS Basics.

2.3.3.3 Ensure that modifiers (such as Case Status and Active Consents) are set to include the maximum range of clients.

2.4 In the Actions column of the Client List table, click the "Activity List" link for the desired client.

3.0 Screening > BH/BI

3.1 The Behavioral Health and Brain Injury screening is designed to determine whether a client qualifies for "dual-diagnosis" or "co-occurring" treatment.

3.1.1 Example: A client in a Mental Health facility may be evaluated for referral to concurrent treatment at a Substance Abuse agency.

3.1.2 Example: A client in a Substance Abuse facility may be evaluated for referral to concurrent treatment at a Mental Health agency.

3.2 This screening can be performed once per episode (Intake) but can be updated at any time and as often as necessary.

3.3 The client record must include a completed Profile and Intake before the BH/BI screening will be available.

3.4 This screening is divided into three sections.

3.4.1 The substance abuse section consists of one screen: Screening > BH/BI > Substance Abuse (3.7.1).

3.4.2 The mental health section consists of two screens: Screening > BH/BI > Mental Health 1 and Screening > BH/BI > Mental Health 2 (3.7.2 and 3.7.3).

3.4.3 The Brain Injury section consists of one screen: Screening > BH/BI > Brain Injury (3.7.4).

3.4.4 Providers may choose to complete all three sections at once or individually.

3.4.5 No restrictions are in place that require all three sections to be filled out for the screening to be completed.

3.5 To complete this screening, navigate to the client's Activity List.

3.6 In the Navigation View, navigate to Client List > Activity List > Screening > BH/BI.

DRAFT

3.6.1 The first page ("Substance Abuse") will appear.

3.6.2 If not completing the Substance Abuse section at this time, use the Navigation View links to navigate to the section that will be completed (see 3.4).

3.7 Complete the fields corresponding to questions asked and the client's responses.

3.7.1 The following fields are available in the Substance Abuse section:

3.7.1.1 *Administered By*

3.7.1.1.1 This field will automatically populate with the name of the current user.

3.7.1.1.2 If the screening (or this section of the screening) was performed by someone other than the current user, select the person's name.

3.7.1.1.3 Names available will be agency staff members assigned to the current facility.

3.7.1.2 *Date Administered*

3.7.1.2.1 Enter the date on which the screening was performed.

3.7.1.3 Questions

3.7.1.3.1 The Substance Abuse section consists of fifteen (15) questions.

3.7.1.3.2 In the corresponding drop-down menu for each question, select "Yes" if the client gives an affirmative answer.

3.7.1.3.3 In the corresponding drop-down menu for each question, select "No" if the client gives a negative answer.

3.7.1.3.4 Leave the corresponding drop-down menu for each question blank if the client gives no response.

3.7.1.3.5 Question 15 will not be editable unless "Yes" is selected for Question 14.

3.7.2 The following fields are available on the first page (Mental Health 1) of the Mental Health section.

3.7.2.1 *Administered By*

3.7.2.1.1 This field will automatically populate with the name of the current user.

3.7.2.1.2 If the screening (or this section of the screening) was performed by someone other than the current user, select the person's name.

3.7.2.1.3 Names available will be agency staff members assigned to the current facility.

3.7.2.2 *Date Administered*

3.7.2.2.1 Enter the date on which the screening was performed.

3.7.2.3 Questions

3.7.2.3.1 The first page of the Mental Health section (Mental Health 1) consists of ten (10) questions (1-10).

3.7.2.3.2 In the corresponding drop-down menu for each question, select "Yes" if the client gives an affirmative answer.

3.7.2.3.3 In the corresponding drop-down menu for each question, select "No" if the client gives a negative answer.

DRAFT

3.7.2.3.4 Leave the corresponding drop-down menu for each question blank if the client gives no response.

3.7.3 The following fields are available on the second page (Mental Health 2) of the Mental Health section.

3.7.3.1 Questions

3.7.3.1.1 The second page of the Mental Health section (Mental Health 2) consists of ten (10) additional questions (11-20).

3.7.3.1.2 In the corresponding drop-down menu for each question, select "Yes" if the client gives an affirmative answer.

3.7.3.1.3 In the corresponding drop-down menu for each question, select "No" if the client gives a negative answer.

3.7.3.1.4 Leave the corresponding drop-down menu for each question blank if the client gives no response.

3.7.4 The following fields are available in the Brain Injury section.

3.7.4.1 *Administered By*

3.7.4.1.1 This field will automatically populate with the name of the current user.

3.7.4.1.2 If the screening (or this section of the screening) was performed by someone other than the current user, select the person's name.

3.7.4.1.3 Names available will be agency staff members assigned to the current facility.

3.7.4.2 *Date Administered*

3.7.4.2.1 Enter the date on which the screening was performed.

3.7.4.3 Questions

3.7.4.3.1 The Brain Injury section consists of five (5) questions.

3.7.4.3.2 In the corresponding drop-down menu for each question, select "Yes" if the client gives an affirmative answer.

3.7.4.3.3 In the corresponding drop-down menu for each question, select "No" if the client gives a negative answer.

3.7.4.3.4 Leave the corresponding drop-down menu for each question blank if the client gives no response.

3.7.4.3.5 Selecting "Yes" for Question 1 will make two additional drop-down menus available for selecting details:

3.7.4.3.5.1 *If yes, when did it occur?*

3.7.4.3.5.2 *How long were you unconscious?*

3.7.4.3.6 Selecting "Yes" for Question 2 will make two additional drop-down menus available for selecting details:

3.7.4.3.6.1 *If yes, when did it occur?*

3.7.4.3.6.2 *How long did the concussion last?*

3.7.4.3.7 The drop-down fields for Question 4 will not be editable unless "Yes" is selected for Question 1, Question 2, or both.

DRAFT

3.8 When all the screening pages are completed or skipped, navigate to Activity List > BH/BI > Screening Outcome.

3.8.1 The screening tool will calculate scores and results based on the responses entered for the screening questions.

3.8.2 The Problem Area column on this screen refers to the client's potential need for services related to problems identified by the screening results.

3.8.2.1 The third line refers to the FASD assessment, which is a tool designed to assess whether the client was born with Fetal Alcohol Spectrum Disorders.

3.8.2.2 The FASD assessment is not currently available in OWITS.

3.8.3 The outcome ("Yes" or "No") will be displayed in the Outcome column on this screen.

3.8.3.1 If the outcome is "No," the associated drop-down menu in the Follow-up Steps column will display N/A and will not be editable.

3.8.3.2 If the outcome is "Yes," the associated drop-down menu will be available.

3.8.3.2.1 Select the follow-up step that best fits any additional actions to be taken in the treatment or services provided to the client.

3.8.3.2.2 Select "In-house assessment" if the provider or clinician used an OWITS assessment or another assessment tool outside of OWITS.

3.8.3.2.3 If "Referral Created" is selected, ensure that a referral record has been created in the client's Activity List (see OWITS Reference Manual, Volume 8: Consent and Referrals).

3.8.4 The following additional fields are available in the Screening Outcome section.

3.8.4.1 *Administered By*

3.8.4.1.1 This field will automatically populate with the name of the current user.

3.8.4.1.2 If the screening (or this section of the screening) was performed by someone other than the current user, select the person's name.

3.8.4.1.3 Names available will be agency staff members assigned to the current facility.

3.8.4.2 *Date Administered*

3.8.4.2.1 Enter the date on which the screening was performed.

3.8.4.3 *Follow-up Details*

3.8.4.3.1 Enter any additional information relevant to the options selected in the Follow-up Steps field (see 3.8.3.2.1).

3.9 To view a PDF containing basic instructions for completing this screening, click the "Instructions" link in the Print Versions box at the bottom of any of the five BH/BI screens.

3.9.1 These instructions will appear in a pop-up window and can then be viewed, saved, or printed.

DRAFT

3.9.2 The instructions were prepared for mental health agencies in the state that originally had the BH/BI screening added to OWITS, and some of the information in the instructions will not apply to Oregon.

3.9.3 When finished with the instructions screen, close the pop-up window.

3.10 To view or print a version of this screening that can be completed by hand, click the "Paper Version" link in the Print Versions box at the bottom of any of the five BH/BI screens.

3.10.1 The printable version of the BH/BI screening will appear in a pop-up window and can then be viewed, saved, or printed.

3.10.2 Agency staff or clients may complete the form by hand and enter the responses into OWITS at a later time.

3.10.3 When finished with the printable version screen, close the pop-up window.

3.11 Click Finish to return to the Client Activity List screen.

3.11.1 The BH/BI screening appears as "Client Screening" in the Activity List.

4.0 Screening > CAGE-AID

4.1 The Cut Down, Annoyed, Guilty, Eye Opener (Adapted to Include Drugs) screening is a questionnaire is designed to assess the likelihood and severity of alcohol and drug abuse among adults and adolescents.

4.2 This screening can be performed once per episode (Intake) but can be updated at any time and as often as necessary.

4.3 The client record must include a completed Profile and Intake before the CAGE-AID screening will be available.

4.4 This screening consists of four questions and a calculated score on one screen.

4.5 To complete this screening, navigate to the client's Activity List

4.6 In the Navigation View, navigate to Client List > Activity List > Screening > CAGE-AID.

4.6.1 The CAGE-AID screening will appear.

4.7 Complete the fields corresponding to questions asked and the client's responses.

4.7.1 The CAGE-AID asks the following questions:

4.7.1.1 *Have you ever felt you should Cut down on your drinking or drug use?*

4.7.1.2 *Have people Annoyed you by criticizing your drinking or drug use?*

4.7.1.3 *Have you ever felt bad or Guilty about your drinking or drug use?*

4.7.1.4 *Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?*

4.8 Click Save to display the screening results.

4.8.1 The Calculated Score field will display the number of positive responses.

4.8.2 A score of 2 or greater indicates that the client is likely in need of further assessment, treatment, or services related to substance abuse.

DRAFT

4.9 The following four historical fields will populate automatically with the name of user(s) who completed the screening(s) and the corresponding date(s) and time(s):

4.9.1 *Record Created By*

4.9.2 *Created Date*

4.9.3 *Last Updated By*

4.9.4 *Last Updated Date*

4.10 Click Finish to return to the Client Activity List screen.

4.10.1 The CAGE-AID screening appears as "CAGE-AID Screening" in the Activity List.

5.0 Assessments > Mental Health

5.1 The Mental Health assessment is a detailed questionnaire designed to identify the client's specific mental health problems and details about those problems that may help in creating and delivering effective treatment and services.

5.2 This assessment can be performed at any time within an Intake (episode) and as many times as needed.

5.2.1 Multiple Mental Health assessments will be recorded separately.

5.2.2 Previous Mental Health assessments can be updated as needed until they are signed (see 5.13).

5.3 The client record must include a completed Profile and Intake before the Mental Health assessment will be available.

5.4 This assessment consists of seven screens.

5.4.1 Profile (5.9.1): Includes demographic information about the client similar to that recorded in the Admission screens (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

5.4.2 History (5.9.4): Includes text boxes in which to record the client's medical, family, treatment, and other relevant history.

5.4.3 Substance Use (5.9.5): Includes a substance abuse matrix to display the addictive substances used or abused by the client and other related details.

5.4.4 Functional (5.9.6): Includes text boxes in which to describe and evaluate the client's ability to function in his or her family and community, complete daily living tasks, and work toward or promote his or her independence.

5.4.5 Status Summary (5.9.7): Includes text boxes in which to describe the evaluator's perception of the client in several areas as well as a section for adding a clinical recommendation.

5.4.6 State Hospital (5.9.9): This screen is not currently used for client records in Oregon.

5.4.7 Diagnosis (5.11): This screen, which matches the Admission Diagnosis screen, (see OWITS Reference Manual, Volume 5: Client Activity and Contact) is not part of the assessment series, but it is available for users to add any diagnoses identified during the assessment.

DRAFT

5.5 To complete a Mental Health assessment, navigate to the client's Activity List.

5.6 In the Navigation View, navigate to Client List > Activity List > Assessments > Mental Health.

5.7 The Assessment List screen will appear.

5.7.1 The Assessment List section displays any previous Mental Health assessments that have been conducted and recorded within the current case (episode).

5.7.1.1 Only Mental Health assessments will appear on this screen.

5.7.1.2 All Mental Health assessments recorded under the current case (episode) will appear on this screen.

5.7.1.3 The "Status" column indicates whether the assessment has been completed.

5.7.1.3.1 In Progress: A user has initiated the assessment and has completed enough of the required fields to allow OWITS to save the assessment.

5.7.1.3.2 Unsigned: The required fields have been completed, but the assessment has not yet been signed.

5.7.2 The Current Collateral Contacts section displays the collateral contacts as recorded in the client's profile (see OWITS Reference Manual, Volume 4: Client Profile).

5.7.2.1 To add or modify collateral contacts, click the "Add New Contact" link.

5.7.2.2 The Collateral Contacts screen will appear (Client List > Client Profile > Collateral Contacts).

5.7.2.3 Complete the required fields (and additional fields as needed).

5.7.2.3.1 For detailed instructions on creating and adding collateral contacts to a client's profile, see OWITS Reference Manual, Volume 4: Client Profile.

5.7.2.4 Click Finish to add the contact's name to the Collateral Contacts list.

5.7.2.5 Repeat steps 5.7.2.1 through 5.7.2.4 as needed until all collateral contacts have been added.

5.7.2.6 Click Finish to return to the Assessment List screen.

5.7.2.6.1 It may be necessary to click Finish two or three times to completely exit the Collateral Contacts screen.

5.7.2.6.2 Using the Navigation View links to exit the Collateral Contacts screen will cancel any unsaved progress in the Mental Health assessment.

5.8 Click the "Add New Assessment" link in the Assessment List heading.

5.8.1 The "Add New Risk Assessment" link redirects to the Miscellaneous Notes section (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

5.8.2 OWITS does not currently contain a stand-alone risk assessment, but the link was not removed in anticipation of the eventual addition of a risk assessment module.

5.8.3 OWITS does contain a risk assessment that is part of the Recovery Plan module (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

DRAFT

5.9 On each screen in the series, complete the fields corresponding to the questions asked, data required, and the client's responses or data available from other client records.

5.9.1 The Profile screen includes two informational areas.

5.9.1.1 A gray box at the top of the screen displays the client's name, age, address, and unique OWITS ID number (see OWITS Reference Manual, Volume 4: Client Profile).

5.9.1.1.1 If this information does not match the client for whom the assessment is being performed and/or recorded, return to the Client List and select the correct client.

5.9.1.2 The Insurance Name and Insurance Number table displays insurance information recorded in the client's profile in the Client Group Enrollment screen (Client List > Client Profile > Client Group Enrollment).

5.9.1.2.1 To modify this table, exit the assessment, navigate to the Client Group Enrollment screen, and edit the existing records as needed.

5.9.1.2.2 For more specific information about the Client Group Enrollment screen, see OWITS Reference Manual, Volume 4: Client Profile.

5.9.1.2.3 For a detailed explanation of the purpose, function, and use of the Client Group Enrollment screen, see OWITS Reference Manual, Volume 11: Billing.

5.9.2 Some of the data entered on this screen will populate in the Admission record (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

5.9.3 The following editable fields appear on the Profile screen of the Mental Health assessment:

5.9.3.1 *Assessment Type*

5.9.3.1.1 Select the option that best describes the reason for which the assessment is being performed and/or recorded.

5.9.3.1.2 Use "Intake" to indicate a new or initial assessment, an assessment performed for new client activity within the current facility, or an assessment performed for a previous client who is returning for treatment or services after a long absence.

5.9.3.1.3 Use "Annual" to indicate a yearly re-assessment.

5.9.3.1.4 Use "Update" to indicate an expected or scheduled re-assessment other than yearly.

5.9.3.1.5 Use "Change in Condition" to indicate that the assessment was performed due to a significant change in the client's problem(s), diagnosis, situation, or treatment needs.

5.9.3.1.6 Use "Designated Evaluator" to indicate an assessment performed by court order or other legal requirement.

5.9.3.2 *Completed By*

5.9.3.2.1 This field will automatically populate with the name of the current user.

DRAFT

5.9.3.2.2 If the assessment was performed by someone other than the current user, select the person's name.

5.9.3.2.3 Names available will be agency staff members assigned to the current facility.

5.9.3.3 *Interview Date*

5.9.3.3.1 Enter the date on which the assessment was performed.

5.9.3.3.2 This date cannot be in the future.

5.9.3.4 *Source of Referral*

5.9.3.4.1 This field will automatically populate with the text entered into the matching field in the Intake record.

5.9.3.5 *Interview Start Time*

5.9.3.5.1 Enter the time of day at which the assessment was initiated.

5.9.3.6 *Interview End Time*

5.9.3.6.1 This field will automatically populate with the time entered in the End Time field on the Status Summary screen (5.9.7.3.3).

5.9.3.7 *Court Monitoring Activity*

5.9.3.7.1 This field populates with data from the eCourt module.

5.9.3.7.2 OWITS is not currently configured for Oregon to use the eCourt module.

5.9.3.8 *Presenting Problem (in client's own words)*

5.9.3.8.1 This field will automatically populate with the text entered into the matching field in the Intake record.

5.9.3.8.2 Additional information may be added as needed.

5.9.3.9 *Marital Status*

5.9.3.9.1 Select the option that best describes the client's current marital status.

5.9.3.10 *Living Situation*

5.9.3.10.1 Select the option that best describes the client's housing situation.

5.9.3.10.2 Select "Lives in Own Home" if the client lives alone in a house or rental property that is paid for by private funds from client, client's relatives, or others in client's household to whom the client does not pay rent.

5.9.3.11 *Household Composition*

5.9.3.11.1 Select the option that best describes the makeup of the client's household.

5.9.3.11.2 Household consists of people (roommates, family, etc.) who live in the same residence (house, apartment, etc.) with the client.

5.9.3.11.3 If multiple selections are applicable, select the option that describes the majority of the makeup of the client's household.

5.9.3.12 *# People Living with Client*

5.9.3.12.1 Enter the number of people currently or most frequently living with the client in the Living Situation (5.9.3.10) and Household Composition (5.9.3.11) indicated above.

DRAFT

5.9.3.12.2 Do not include the client in this number.

5.9.3.12.3 If the client lives in a group home, institution, hospital, prison, or other non-private residence, enter 0.

5.9.3.13 *Education*

5.9.3.13.1 Select the option that best describes the client's current level of education.

5.9.3.14 *School Attendance in last 30 Days*

5.9.3.14.1 Select the option that best describes whether and how often the client attended public or private school.

5.9.3.14.2 Select "Not Applicable" if the client is not currently attending public or private school.

5.9.3.15 *Currently Enrolled in Vocational Rehabilitation*

5.9.3.15.1 Indicate whether the client is taking part in any vocational rehabilitation program.

5.9.3.15.2 Select "Yes" if the client is supposed to be taking part in a vocational rehabilitation program but does not regularly attend (client's name is still on the roster).

5.9.3.16 *Employment*

5.9.3.16.1 Select the option that best describes whether and how the client is employed.

5.9.3.17 *Employer*

5.9.3.17.1 Enter the name of the client's employer.

5.9.3.17.2 If the client is employed by a company, corporation, or other large organization, enter the name of the organization, not the client's manager or supervisor.

5.9.3.17.3 If the client is employed by a private individual, enter that person's name.

5.9.3.17.4 Enter "N/A" or "None" if the client is not currently employed.

5.9.3.18 *Months Employed or in Voc/Ed Training in last 12 Months*

5.9.3.18.1 Enter the number of months in the last 12 months that the client was employed or enrolled in vocational or educational training.

5.9.3.18.2 Enter 12 if the client was employed or enrolled for all 12 months.

5.9.3.18.3 Enter 0 if the client was not employed or enrolled for any of the last 12 months.

5.9.3.18.4 For this field, part-time employment or enrollment counts for the same number of months as full-time employment or enrollment.

5.9.3.19 *Number of Employers in last 12 Months*

5.9.3.19.1 Enter the number of organizations or individuals by which the client was employed during the last 12 months.

5.9.3.19.2 Count only individual companies, corporations, large organizations, or private individuals, not the client's manager(s) or supervisor(s).

DRAFT

5.9.3.19.3 Enter 0 if the client was not employed during the last 12 months.

5.9.3.20 *Health Insurance*

5.9.3.20.1 Select the option that most closely matches the client's health insurance provider.

5.9.3.21 *Relation to Client*

5.9.3.21.1 Referring to the "# People Living with Client" field (5.9.3.12), select the descriptions that best fit those people.

5.9.3.21.2 Example: If client lives with his or her mother, aunt, and two brothers, select Aunt(s), Brother(s), and Mother in these option transfer boxes.

5.9.3.21.3 Example: Select "Self" if client lives alone or if the "# People Living with Client" field contains 0.

5.9.3.22 *Legal Status*

5.9.3.22.1 Use this option transfer box to describe the client's legal status associated with this assessment or with the current treatment episode.

5.9.3.22.2 Select "100-None/No Involvement" if the client is not being assessed or receiving treatment or services due to legal requirements.

5.9.3.23 *# Arrests in last 30 Days*

5.9.3.23.1 Enter the number of times the client has been arrested in the last 30 days.

5.9.3.23.2 Count all arrests regardless of the outcome (release, acquittal, conviction, etc.).

5.9.3.23.3 Enter 0 if the client has not been arrested in the last 30 days.

5.9.3.24 *# Days Incarcerated in Last 12 Months*

5.9.3.24.1 Enter the number of days the client has been in jail, prison, or other secured legal custody in the last 12 months.

5.9.3.24.2 Enter 0 if the client has not been incarcerated in the last 12 months.

5.9.3.25 *# Arrests in Past 12 Months*

5.9.3.25.1 Enter the number of times the client has been arrested in the last 12 months.

5.9.3.25.2 Count all arrests regardless of the outcome (release, acquittal, conviction, etc.).

5.9.3.25.3 This value must be greater than or equal to the number of arrests in the last 30 days (5.9.3.23).

5.9.3.25.4 Enter 0 if the client has not been arrested in the last 12 months.

5.9.3.26 *# Days in Stable Housing in Last 90 Days*

5.9.3.26.1 Enter the number of days of the last 90 days that the client resided in a stable housing situation such as a private house, an apartment or other rental, a long-term room with relatives, etc.

5.9.3.26.2 Enter 90 if the client spent all of the last 90 days in stable housing.

5.9.3.26.3 Enter 0 if the client did not reside in stable housing in the last 90 days.

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5.9.4 Click the right arrow to advance to the History screen.

5.9.4.1 Most of the fields that appear on the History screen of the Mental Health assessment are text boxes that allow users to enter relevant information in narrative, list, or other convenient form.

5.9.4.2 Text box fields, which are accompanied by prompts to assist users in determining what information best fits, include:

5.9.4.2.1 *Medication*

5.9.4.2.2 *Medical History*

5.9.4.2.3 *Psychiatric History*

5.9.4.2.4 *Developmental History*

5.9.4.2.5 *Psychological, Psychiatric and Other Testing*

5.9.4.2.6 *Family Psychiatric History*

5.9.4.2.7 *Current Service Providers*

5.9.4.3 Other fields include:

5.9.4.3.1 *# ER Visits for MH Issues*

5.9.4.3.1.1 Enter the number of times the client has been seen by a medical professional in a hospital emergency room for problems caused by or directly related to the client's mental health.

5.9.4.3.2 *# Prior Psychiatric Hospitalizations*

5.9.4.3.2.1 Enter the number of times the client has been hospitalized for psychiatric problems in a psychiatric institution or in a hospital or other medical center with psychiatric treatment facilities.

5.9.4.3.3 *Current or Past Substance Abuse*

5.9.4.3.3.1 Indicate whether the client currently has or previously had a problem with substance abuse.

5.9.4.3.4 *If yes, has a GAIN-I been performed.*

5.9.4.3.4.1 Indicate whether a Global Appraisal of Individual Needs – Initial has been performed for the client.

5.9.4.3.4.2 The GAIN-I tool is not currently available in OWITS.

5.9.5 Click the right arrow to advance to the Substance Use screen, which includes the following fields:

5.9.5.1 *Substance*

5.9.5.1.1 If the client uses, abuses, or is addicted to a substance, select the substance in the Primary, Secondary, and Tertiary rows.

5.9.5.1.2 Substances must be ranked in order of use severity.

5.9.5.1.3 Selecting a Primary, Secondary, or Tertiary substance will make the other three fields in the corresponding row available.

5.9.5.1.4 A Secondary substance cannot be entered without a Primary substance.

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5.9.5.1.5 A Tertiary substance cannot be entered without a Primary and a Secondary substance.

5.9.5.1.6 Selecting "None" in this field will make "N/A" display in the other three fields in the corresponding row.

5.9.5.1.7 Each substance should be selected only once.

5.9.5.2 *Severity*

5.9.5.2.1 Select the option that best describes the degree to which the substance use, abuse, or addiction is a problem for the client for each row in which a substance was selected.

5.9.5.3 *Frequency*

5.9.5.3.1 Select the option that best describes how often the client uses or abuses the substance selected in the Substance column.

5.9.5.4 *Method*

5.9.5.4.1 Select the option that best describes how the client takes the substance into his or her body for each substance selected in the Substance column.

5.9.5.5 *Impact on Mental Health*

5.9.5.5.1 This field is a text box in which users can enter a description of how the substance use indicated above affects the client's mental health.

5.9.5.6 *Substance Use Treatment*

5.9.5.6.1 This field is a text box in which users can enter a history of any substance abuse treatment the client has received related to the substances indicated above.

5.9.5.7 *# Prior Substance Abuse Admissions*

5.9.5.7.1 Enter the number of times the client has been admitted to a substance abuse treatment program.

5.9.5.7.2 If possible, include programs at other agencies or facilities.

5.9.5.8 *# Prior Substance Use Hospitalizations*

5.9.5.8.1 Enter the number of times the client has been admitted to a hospital for problems caused by or related to the substance use or abuse indicated above.

5.9.5.9 *History of Prior Substance Use*

5.9.5.9.1 This field is a text box in which users can enter a description of the client's prior substance use or abuse.

5.9.5.10 *Family History of Drug/Alcohol Abuse*

5.9.5.10.1 Use these option transfer boxes to indicate which of the client's family members (if any) have current or prior substance use, abuse, or addiction problems.

5.9.5.11 *Comments*

5.9.5.11.1 Enter any additional information relevant to the substance abuse details indicated above.

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5.9.6 Click the right arrow to advance to the Functional Assessment screen.

5.9.6.1 Most of the fields that appear on the Functional Assessment screen of the Mental Health assessment are text boxes that allow users to enter relevant information in narrative, list, or other convenient form.

5.9.6.2 Text box fields, which are accompanied by prompts to assist users in determining what information best fits, include:

5.9.6.2.1 *Health / Medical*

5.9.6.2.2 *Vocational / Educational*

5.9.6.2.3 *Financial Status*

5.9.6.2.4 *Social Relationships and Supports*

5.9.6.2.5 *Basic Living Skills*

5.9.6.2.6 *Housing*

5.9.6.2.7 *Community*

5.9.6.2.8 *Legal*

5.9.6.2.9 *Family*

5.9.6.2.10 *Cultural*

5.9.6.2.11 *Substance Use*

5.9.6.3 Other fields include:

5.9.6.3.1 *Co-Occurring Health Problem*

5.9.6.3.1.1 Indicate whether the client has a physiological health problem in addition to a mental health problem.

5.9.7 Click the right arrow to advance to the Status Summary screen.

5.9.7.1 Most of the fields that appear on the Status Summary screen of the Mental Health assessment are text boxes that allow users to enter relevant information in narrative, list, or other convenient form.

5.9.7.2 Text box fields, which are accompanied by prompts to assist users in determining what information best fits, include:

5.9.7.2.1 *Appearance*

5.9.7.2.2 *Motor Activity*

5.9.7.2.3 *Speech*

5.9.7.2.4 *Thought Process*

5.9.7.2.5 *Thought Content*

5.9.7.2.6 *Perceptions*

5.9.7.2.7 *Mood*

5.9.7.2.8 *Affect*

5.9.7.2.9 *Attitude*

5.9.7.2.10 *Orientation*

5.9.7.2.11 *Memory*

DRAFT

5.9.7.2.12 *Judgment*

5.9.7.2.13 *Insight*

5.9.7.3 Other fields include:

5.9.7.3.1 *Clinical Formulation*

5.9.7.3.1.1 This text box contains a template designed to help users describe the client's needs and overall evaluation results.

5.9.7.3.1.2 Users may add to the existing text (using it as a prompt) or remove the existing text and enter the necessary information as desired.

5.9.7.3.2 *Client Type*

5.9.7.3.2.1 Select the option that best describes the client's treatment situation at the time of the assessment.

5.9.7.3.3 *End Time*

5.9.7.3.3.1 This field automatically populates with the time that this screen was loaded.

5.9.7.3.3.2 The time is in the Eastern time zone.

5.9.7.3.3.3 Edit this field as needed to reflect the actual time that the assessment was completed.

5.9.8 Click Save.

5.9.9 If desired, click the right arrow to advance to the State Hospital screen.

5.9.9.1 This screen is not currently used for client records in Oregon.

5.9.9.2 Because it is not used for Oregon client records, it will not be described in detail in this reference manual.

5.9.9.3 Users are welcome to enter data into the fields on this screen if doing so proves useful for agency or facility processes.

5.9.9.4 The State Hospital screen contains the following large text boxes:

5.9.9.4.1 *Service Providers (prior to admission)*

5.9.9.4.2 *Case Management Provider*

5.9.9.4.3 *Psychosocial Rehabilitation*

5.9.9.4.4 *Outpatient (i.e., day treatment)*

5.9.9.4.5 *Why Inpatient Care (What parts of the presenting problem cannot be treated in the community?)*

5.9.9.4.6 *Goals of Hospitalization (What needs to be achieved so client can return to community-based care?)*

5.9.9.4.7 *What has been tried to defer hospitalization, and what were the results?*

5.9.9.4.8 *Suggested living arrangements*

5.9.9.4.9 *Suggested follow up care*

5.9.9.4.10 *Resources that need to be developed in order to implement plan*

5.9.9.4.11 *Involved family and/or friends*

5.9.9.4.12 *Certification of Need for Inpatient Mental Health Services:*

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5.9.9.4.12.1 *Ambulatory/outpatient resources available in the community or less restrictive settings have failed or do not meet the treatment needs of the client.*

5.9.9.4.12.2 *Proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a physician and intensive monitoring by professional staff.*

5.9.9.4.12.3 *Inpatient services can reasonably be expected to improve the client's condition or prevent further regression so that inpatient services will no longer be needed.*

5.9.9.5 The State Hospital screen contains the following small data fields:

5.9.9.5.1 *Transport Data:*

5.9.9.5.1.1 *Expected date of arrival*

5.9.9.5.1.2 *Time*

5.9.9.5.1.3 *Transported by*

5.9.9.5.1.4 *Description, if by bus or plane*

5.9.9.5.2 *Initial Suggested Length of Stay (days)*

5.9.9.6 The State Hospital screen contains the following drop-down menus:

5.9.9.6.1 *Elopement Risk*

5.9.9.6.2 *Assault Risk*

5.9.9.6.3 *Does client have a living will?*

5.9.9.6.4 *A durable power of attorney?*

5.10 To add a clinical recommendation, navigate to the Status Summary screen and click the "Add Recommendation" link in the Recommendation History bar.

5.10.1 Complete the two required fields.

5.10.1.1 *Recommendation*

5.10.1.1.1 Select the option that best describes the treatment situation that the evaluator has determined as the best for the client as a result of this assessment.

5.10.1.2 *Explanation*

5.10.1.2.1 Using the existing template in this text box, enter any additional detailed information about the recommendation.

5.10.2 Click Save.

5.10.3 Repeat steps 5.10 through 5.10.2 as needed to continue adding recommendations.

5.10.4 Existing recommendations will be displayed in the Recommendation History table at the bottom of the Status Summary screen.

5.10.4.1 Existing recommendations can be edited until the assessment is signed (see 5.13).

5.10.4.2 Existing recommendations cannot be deleted.

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5.11 Add diagnoses by using the Navigation View links to navigate to Activity List > Assessments > Mental Health > Diagnosis.

5.11.1 A diagnosis is not required to complete and save the assessment.

5.11.2 A diagnosis is required before the assessment can be signed (see 5.13).

5.11.3 Note that the contents of all diagnosis drop-down menus in this section are sorted alphabetically.

5.11.3.1 A spreadsheet that can be used for sorting and filtering diagnosis codes can be found on the OWITS Forum (http://owits.boards.net).

5.11.4 Complete the following fields:

5.11.4.1 *Primary*

5.11.4.1.1 Select the option that best describes the primary diagnosis of the client's problem.

5.11.4.2 *Secondary*

5.11.4.2.1 Select the option that best describes the secondary diagnosis of the client's problem.

5.11.4.3 *Tertiary*

5.11.4.3.1 Select the option that best describes the tertiary diagnosis of the client's problem.

5.11.4.4 *Axis I, Axis II, Axis III,* and *Axis IV*

5.11.4.4.1 Use these sections if specific diagnoses have been identified for the client on one or more of the four DSM axes.

5.11.4.4.1.1 Diagnoses will be required on all four axes even if only one has been identified.

5.11.4.4.1.2 Each axis includes options to specify that no diagnosis has been made for that axis.

5.11.4.4.2 Click the Edit Axis Evaluation link.

5.11.4.4.3 In the Axis field, select Axis I.

5.11.4.4.3.1 Selecting Axis I in this field will filter the Diagnosis field (below) to show only Axis I diagnoses.

5.11.4.4.4 In the Diagnosis field, select the option that matches the client's Axis I diagnosis.

5.11.4.4.4.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis I (DSM)" if the diagnosis for this axis will be added later.

5.11.4.4.4.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis I (DSM)" if no diagnosis has been or will be identified for this axis.

5.11.4.4.5 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

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5.11.4.4.5.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

5.11.4.4.6 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

5.11.4.4.7 Click the Add to Axis link in the gray bar labeled Axis I.

5.11.4.4.8 In the Axis field, select Axis II.

5.11.4.4.8.1 Selecting Axis II in this field will filter the Diagnosis field (below) to show only Axis II diagnoses.

5.11.4.4.9 In the Diagnosis field, select the option that matches the client's Axis II diagnosis.

5.11.4.4.9.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis II (DSM)" if the diagnosis for this axis will be added later.

5.11.4.4.9.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis II (DSM)" if no diagnosis has been or will be identified for this axis.

5.11.4.4.10 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

5.11.4.4.10.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

5.11.4.4.11 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

5.11.4.4.12 Click the Add to Axis link in the gray bar labeled Axis II.

5.11.4.4.13 In the Axis field, select Axis III.

5.11.4.4.13.1 Selecting Axis III in this field will filter the Diagnosis field (below) to show only Axis III diagnoses.

5.11.4.4.14 In the Diagnosis field, select the option that matches the client's Axis III diagnosis.

5.11.4.4.14.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis III (DSM)" if the diagnosis for this axis will be added later.

5.11.4.4.14.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis III (DSM)" if no diagnosis has been or will be identified for this axis.

5.11.4.4.15 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

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5.11.4.4.15.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

5.11.4.4.16 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

5.11.4.4.17 Click the Add to Axis link in the gray bar labeled Axis III.

5.11.4.4.18 In the Axis field, select Axis IV.

5.11.4.4.18.1 Selecting Axis IV in this field will filter the Diagnosis field (below) to show only Axis IV diagnoses.

5.11.4.4.19 In the Diagnosis field, select the option that matches the client's Axis IV diagnosis.

5.11.4.4.19.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis IV (DSM)" if the diagnosis for this axis will be added later.

5.11.4.4.19.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis IV (DSM)" if no diagnosis has been or will be identified for this axis.

5.11.4.4.20 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

5.11.4.4.20.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

5.11.4.4.21 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

5.11.4.4.22 Click the Add to Axis link in the gray bar labeled Axis IV.

5.11.4.4.23 Click Finish to return to the Diagnosis screen.

5.11.4.5 *Axis V*

5.11.4.5.1 Enter the client's most recent GAF score.

5.11.4.5.2 This must be a number between 0 and 100.

5.11.4.6 *Highest GAF Score in Last Year*

5.11.4.6.1 This field may automatically populate with the highest score entered into the Axis V field (5.11.4.5) in all other Diagnosis screens between the current date and the current episode's intake date or in the twelve months prior to the current date, whichever is shorter.

5.11.4.6.2 Enter the highest score the client has received on the Global Assessment of Functioning scale in the last year, or replace the auto-populated value if it is incorrect.

5.11.4.6.3 This must be a number between 0 and 100.

5.11.4.6.4 The Global Assessment of Functioning scale is not currently available in OWITS.

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5.11.5 Click Finish to return to the Activity List screen.

5.12 To view or modify an existing Mental Health assessment, click the "Review" link in the Actions column on the Assessment List screen (5.7).

5.12.1 Fields can be modified as needed until the assessment has been signed (see 5.13).

5.12.2 Click Finish to return to the Assessment List screen.

5.13 To sign an existing and unsigned (5.7.1.3.2) Mental Health assessment, click the "Review" link in the Actions column on the Assessment List screen (5.7).

5.13.1 A signed assessment indicates that it has been reviewed by a clinician or authorized staff member and that it has been evaluated as complete.

5.13.1.1 Recommendations can be added after the assessment has been signed (see 5.10).

5.13.1.2 Recommendations cannot be edited after the assessment has been signed.

5.13.2 Use the Navigation View links or the blue arrows to navigate to the Status Summary screen (5.9.7).

5.13.3 Click the "Sign Assessment" link in the lower left corner of the screen.

5.14 To create a printable report of a completed assessment, click the "Print" link in the Actions column on the Assessment List screen (5.7).

5.14.1 Select a report type.

5.14.1.1 "Common Assessment" includes data from the Profile, History, Substance Use, Functional, Status Summary, and Diagnosis screens, any Recommendations on the Status Summary screen, and signature lines.

5.14.1.1.1 Signature Lines include Mental Health Professional, Client, Parent/Guardian, Physician, Other, and Other.

5.14.1.2 "Medicaid Diagnostic" includes data from the Profile, History, Status Summary, and Diagnosis screens, any Recommendations on the Status Summary screen, and signature lines.

5.14.1.2.1 Signature lines include Mental Health Professional, Client/Guardian, Physician, and Other.

5.14.1.3 "Medicaid Functional" includes data from the Profile and Functional screens, any Recommendations on the Status Summary screen, and signature lines.

5.14.1.3.1 Signature lines include Mental Health Professional, Client/Guardian, Physician, and Other.

5.14.1.4 "Medicaid Intake" includes data from the Profile and Status Summary screens, any Recommendations on the Status Summary screen, and signature lines.

5.14.1.4.1 Signature lines include Mental Health Professional, Client/Guardian, Physician, and Other.

5.14.2 Use the Client Contacts option transfer box to add the names of collateral contacts that should appear on the report.

5.14.3 Click the On Screen button.

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5.14.4 The report will appear in a pop-up window.

5.14.4.1 The report may be viewed, saved as a PDF, or printed.

5.14.4.1.1 Use the Adobe PDF print and save icons (not the Internet Explorer print or save functions) to print or save the PDF.

5.14.4.2 Close the pop-up window when finished.

5.14.5 The report will display a header with the text "Mental Health Assessment."

5.15 To create a new version of an existing Mental Health assessment, click the "Create New Version" link in the Actions column on the Assessment List screen (5.7) and complete the assessment as described in 5.9 through 5.11.4.5.

5.15.1 The Profile screen will contain the same data as it would for a new Mental Health assessment.

5.15.2 The History screen will copy data from the Mental Health assessment associated with the "Create New Version" link and can be edited as needed.

5.15.3 The Substance Use screen will copy data from the Mental Health assessment associated with the "Create New Version" link and can be edited as needed.

5.15.4 The Functional screen will contain no existing or previously entered data.

5.15.5 The Status Summary screen will contain no existing or previously entered data.

5.15.6 The Recommendation History table will contain no previously entered recommendations.

5.15.7 The Diagnosis screen does not change from one Mental Health assessment to the next, but it can be updated or added to as needed.

5.16 To remove a Mental Health assessment from the client's record, click the "Delete" link in the Actions column on the Assessment List screen (5.7).

5.16.1 OWITS will ask for confirmation of this action.

5.16.1.1 Click "Yes" to delete the assessment.

5.16.1.2 Click "No" to cancel the delete command.

5.16.2 Deleting an assessment cannot be undone.

5.17 The Mental Health assessment appears as "Mental Health Assessment" in the Activity List.

6.0 Assessments > TAP

6.1 The Treatment Assignment Protocol assessment is designed to provide clinical determination of the client's substance abuse problems but may also be used to collect data regarding mental health problems and information that may help design and deliver effective treatment and services.

6.2 This assessment can be performed as many times as needed.

6.2.1 Multiple TAP assessments will be recorded separately.

6.3 The TAP assessment has two versions.

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6.3.1 The client record must include a completed Profile and Intake before the Intake TAP assessment can be performed.

6.3.2 The client record must include a completed Profile, Intake, and Admission before the Follow-up TAP assessment can be performed.

6.3.3 The Follow-up TAP assessment can be considered a follow-up to an Intake TAP assessment, a follow-up to a previous Follow-up TAP assessment, or an evaluation of the progress of the current treatment.

6.4 The assessment consists of 11 sections, one of which has three screens.

6.4.1 Client Profile (6.8.2): Includes demographic information about the client and basic details regarding the purpose of the assessment.

6.4.2 Withdrawal (6.8.3): Includes the client's physiological and psychological responses to his or her attempts (assisted or unassisted) to stop or reduce the use or abuse of substances.

6.4.3 Medical (6.8.4): Includes questions regarding the client's medical history.

6.4.4 Co-occurring (6.8.4.4.1): Includes questions designed to help the interviewer determine whether the client has a mental health problem in addition to a substance abuse problem.

6.4.5 Motivation (6.8.5.6.1): Evaluates the client's readiness and potential willingness to change his or her habits or situation and identifies some potential barriers.

6.4.6 Drug Alcohol Usage (6.8.6.3.1): Details the client's substance use or abuse.

6.4.7 Support Sys: Includes three separate screens.

6.4.7.1 Employment (6.8.8.2): Details the client's current employment situation, income, and health care coverage.

6.4.7.2 Social (6.8.8.2.5.1): Describes the client's current living situations and details the client's relationship history, including any cases of interpersonal conflict or abuse.

6.4.7.3 Legal (6.8.8.3.5.1): Details the client's lifetime involvement with law enforcement, including arrests, charges, and convictions for a variety of crimes.

6.4.8 ASAM (6.8.8.4.5.1): Though this section may be removed for Oregon users, it currently allows the interviewer to record ASAM levels of care that might be assigned to client based on his or her responses to the assessment questions.

6.4.9 Summary (6.8.10): Allows the interviewer to enter additional notes and comments.

6.4.10 Narrative (6.8.11): Displays a summation of the entire TAP assessment.

6.4.11 Diagnosis (6.8.12): Includes diagnoses identified during the assessment for each DSM Axis of diagnostic criteria.

6.5 To complete a Treatment Assignment Protocol assessment, navigate to the client's Activity List.

6.6 In the Navigation View, navigate to Client List > Activity List > Assessments > TAP.

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6.7 The Treatment Assignment Protocol List screen will appear.

6.7.1 The Treatment Assignment Protocol List screen displays any previous TAP assessments that have been conducted and recorded within the current case (episode).

6.7.2 The Interview Class column indicates which version of the TAP assessment was recorded (see 6.3).

6.8 To create an initial TAP assessment for the client, click the "Add New Intake TAP" link.

6.8.1 The Client Profile screen includes an informational area.

6.8.1.1 A gray box at the top of the screen displays the client's name, age, SSN, and other demographic details.

6.8.1.2 If this information does not match the client for whom the assessment is being performed and/or recorded, return to the Client List and select the correct client.

6.8.2 The following editable fields appear on the Client Profile screen of the TAP assessment:

6.8.2.1 *Class*

6.8.2.1.1 This field will automatically populate with the selected version of the TAP assessment (see 6.3).

6.8.2.2 *Interview Date*

6.8.2.2.1 Enter the date on which the assessment was performed.

6.8.2.2.2 This field may automatically populate with the current date.

6.8.2.3 *Contact Code*

6.8.2.3.1 Select the option that best describes method of communication used when conducting the assessment.

6.8.2.4 *Source of Referral*

6.8.2.4.1 This field will automatically populate with the option selected in the matching field in the Intake record.

6.8.2.5 *Primary Payment Source*

6.8.2.5.1 Select the option that best describes the expected source of payment for the client's treatment and services.

6.8.2.6 *Interviewer*

6.8.2.6.1 This field will automatically populate with the name of the current user.

6.8.2.6.2 If the assessment was performed by someone other than the current user, select the person's name.

6.8.2.6.3 Names available will be agency staff members assigned to the current facility.

6.8.2.7 *Special Code*

6.8.2.7.1 Select the option that best describes the success or failure of the assessment.

6.8.2.7.2 "N/A Interview Completed" indicates that the assessment was completed.

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6.8.2.7.3 "Patient Refused" indicates that the client refused to go through with the assessment and that the user did not get beyond the Client Profile screen.

6.8.2.7.4 "Patient Terminated" indicates that the client started the assessment process but voluntarily concluded it before the assessment was completed.

6.8.2.7.5 "Patient Unable to Respond" indicates that the client could not answer the questions posed by the interviewer, regardless of reason.

6.8.2.8 *Military Status*

6.8.2.8.1 This field will automatically populate with the option selected in the "Veteran Status" field in the Client Profile.

6.8.2.9 *Pregnant*

6.8.2.9.1 This field will automatically populate with the option selected in the matching field in the Intake record.

6.8.2.10 *Race*

6.8.2.10.1 This field will automatically populate with the option selected in the matching field in the Client Profile.

6.8.2.11 *Ethnicity*

6.8.2.11.1 This field will automatically populate with the option selected in the matching field in the Client Profile.

6.8.2.12 *Religious Preference*

6.8.2.12.1 Select the option that best describes the client's religion, if any.

6.8.2.13 *How Long at Current Address*

6.8.2.13.1 In the first of these two fields, enter the number of years the client has lived at his or her current residence.

6.8.2.13.2 In the second of these two fields, enter the number of months (in addition to the number of years) the client has lived at his or her current residence.

6.8.2.13.3 Example: 5 Years, 8 Months.

6.8.2.13.4 If the client has lived at his or her current residence for less than one full month, enter zeroes in both fields.

6.8.2.14 *Is the Residence Owned by You or Family*

6.8.2.14.1 Indicate whether the residence referenced above is owned by the client or by members of his or her immediate family.

6.8.2.15 *County of Residence*

6.8.2.15.1 This field will automatically populate with the option selected in the matching field in the Client Profile.

6.8.2.16 *Controlled Environment in Last 30 Days*

6.8.2.16.1 Indicate whether the client has spent any time in the last 30 days in a controlled environment, including:

6.8.2.16.1.1 Jail

6.8.2.16.1.2 Alcohol or Drug Treatment

DRAFT

6.8.2.16.1.3 Medical Treatment

6.8.2.16.1.4 Psychiatric Treatment

6.8.2.16.1.5 Other

6.8.2.16.2 Select "No" if the client has not spent any time in the last 30 days in a controlled environment.

6.8.2.17 *How Many Days in Controlled Environment*

6.8.2.17.1 Selecting an option other than "No" in the Controlled Environment in Last 30 Days field will make this field available.

6.8.2.17.2 Enter the number of days in the last 30 that the client spent in a controlled environment.

6.8.2.17.2.1 Note that this field only refers to the number of days in the last 30, not the number days overall that the client has spent in a controlled environment.

6.8.2.17.3 This number must be less than or equal to 30.

6.8.2.18 *Days Attended AA/NA/Similar Meetings in Last 30 Days*

6.8.2.18.1 Enter the number of days in the last 30 that the client attended an Alcoholics Anonymous meeting, a Narcotics Anonymous meeting, or a similar support group.

6.8.2.18.2 This number must be less than or equal to 30.

6.8.2.19 *Days on Wait List*

6.8.2.19.1 For an Intake TAP assessment, enter the number of days between the Intake date (see OWITS Reference Manual, Volume 5: Client Activity and Contact) and the TAP assessment Interview Date (6.8.2.2) that the client has been waiting to be enrolled in a program.

6.8.2.19.2 For a Follow-up TAP assessment (6.9), enter the number of days after the Intake date that the client waited before being enrolled in a program.

6.8.2.20 *Months Since Discharged from Last Admission*

6.8.2.20.1 If the client has been admitted previously for similar treatment or services (Mental Health or Substance Abuse) at any facility, enter the number of months between the most recent discharge date and the Interview date.

6.8.2.20.2 If this value is unknown, or if the client has never been admitted for similar treatment or services before, leave this field blank.

6.8.2.21 *Is This a TAP for Concerned Person*

6.8.2.21.1 This field is similar to the Codependent/Collateral field in the Admission record in the Substance Abuse treatment domain.

6.8.2.21.2 Select "Yes" if the client is seeking services because of problems arising from his or her relationship with an alcohol or drug user *and* has been admitted for service to a treatment facility *and* has his or her own client profile.

6.8.2.21.3 If the client does not meet the criteria above, select "No."

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6.8.2.22 *Event Type*

6.8.2.22.1 This read-only field will automatically populate with "Placement Screening" or "Follow up."

6.8.2.22.2 This is a system function that was not activated for use in Oregon and can be ignored.

6.8.2.23 *Admission Date*

6.8.2.23.1 If the client has been admitted for treatment or services (and has a completed Admission record), enter the admission date as it appears on the Admission > Profile screen (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

6.8.2.23.2 If the client will be admitted for treatment or services in the near future, enter the expected date of admission.

6.8.2.24 *Crisis Intervention Date*

6.8.2.24.1 If the client experienced a crisis episode related to this episode (case), enter the date on which professionals became involved.

6.8.2.24.2 If the client did not experience a crisis episode related to this episode (case), leave this field blank.

6.8.2.24.3 This field also refers to a module that is not currently used in OWITS.

6.8.2.25 *Placement Screening Date*

6.8.2.25.1 This field is required for Intake type TAP assessments.

6.8.2.25.2 This field is not required for Follow-up type TAP assessments (see 6.9).

6.8.2.25.3 If an additional assessment or screening was conducted to determine the type or level of treatment best suited for the client, enter the date it was completed.

6.8.2.25.4 If no placement assessment or screening was conducted for the client, enter the current date or the date entered into the Interview Date field 6.8.2.2 above.

6.8.2.25.5 This field also refers to a module that is not currently used in OWITS.

6.8.3 Click the right arrow to advance to the Withdrawal screen.

6.8.3.1 The Withdrawal screen contains several small text boxes in which the interviewer should enter a number that adequately answers the related questions.

6.8.3.2 The Withdrawal screen also contains several drop-down menus in which the interviewer should answer "Yes" or "No" to the related questions.

6.8.3.3 In the drop-down menus for question #6, select the option that best describes the frequency at which the client uses the substances indicated in the question.

6.8.3.4 Question #14 will automatically populate with the option selected in the "Injection Drug User" field in the Intake record (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

6.8.3.4.1 This field cannot be edited in the TAP assessment.

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6.8.3.4.2 The contents of this field will change if the "Injection Drug user" field in the Intake record is changed.

6.8.3.5 In the drop-down menu for question #15, select the option that best describes the client's use of tobacco products.

6.8.3.5.1 If the client uses multiple tobacco products, select the one that he or she uses most frequently.

6.8.3.5.2 If the client uses multiple tobacco products with relatively similar frequency, select "Other (specify)" and enter an explanation in the Notes field at the bottom of the screen.

6.8.3.5.3 Selecting any option other than "None" will make question #16 available.

6.8.3.6 For question #19, select the option that, based on this portion of the TAP assessment, best describes the client's need for detoxification treatment.

6.8.3.7 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.3.7.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.4 Click the right arrow to advance to the Medical screen.

6.8.4.1 The Medical screen contains a combination of text boxes, drop-down menus, and an option transfer box in which the interviewer should enter answers based on the client's responses to the questions or on known data.

6.8.4.2 The "Please List" text box under question #5 will become available if "Yes" is selected in the corresponding drop-down menu.

6.8.4.3 Question #7 will become available if any value other than "0" is entered in the text box for question #6.

6.8.4.4 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.4.4.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.5 Click the right arrow to advance to the Co-occurring screen.

6.8.5.1 For question #1 and question #10, enter a number appropriate to the question based on the client's responses or on known data.

6.8.5.2 Questions #2 through #9 have drop-down menus in which the interviewer should indicate the client's responses to each question.

6.8.5.2.1 In the first column, answer the question for the last 30 days.

6.8.5.2.2 In the second column, answer the question for the client's lifetime.

6.8.5.2.3 Selecting "No" in any field(s) in the second column will automatically populate "No" in the corresponding field(s) of the first column.

DRAFT

6.8.5.3 The "Please Specify" text box under question #9 will become available if "Yes" is selected in either of the drop-down menus for question #9.

6.8.5.4 Question #11 will become available if any value other than "0" is entered in the text box for question #10.

6.8.5.5 Questions #13 through #19 are also answered with "Yes" or "No" drop-down menus.

6.8.5.6 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.5.6.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.6 Click the right arrow to advance to the Motivation screen.

6.8.6.1 Use the drop-down menus for these six questions to select the option that best describes the client's response or known history.

6.8.6.2 The "Please Specify" text box under question #2 will become available if "Yes" is selected in the corresponding drop-down menu.

6.8.6.3 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.6.3.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.7 Click the right arrow to advance to the Drug Alcohol Usage screen, which contains the following questions:

6.8.7.1 *Which substance do you consider to be the client's:*

6.8.7.1.1 In the "Primary Problem" field, select the substance identified as presenting the most severe use or abuse problem for the client.

6.8.7.1.1.1 Selecting a Primary Substance makes the "Secondary Problem" field available as well as the Primary column for questions #2 through #6.

6.8.7.1.1.2 If no substance use or abuse is identified, select "None."

6.8.7.1.1.3 Selecting "None" will mark all the related Primary, Secondary, and Tertiary fields in questions #2 through #6 with "N/A."

6.8.7.1.2 In the "Secondary Problem" field, select the substance identified as presenting the second most severe use or abuse problem for the client.

6.8.7.1.2.1 Selecting a Secondary Substance makes the "Tertiary Problem" field available as well as the Secondary column for questions #2 through #6.

6.8.7.1.2.2 If only one substance (primary) is identified, select "None."

6.8.7.1.2.3 Selecting "None" will mark all the related Secondary and Tertiary fields in questions #2 through #6 with "N/A."

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6.8.7.1.3 In the "Tertiary Problem" field, select the substance identified as presenting the third most severe use or abuse problem for the client.

6.8.7.1.3.1 Selecting a Tertiary Substance makes the Tertiary column for questions #2 through #6 available.

6.8.7.1.3.2 If only two substances (primary and secondary) are identified, select "None."

6.8.7.1.3.3 Selecting "None" will mark all the related Tertiary fields in questions #2 through #6 with "N/A."

6.8.7.2 *Was the substance prescribed to the client?*

6.8.7.2.1 For the Primary, Secondary, and Tertiary substances, indicate whether the client received a prescription for its use from a physician or other health care professional.

6.8.7.3 *What was the age of first use?*

6.8.7.3.1 For the Primary, Secondary, and Tertiary substances, enter the age at which the client used the substance for the first time.

6.8.7.3.2 These values may be estimated.

6.8.7.3.3 Enter 97 if the age of first use is unknown and cannot be estimated.

6.8.7.3.4 These values cannot be higher than the client's current age unless the age is unknown.

6.8.7.4 *What is the severity of use?*

6.8.7.4.1 For the Primary, Secondary, and Tertiary substances, select the option that best describes the degree to which the substance use or abuse affects the client.

6.8.7.5 *What is the frequency of use?*

6.8.7.5.1 For the Primary, Secondary, and Tertiary substances, select the option that best describes how often the client uses or abuses the substance.

6.8.7.6 *What are the methods of use?*

6.8.7.6.1 For the Primary, Secondary, and Tertiary substances, select the option that best describes the route by which the client takes the substance into his or her body.

6.8.7.6.2 If multiple methods apply to a single substance, select the method that is most frequently used.

6.8.7.7 *Have you ever tried to reduce or control use of this substance?*

6.8.7.7.1 For the Primary, Secondary, and Tertiary substances, indicate whether the client has attempted to voluntarily use the substance less or take control over the addiction.

6.8.7.8 *Has anyone ever asked you to stop using this substance?*

6.8.7.8.1 For the Primary, Secondary, and Tertiary substances, indicate whether the client acknowledges that a friend, family member, other relative, or other acquaintance has encouraged him or her to stop using the substance.

DRAFT

6.8.7.9 *What was the date of the last use?*

6.8.7.9.1 For the Primary, Secondary, and Tertiary substances, enter the date on which the client most recently used or abused the substance.

6.8.7.9.2 This value may be estimated.

6.8.7.10 *Methadone Maintenance Planned?*

6.8.7.10.1 Indicate whether part of the client's treatment during the current episode (case) will include Methadone or other pharmacological therapies related to opiate and opioid addiction.

6.8.7.11 *Ever attended a self-help/support group?*

6.8.7.11.1 Indicate whether the client has attended a support group such as Alcoholics Anonymous or Narcotics Anonymous.

6.8.7.12 *Other Addictions*

6.8.7.12.1 Use these option transfer boxes to indicate other addictions that are problems for the client that are not reported as Primary, Secondary, or Tertiary substances.

6.8.7.12.2 This may include alcohol and nicotine if client does not have a significant problem with or addiction to the substances.

6.8.7.12.3 This field also includes non-substance addictions such as gambling, pornography, social media, video games, etc.

6.8.7.13 *Last substance admission environment in the last 10 years*

6.8.7.13.1 If the client has received treatment or services for substance abuse in the past 10 years, select the option that best describes the facility that provided the treatment or services.

6.8.7.13.2 Select "Not Applicable" if the client has not received treatment or services for substance abuse in the past 10 years.

6.8.7.14 *Number of prior substance abuse admissions*

6.8.7.14.1 Enter the number of times the client has previously been admitted to any agency or facility for substance abuse treatment.

6.8.7.14.2 This value may be estimated.

6.8.7.15 *Interviewer Rating*

6.8.7.15.1 Select the option that, based on this portion of the TAP assessment, best describes whether the client will continue to use or abuse the substances indicated above.

6.8.7.16 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.7.16.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.8 Click the right arrow to advance to the Support Sys screens.

DRAFT

6.8.8.1 Support Sys is a series of three screens that contain combinations of text boxes, drop-down menus, and option transfer boxes in which the interviewer should enter answers based on the client's responses to the questions or on known data.

6.8.8.2 The first screen in the Support Sys series is Employment.

6.8.8.2.1 The "Please Specify" text box under question #3 will become available if "Yes" is selected in the corresponding drop-down menu.

6.8.8.2.2 Question #9 will become available if "Yes" is selected in the drop-down menu for question #8.

6.8.8.2.3 The fields for questions #13 through #18 and the extra question labeled "Current gross/taxable individual monthly income" will automatically format the number entered into a dollar amount.

6.8.8.2.3.1 Example: If "5" is entered, it will format to "$5.00" when the screen is saved.

6.8.8.2.3.2 Example: If "3030.25" is entered, it will format to "$3,030.25" when the screen is saved.

6.8.8.2.3.3 These fields accept a maximum of 18 characters, not including the dollar sign ($), commas, and decimal.

6.8.8.2.4 Question #24 will become available when an option is selected in the drop-down menu for question #23.

6.8.8.2.5 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.8.2.5.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.8.3 Click the right arrow to advance to Social, the second screen in the Support Sys series.

6.8.8.3.1 The "If no, please specify" text box under question #2 will become available if "No" is selected in the corresponding drop-down menu.

6.8.8.3.2 Question #11 has drop-down menus in which the interviewer should enter the client's responses to each element of the question.

6.8.8.3.2.1 In the first column, answer the question for the last 30 days.

6.8.8.3.2.2 In the second column, answer the question for the client's lifetime.

6.8.8.3.3 Question #12 has drop-down menus in which the interviewer should enter the client's responses to each element of the question.

6.8.8.3.3.1 In the first column, answer the question for "Emotionally" in the last 30 days.

6.8.8.3.3.2 In the second column, answer the question for "Physically" in the last 30 days.

6.8.8.3.3.3 In the third column, answer the question for "Sexually" in the last 30 days.

DRAFT

6.8.8.3.3.4 In the fourth column, answer the question for "Emotionally" in the client's lifetime.

6.8.8.3.3.5 In the fifth column, answer the question for "Physically" in the client's lifetime.

6.8.8.3.3.6 In the sixth column, answer the question for "Sexually" in the client's lifetime.

6.8.8.3.4 Questions #14 and #15 will become available if any value other than "0" is entered in the text box for question #13.

6.8.8.3.5 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.8.3.5.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

6.8.8.4 Click the right arrow to advance to Legal, the third screen in the Support Sys series.

6.8.8.4.1 Questions #3 through #20 have drop-down menus in which the interviewer should indicate the client's responses to each question.

6.8.8.4.1.1 In the first column, enter the number of times the client was arrested for the activity indicated by the question.

6.8.8.4.1.2 In the second column, enter the number of times the client was charged with committing the activity indicated by the question.

6.8.8.4.1.2.1 This number must be less than or equal to the corresponding number in the Arrested column.

6.8.8.4.1.3 In the third column, enter the number of times the client was convicted of committing the activity indicated by the question.

6.8.8.4.1.3.1 This number must be less than or equal to the corresponding number in the Charged column.

6.8.8.4.1.4 The second and third columns do not apply to questions #17 through #19.

6.8.8.4.2 For Question #16, the term "OWI" stands for Operating While Impaired, which is a traffic charge in some states that, for assessment purposes, equates to Oregon's "DUII" charge.

6.8.8.4.3 Question #25 will become available if any values are entered in the three boxes for Question #24.

6.8.8.4.4 Question #27 will become available if "Yes" is selected in the drop-down menu for question #26.

6.8.8.4.5 Any additional information relevant to this portion of the TAP assessment may be entered into the Notes field at the bottom of the screen.

6.8.8.4.5.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2), but it will not be included in the final narrative text (see 6.8.11.1).

DRAFT

6.8.9 Click the right arrow to conclude the Support Sys series and advance to the ASAM screen.

6.8.9.1 This section of the TAP assessment may be removed for Oregon users.

6.8.9.2 Providers are able to record ASAM data in the Admission, Discharge, and Treatment Review modules (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

6.8.10 Click the right arrow to advance to the Summary screen.

6.8.10.1 Using the two drop-down menus, select a response to the two available questions.

6.8.10.2 In the Comments section, enter any additional comments relevant to the TAP assessment as a whole.

6.8.10.2.1 Text entered in this field will be displayed with the other data produced by clicking the Generate Report icon (see 6.10.2.2).

6.8.10.2.2 Unlike other screens, text entered in this field *will* be included in the final narrative text (see 6.8.11.1).

6.8.10.3 In the Assessment Duration section, the Interview Start Date will be displayed as entered on the Client Profile screen of the TAP assessment (6.8.2.2).

6.8.10.4 In the Assessment Duration section, the End Date will be displayed.

6.8.10.4.1 This field copies from the Interview Start Date.

6.8.10.4.2 If the TAP assessment was concluded on a day other than the Start Date, change the value in this field.

6.8.10.4.3 This date must be on or after the Interview Start Date.

6.8.10.4.4 This date cannot be in the future.

6.8.10.5 In the Assessment Duration section, in the "Total Interview Time" field, enter the total length of time required to complete the TAP assessment.

6.8.10.5.1 The time has no required format.

6.8.10.5.2 Example: If the TAP assessment took two hours, may be entered in any of the following ways:
"2 Hours"
"Two Hours"
"2:00"

6.8.11 Click the right arrow to advance to the Narrative screen.

6.8.11.1 The Narrative screen will display a summary of the TAP assessment based on the responses entered.

6.8.11.2 The Narrative is not complete until the Diagnosis screen is completed (6.8.12).

6.8.11.3 To open a printer-friendly version of this summary, click the Printable View icon at the top of the screen.

6.8.11.3.1 A pop-up window will appear, showing the same summary text in a format that can be easily printed.

6.8.11.3.2 The TAP assessment does not offer a PDF option.

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6.8.11.3.3 When finished, close the pop-up window.

6.8.12 Click the right arrow to advance to the Diagnosis screen.

6.8.12.1 A diagnosis is not required to save the TAP assessment until the Diagnosis screen is opened for the first time.

6.8.12.2 A diagnosis is required to complete the TAP assessment.

6.8.12.2.1 A TAP assessment that has been finished without a diagnosis will appear in the Activity List as "In Progress."

6.8.12.3 Note that the contents of all diagnosis drop-down menus in this section are sorted alphabetically.

6.8.12.3.1 A spreadsheet that can be used for sorting and filtering diagnosis codes can be found on the OWITS Forum (http://owits.boards.net).

6.8.12.4 Complete the following fields:

6.8.12.4.1 *Primary*

6.8.12.4.1.1 Select the option that best describes the primary diagnosis of the client's problem.

6.8.12.4.2 *Secondary*

6.8.12.4.2.1 Select the option that best describes the secondary diagnosis of the client's problem.

6.8.12.4.3 *Tertiary*

6.8.12.4.3.1 Select the option that best describes the tertiary diagnosis of the client's problem.

6.8.12.4.4 *Axis I*, *Axis II*, *Axis III*, and *Axis IV*

6.8.12.4.4.1 Use these sections if specific diagnoses have been identified for the client on one or more of the four DSM axes.

6.8.12.4.4.1.1 Diagnoses will be required on all four axes even if only one has been identified.

6.8.12.4.4.1.2 Each axis includes options to specify that no diagnosis has been made for that axis.

6.8.12.4.4.2 Click the Edit Axis Evaluation link.

6.8.12.4.4.3 In the Axis field, select Axis I.

6.8.12.4.4.3.1 Selecting Axis I in this field will filter the Diagnosis field (below) to show only Axis I diagnoses.

6.8.12.4.4.4 In the Diagnosis field, select the option that matches the client's Axis I diagnosis.

6.8.12.4.4.4.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis I (DSM)" if the diagnosis for this axis will be added later.

6.8.12.4.4.4.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis I (DSM)" if no diagnosis has been or will be identified for this axis.

DRAFT

6.8.12.4.4.5 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

6.8.12.4.4.5.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

6.8.12.4.4.6 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

6.8.12.4.4.7 Click the Add to Axis link in the gray bar labeled Axis I.

6.8.12.4.4.8 In the Axis field, select Axis II.

6.8.12.4.4.8.1 Selecting Axis II in this field will filter the Diagnosis field (below) to show only Axis II diagnoses.

6.8.12.4.4.9 In the Diagnosis field, select the option that matches the client's Axis II diagnosis.

6.8.12.4.4.9.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis II (DSM)" if the diagnosis for this axis will be added later.

6.8.12.4.4.9.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis II (DSM)" if no diagnosis has been or will be identified for this axis.

6.8.12.4.4.10 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

6.8.12.4.4.10.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

6.8.12.4.4.11 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

6.8.12.4.4.12 Click the Add to Axis link in the gray bar labeled Axis II.

6.8.12.4.4.13 In the Axis field, select Axis III.

6.8.12.4.4.13.1 Selecting Axis III in this field will filter the Diagnosis field (below) to show only Axis III diagnoses.

6.8.12.4.4.14 In the Diagnosis field, select the option that matches the client's Axis III diagnosis.

6.8.12.4.4.14.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis III (DSM)" if the diagnosis for this axis will be added later.

6.8.12.4.4.14.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis III (DSM)" if no diagnosis has been or will be identified for this axis.

DRAFT

6.8.12.4.4.15 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

6.8.12.4.4.15.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

6.8.12.4.4.16 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

6.8.12.4.4.17 Click the Add to Axis link in the gray bar labeled Axis III.

6.8.12.4.4.18 In the Axis field, select Axis IV.

6.8.12.4.4.18.1 Selecting Axis IV in this field will filter the Diagnosis field (below) to show only Axis IV diagnoses.

6.8.12.4.4.19 In the Diagnosis field, select the option that matches the client's Axis IV diagnosis.

6.8.12.4.4.19.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis IV (DSM)" if the diagnosis for this axis will be added later.

6.8.12.4.4.19.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis IV (DSM)" if no diagnosis has been or will be identified for this axis.

6.8.12.4.4.20 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

6.8.12.4.4.20.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

6.8.12.4.4.21 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

6.8.12.4.4.22 Click the Add to Axis link in the gray bar labeled Axis IV.

6.8.12.4.4.23 Click Finish to return to the Diagnosis screen.

6.8.12.4.5 *Axis V*

6.8.12.4.5.1 Enter the client's most recent GAF score.

6.8.12.4.5.2 This must be a number between 0 and 100.

6.8.12.4.6 *Highest GAF Score in Last Year*

6.8.12.4.6.1 This field may automatically populate with the highest score entered into the Axis V field (6.8.12.4.5) in all other Diagnosis screens between the current date and the current episode's intake date or in the twelve months prior to the current date, whichever is shorter.

DRAFT

6.8.12.4.6.2 Enter the highest score the client has received on the Global Assessment of Functioning scale in the last year, or replace the auto-populated value if it is incorrect.

6.8.12.4.6.3 This must be a number between 0 and 100.

6.8.12.4.6.4 The Global Assessment of Functioning scale is not currently available in OWITS.

6.8.12.5 Click Save.

6.8.12.5.1 Seriously, click Save now.

6.8.12.5.2 Skipping this step will produce errors.

6.8.12.6 Click Finish to return to the Narrative screen (6.8.11).

6.8.12.6.1 Clicking the left arrow to return to the Narrative screen from the Diagnosis screen causes an error in which the TAP assessment will not save correctly.

6.8.12.6.2 Clicking Finish will save the Diagnosis screen correctly.

6.8.13 Click Finish to return to the Activity List.

6.9 To create a subsequent or follow-up TAP assessment for the client (see 6.3), click the "Add New Follow-up TAP" link.

6.9.1 A new TAP assessment will be created.

6.9.2 A Follow-up TAP assessment asks the same questions as the Intake TAP assessment.

6.9.3 See steps 6.8.2 through 6.8.13 for detailed instructions regarding each screen and field of the TAP assessment.

6.9.4 Some fields may automatically populate with data entered into the previous or most recent TAP assessment.

6.10 Reports

6.10.1 The Narrative screen (6.8.11) will produce a printer-friendly narrative summation of the TAP assessment.

6.10.2 To produce a report of the entire TAP assessment, including all data fields regardless of whether data was entered, open any screen of the desired assessment.

6.10.2.1 Click the "Review" link in the Actions column on the Treatment Assignment Protocol List screen (6.7).

6.10.2.2 Click the Generate Report icon at the top of the screen.

6.10.2.3 A pop-up window will appear, showing the all the sections and data fields of the TAP assessment and their contents in a format that can be easily printed.

6.10.2.3.1 Printing this report requires a minimum of seven pages using the default Internet Explorer print settings.

6.10.2.3.2 The TAP assessment does not offer a PDF option.

6.10.2.4 When finished, close the pop-up window.

DRAFT

6.11 The TAP assessment appears as "TAP Assessment (Intake)" or as "TAP Assessment (Follow-up)" in the Activity List.

7.0 Assessments > BHA

7.1 The Behavior Health Assessment is an open-response assessment designed to allow clinicians to capture information about the client's current psychological, psychiatric, and social needs.

7.2 This assessment can be performed at any time within an Intake (episode) and as many times as needed.

7.2.1 Multiple BHA's will be recorded separately.

7.2.2 The BHA can be edited as needed until it is signed off (see 7.10).

7.3 The client record must include a completed Profile and Intake before the BHA will be available.

7.4 This assessment consists of six screens.

7.4.1 Identifying Info (7.9.1): Contains basic demographic information about the client.

7.4.2 Family History (7.9.3): Will show narrative descriptions of the client's family's medical, mental health, and substance abuse history.

7.4.3 Patient History 1 (7.9.4): Will show narrative descriptions of the client's social, educational, legal, and mental history.

7.4.4 Patient History 2 (7.9.5): Will show narrative descriptions of the client's mental health, drug use, and functional situation.

7.4.5 Patient History 3 (7.9.6): Will show narrative descriptions about the client's current treatment needs.

7.4.6 Diagnosis (7.9.7): Includes diagnoses identified during the assessment for each DSM Axis of diagnostic criteria.

7.5 To complete a Behavior Health Assessment, navigate to the client's Activity List.

7.6 In the Navigation View, navigate to Client List > Activity List > Assessments > BHA.

7.7 The Behavior Health Assessment List screen will appear, which displays any previous BHA's that have been conducted and recorded within the current case (episode).

7.7.1 The "Status" column indicates whether the assessment has been completed.

7.7.1.1 "Active – Not Signed Off" indicates the most recent assessment, not yet complete or clinically approved.

7.7.1.2 "Active – Signed Off" indicates the most recent complete assessment and shows that it has been clinically approved.

7.7.1.3 "Inactive – Draft" indicates an incomplete or work-in-progress assessment created from a previous assessment.

7.7.1.4 "Inactive – Old Version" indicates a complete assessment that has been replaced by a more recent assessment.

DRAFT

7.8 Click the "Add New Behavior Health Assessment Record" link in the Behavior Health Assessment list heading.

7.9 On each screen in the series, complete the fields corresponding to the questions asked, data required, and the client's responses or data available from other client records.

7.9.1 The Identifying Info screen includes some informational areas.

7.9.1.1 The Assessment Status field will display the same indicator as in the "Status" column on the Behavior Health Assessment List screen (7.7).

7.9.1.2 The client's name, date of birth, gender, ethnicity, address, and phone number will appear as entered in the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

7.9.1.3 The Presenting Problem field will display the text entered in the matching field on the Intake record.

7.9.1.4 The Administrative Actions box is not used until the assessment has been completed (see 7.10.3 and 7.12.3).

7.9.2 The Identifying Info screen includes the following editable fields:

7.9.2.1 *Person who conducted the Assessment*

7.9.2.1.1 Use this field to identify the name of the staff member who conducted the BHA.

7.9.2.1.2 Type the first few letters of the staff member's *last name* and click the magnifying glass to the right of the field.

7.9.2.1.3 OWITS will search the agency records for staff members whose last names match the letters entered.

7.9.2.1.3.1 If one matching staff member record is found, the name will automatically appear.

7.9.2.1.3.2 If multiple matching staff members are found, use the resultant drop-down menu to select the correct staff member.

7.9.2.2 *Date of Assessment*

7.9.2.2.1 This field will automatically populate with the current date.

7.9.2.2.2 If the assessment was performed prior to the current date, enter the date on which the assessment was performed.

7.9.3 Click the right arrow to advance to the Family History screen.

7.9.3.1 In the three available fields, enter the relevant details of the medical history, mental health history, and substance abuse history of the client's immediate and/or extended family members, as desired.

7.9.3.2 For a larger text box, click the "Review" link next to each field label.

7.9.3.2.1 Click Cancel to discard changes and return to the Family History screen.

7.9.3.2.2 Click the left arrow to temporarily save changes and return to the Family History screen.

7.9.3.2.3 Click Finish to save changes and return to the Family History screen.

DRAFT

7.9.4 When all three text boxes have been filled as needed, click the right arrow to advance to the Patient History 1 screen.

7.9.4.1 In the Current Living Arrangement field, select the option that best describes the client's housing situation.

7.9.4.1.1 Select "Lives in Own Home" if the client lives alone in a house or rental property that is paid for by private funds from client, client's relatives, or others in client's household.

7.9.4.2 In the Financial Status field, select the option that best describes the client's current situation as regards to the availability of personal funds to pay for immediate needs.

7.9.4.3 In the five text boxes, enter the relevant details of the client's legal history, social history, family and peer relationships, work and educational history, and medical history, as desired.

7.9.4.4 For a larger text box, click the "Review" link next to each field label.

7.9.4.4.1 Click Cancel to discard changes and return to the Patient History 1 screen.

7.9.4.4.2 Click the left arrow to temporarily save changes and return to the Patient History 1 screen.

7.9.4.4.3 Click Finish to save changes and return to the Patient History 1 screen.

7.9.5 When the available fields have been filled as needed, click the right arrow to advance to the Patient History 2 screen.

7.9.5.1 In the six available fields, enter the relevant details of the mental health history and status, drug and alcohol history and status, developmental history, functional impairment, mental status, and clinical impressions, as desired.

7.9.5.2 For a larger text box, click the "Review" link next to each field label.

7.9.5.2.1 Click Cancel to discard changes and return to the Patient History 2 screen.

7.9.5.2.2 Click the left arrow to temporarily save changes and return to the Patient History 2 screen.

7.9.5.2.3 Click Finish to save changes and return to the Patient History 2 screen.

7.9.6 When the available fields have been filled as needed, click the right arrow to advance to the Patient History 3 screen.

7.9.6.1 In the Prognosis field, select the option that best describes the client's clinical outlook as related to the information captured in this assessment.

7.9.6.2 In the six available text box fields, enter the relevant details of the client's eligibility for treatment, problem summary, strengths, resources, abilities, interests, desired services, recommendations, and prognosis comments.

7.9.6.3 For a larger text box, click the "Review" link next to each field label.

7.9.6.3.1 Click Cancel to discard changes and return to the Patient History 3 screen.

DRAFT

7.9.6.3.2 Click the left arrow to temporarily save changes and return to the Patient History 3 screen.

7.9.6.3.3 Click Finish to save changes and return to the Patient History 3 screen.

7.9.7 When the available fields have been filled as needed, click the right arrow to advance to the Diagnosis screen.

7.9.7.1 A diagnosis is not required to save the BHA assessment until the Diagnosis screen is opened for the first time.

7.9.7.2 A diagnosis is required to complete the BHA assessment.

7.9.7.3 Note that the contents of all diagnosis drop-down menus in this section are sorted alphabetically.

7.9.7.3.1 A spreadsheet that can be used for sorting and filtering diagnosis codes can be found on the OWITS Forum (http://owits.boards.net).

7.9.7.4 Complete the following fields:

7.9.7.4.1 *Primary*

7.9.7.4.1.1 Select the option that best describes the primary diagnosis of the client's problem.

7.9.7.4.2 *Secondary*

7.9.7.4.2.1 Select the option that best describes the secondary diagnosis of the client's problem.

7.9.7.4.3 *Tertiary*

7.9.7.4.3.1 Select the option that best describes the tertiary diagnosis of the client's problem.

7.9.7.4.4 *Axis I*, *Axis II*, *Axis III*, and *Axis IV*

7.9.7.4.4.1 Use these sections if specific diagnoses have been identified for the client on one or more of the four DSM axes.

7.9.7.4.4.1.1 Diagnoses will be required on all four axes even if only one has been identified.

7.9.7.4.4.1.2 Each axis includes options to specify that no diagnosis has been made for that axis.

7.9.7.4.4.2 Click the Edit Axis Evaluation link.

7.9.7.4.4.3 In the Axis field, select Axis I.

7.9.7.4.4.3.1 Selecting Axis I in this field will filter the Diagnosis field (below) to show only Axis I diagnoses.

7.9.7.4.4.4 In the Diagnosis field, select the option that matches the client's Axis I diagnosis.

7.9.7.4.4.4.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis I (DSM)" if the diagnosis for this axis will be added later.

DRAFT

7.9.7.4.4.4.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis I (DSM)" if no diagnosis has been or will be identified for this axis.

7.9.7.4.4.5 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

7.9.7.4.4.5.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

7.9.7.4.4.6 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

7.9.7.4.4.7 Click the Add to Axis link in the gray bar labeled Axis I.

7.9.7.4.4.8 In the Axis field, select Axis II.

7.9.7.4.4.8.1 Selecting Axis II in this field will filter the Diagnosis field (below) to show only Axis II diagnoses.

7.9.7.4.4.9 In the Diagnosis field, select the option that matches the client's Axis II diagnosis.

7.9.7.4.4.9.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis II (DSM)" if the diagnosis for this axis will be added later.

7.9.7.4.4.9.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis II (DSM)" if no diagnosis has been or will be identified for this axis.

7.9.7.4.4.10 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

7.9.7.4.4.10.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

7.9.7.4.4.11 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

7.9.7.4.4.12 Click the Add to Axis link in the gray bar labeled Axis II.

7.9.7.4.4.13 In the Axis field, select Axis III.

7.9.7.4.4.13.1 Selecting Axis III in this field will filter the Diagnosis field (below) to show only Axis III diagnoses.

7.9.7.4.4.14 In the Diagnosis field, select the option that matches the client's Axis III diagnosis.

7.9.7.4.4.14.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis III (DSM)" if the diagnosis for this axis will be added later.

DRAFT

7.9.7.4.4.14.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis III (DSM)" if no diagnosis has been or will be identified for this axis.

7.9.7.4.4.15 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

7.9.7.4.4.15.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

7.9.7.4.4.16 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

7.9.7.4.4.17 Click the Add to Axis link in the gray bar labeled Axis III.

7.9.7.4.4.18 In the Axis field, select Axis IV.

7.9.7.4.4.18.1 Selecting Axis IV in this field will filter the Diagnosis field (below) to show only Axis IV diagnoses.

7.9.7.4.4.19 In the Diagnosis field, select the option that matches the client's Axis IV diagnosis.

7.9.7.4.4.19.1 Near the bottom of the drop-down menu, select "Diagnosis or Condition Deferred on Axis IV (DSM)" if the diagnosis for this axis will be added later.

7.9.7.4.4.19.2 At the bottom of the drop-down menu, select "No Diagnosis or Condition on Axis IV (DSM)" if no diagnosis has been or will be identified for this axis.

7.9.7.4.4.20 In the Specifier field, enter additional clinical details regarding the severity, remission, and prior history of the diagnosis as directed by the DSM-IV.

7.9.7.4.4.20.1 Some instructions regarding the details that may be added to this field can be found in the DSM-IV, in the "Use of the Manual" section, under the "Severity and Course Specifiers" heading.

7.9.7.4.4.21 Use the Principal Diagnosis field, to indicate if the selected diagnosis is the client's most significant problem.

7.9.7.4.4.22 Click the Add to Axis link in the gray bar labeled Axis IV.

7.9.7.4.4.23 Click Finish to return to the Diagnosis screen.

7.9.7.4.5 *Axis V*

7.9.7.4.5.1 Enter the client's most recent GAF score.

7.9.7.4.5.2 This must be a number between 0 and 100.

7.9.7.4.6 *Highest GAF Score in Last Year*

7.9.7.4.6.1 This field may automatically populate with the highest score entered into the Axis V field (7.9.7.4.5) in all other Diagnosis

DRAFT

screens in the twelve months prior to the current date or the current episode's intake date, whichever is shorter.

7.9.7.4.6.2 Enter the highest score the client has received on the Global Assessment of Functioning scale in the last year, or replace the auto-populated value if it is incorrect.

7.9.7.4.6.3 This must be a number between 0 and 100.

7.9.7.4.6.4 The Global Assessment of Functioning scale is not currently available in OWITS.

7.9.7.5 Click Save.

7.9.7.5.1 Seriously, click Save now.

7.9.7.5.2 Skipping this step will produce errors.

7.9.7.6 Click Finish to return to the Identifying Info screen (7.9.1).

7.9.8 Click Finish to return to the Behavior Health Assessment List screen (7.7).

7.10 To sign an existing and unsigned (7.7.1.2) BHA, click the "Review link in the Actions column on the Behavior Health Assessment List screen (7.7).

7.10.1 A signed assessment indicates that it has been reviewed by a clinician or authorized staff member and that it has been evaluated as complete.

7.10.2 If necessary, use the Navigation View links or the blue arrows to navigate to the Identifying Info screen (7.9.1).

7.10.3 Click the "Sign Off" link in the Administrative Action box in the upper ("Profile Info") section of the screen.

7.10.4 OWITS will ask to confirm the action.

7.10.4.1 Click "Yes" to sign the assessment.

7.10.4.2 Click "No" to cancel signing the assessment.

7.11 Generate a report from any existing BHA.

7.11.1 Click the "Review" link in the Actions column on the Behavior Health Assessment List screen (7.7).

7.11.2 Click the Generate Report icon at the top of the screen.

7.11.3 The report will appear in a pop-up window.

7.11.3.1 The report may be viewed, saved as a PDF, or printed.

7.11.3.1.1 Use the Adobe PDF print and save icons (not the Internet Explorer print or save functions) to print or save the PDF.

7.11.3.2 Close the pop-up window when finished.

7.12 A signed BHA can be replaced.

7.12.1 Click the "Review link in the Actions column on the Behavior Health Assessment List screen (7.7).

7.12.2 If necessary, use the Navigation View links or the blue arrows to navigate to the Identifying Info screen (7.9.1).

DRAFT

7.12.3 The Administrative Actions box now contains two new commands:

7.12.3.1 *Create New Version*

7.12.3.2 *Create an Inactive Draft*

7.12.4 Click the "Create Inactive Draft" link to create a new BHA.

7.12.4.1 Data from the selected BHA (from which the "Create Inactive Draft" link was clicked) will be copied on all six screens.

7.12.4.2 Edit the fields as needed (see 7.9.2 through 7.9.8).

7.12.4.3 When finished, click Finish to return to the "Behavior Health Assessment List" screen (7.7).

7.12.4.4 An Inactive Draft can be deleted using the "Delete" link in the Actions column.

7.12.5 An Inactive Draft can be made active.

7.12.5.1 Click the "Review link in the Actions column on the Behavior Health Assessment List screen (7.7).

7.12.5.2 In the Administrative Actions box, click the "Make Draft Version Active" link.

7.12.5.2.1 OWITS will ask to confirm this action.

7.12.5.2.2 Click "Yes" to mark all previous BHA's as inactive and replace them with the current draft.

7.12.5.2.3 Click "No" to cancel.

7.12.5.3 In the Administrative Action box, click the "Sign Off" link to sign the assessment (see 7.10.3).

7.12.5.4 Click Finish to return to the "Behavior Health Assessment List" screen (7.7).

7.12.6 A new BHA can be created from a previous BHA.

7.12.6.1 Click the "Review link in the Actions column on the Behavior Health Assessment List screen (7.7).

7.12.6.1.1 OWITS will ask to confirm this action.

7.12.6.1.2 Click "Yes" to start a new Behavior Health Assessment, mark the currently active assessment as inactive, and delete all existing drafts.

7.12.6.1.2.1 This action cannot be undone.

7.12.6.1.3 Click "No" to cancel the creation of a new Behavior Health Assessment.

7.12.6.2 Data from the selected BHA (from which the "Create New Version" link was clicked) will be copied on all six screens.

7.12.6.3 Edit the fields as needed (see 7.9.2 through 7.9.8).

7.12.6.4 When finished, click Finish to return to the "Behavior Health Assessment List" screen (7.7).

7.12.6.5 Sign off the assessment as appropriate (see 7.10).

DRAFT

8.0 Assessments > DENS ASI

8.1 The Drug Evaluation Network System Addiction Severity Index is an interview designed to detect and measure the severity of potential treatment problems in seven areas commonly affected by alcohol and drug dependence.

8.1.1 This is the full version of this assessment.

8.1.2 For an abbreviated version, use the ASI Lite (see 9.0).

8.2 This assessment can be performed at any time within an Intake (episode) and as many times as needed.

8.2.1 Multiple DENS ASI assessments will be recorded separately.

8.3 The client record must include a completed Profile and Intake before the DENS ASI will become available.

8.4 The DENS ASI consists of

8.4.1 General (8.9.1, 8.9.2, 8.9.3, and 8.9.4): Questions about demographics and housing.

8.4.2 Medical (8.9.5 and 8.9.6): Questions about past hospitalizations and existing medical problems.

8.4.3 Employment (8.9.7, 8.9.8, 8.9.9, and 8.9.10): Questions about transportation, employment status, and income.

8.4.4 Drug Alcohol (8.9.10.7.2, 8.9.12, 8.9.13, 8.9.14, 8.9.15, 8.9.15.3.2, and 8.9.17): Questions about current and past use or abuse of drugs and alcohol.

8.4.5 Legal (8.9.18, 8.9.19, 8.9.20, 8.9.21, and 8.9.21.6.2): Questions about current or past involvement with law enforcement or the judicial system.

8.4.6 Family Social (8.9.23, 8.9.24, 8.9.25, 8.9.26, 8.9.27, 8.9.28, and 8.9.28.4.2): Questions about marital status, living arrangements, socialization, and problems with friends and/or family.

8.4.7 Psychiatric (8.9.30, 8.9.31, 8.9.32, and 8.9.32.4.2): Questions about current and past mental health problems and treatments.

8.4.8 DSM-IV (8.9.34 and 8.9.35): Specific questions about the client's habits or situations directly related substance dependence and abuse.

8.4.9 Scores (8.9.36): Numerical calculations produced by quantifying the client's responses to the assessment and its questions.

8.4.10 Interviewer's Assessment (8.9.37): A large text field for the person conducting the assessment to add his or her notes and impressions.

8.4.11 Narrative (8.9.38): A report of the assessment.

8.5 To complete a DENS ASI assessment, navigate to the client's Activity List.

8.6 In the Navigation View, navigate to Client List > Activity List > Assessments > DENS ASI.

8.7 The "Drug Evaluation Network System Addiction Severity Index" screen will appear.

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8.7.1 This screen displays any previous DENS ASI assessments that have been conducted and recorded within the current case (episode).

8.7.2 The Interview Class column indicates whether the assessment was performed as part of or close to the Intake process or as a follow-up to a previous ASI assessment (see 8.9.1.3).

8.8 Important Details about the DENS ASI

8.8.1 The eleven sections must be completed in order.

8.8.2 Each screen of the assessment is made up of three parts.

8.8.2.1 Questions – Prompts for the clinician or other staff member to ask questions and fields in which to enter the client's responses or other data.

8.8.2.2 Question Hints – A gray box near the bottom of the screen that displays instructions or guidelines for answering the questions.

8.8.2.2.1 Question hints may include specifications on formatting the answer, explanations of the kind of response expected by the assessment's authors, or suggested wording to use when asking the questions.

8.8.2.2.2 Refer to the Question Hints often to ensure accurate responses to the assessment questions.

8.8.2.2.2.1 In rare instances, the Question Hints may contain specifications that are not specifically relevant to Oregon.

8.8.2.2.3 Click in the drop-down menu or text box for any question.

8.8.2.2.4 If Question Hints are available for that question, they will appear in this box.

8.8.2.2.5 Click in the drop-down menu or text box for any other question to change the text in the Question Hints.

8.8.2.3 Comments – A large text box for any additional notes the interviewer wants to add that are relevant to the currently selected question.

8.8.2.3.1 The contents of the Comments box will change based on the current question.

8.8.2.3.2 Click in the drop-down menu or text box for any question.

8.8.2.3.3 Click in the Comments field.

8.8.2.3.4 Enter any relevant information relative to the question.

8.8.2.3.5 Click in the drop-down menu or text box for any other question to add or view comments for that specific question.

8.8.2.3.6 The text entered into most of these Comments boxes will display on the Narrative screen (8.9.38) and the report generated from this assessment (8.10).

8.8.3 Many drop-down menus within the DENS ASI contain "Not Answered" as the final option.

8.8.3.1 Select "Not Answered" if the question was not asked.

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8.8.3.2 Select "Not Answered" if the client refused to answer the question *and* none of the other available options are appropriate for the situation *and* the answer to the question cannot be found in other client records.

8.8.4 This assessment has built-in internal consistency verification.

8.8.4.1 The assessment will check against itself for conflicting data entry, but it will not compare itself to other ASI assessments.

8.8.4.2 Occasionally, a warning message or an error message will appear, detailing a potential inconsistency.

8.8.4.3 Review the message and the questions it references to ensure that the data has been entered accurately.

8.8.4.4 If the data is accurate, click Save and continue the assessment.

8.8.4.5 Warning messages may continue to appear throughout the assessment, but they can be ignored if the data is correct.

8.8.4.6 Error messages must be corrected in order to save the assessment.

8.8.5 Save often; this assessment can be saved, stopped, and resumed as long as all of the screens that have been viewed are completed.

8.8.6 The first screen in each section will only have a right arrow—no left arrow to return to the final screen of the previous section.

8.8.6.1 Use the links in the Navigation View to move backward to a previous section.

8.9 To record a DENS ASI, click the "Add DENS ASI Record" link.

8.9.1 The General section begins with questions G4-G9, which include the following fields:

8.9.1.1 *Date of Admission*

8.9.1.1.1 This field will automatically populate with the "Admission Date" field on the Admission Profile screen (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

8.9.1.1.2 If the client has not yet been admitted for treatment or services, this field will be blank.

8.9.1.2 *Date of Interview*

8.9.1.2.1 Enter the date on which the DENS ASI was conducted.

8.9.1.3 *Class*

8.9.1.3.1 Indicate when (in the treatment steps) this assessment was performed.

8.9.1.3.2 Select "Intake" if this is the first DENS ASI or ASI Lite (9.0) recorded for the client's current episode (case).

8.9.1.3.3 Select "Follow-up" if the client already has any ASI recorded in his or her current episode (case).

8.9.1.4 *Contact Code*

8.9.1.4.1 Indicate the method by which answers to the DENS ASI questions were obtained from the client.

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8.9.2 Click the right arrow to advance to General section questions G14-G15, which include the following fields:

8.9.2.1 *First Name / Last Name / Address*

8.9.2.1.1 This section will automatically populate with the client's name and address as entered in the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

8.9.2.2 *How Long at Address*

8.9.2.2.1 In the first of these two fields, enter the number of years the client has lived at his or her current residence.

8.9.2.2.2 In the second of these two fields, enter the number of months (in addition to the number of years) the client has lived at his or her current residence.

8.9.2.2.3 Example: 5 Years, 8 Months.

8.9.2.3 *Residence Owned by You or Family*

8.9.2.3.1 Indicate whether the residence referenced above is owned by the client or by members of his or her immediate family.

8.9.3 Click the right arrow to advance to General section questions G16-G20, which include the following:

8.9.3.1 *Of what race do you consider yourself?*

8.9.3.1.1 This field will automatically populate with the option selected in the "Race" field of the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

8.9.3.2 *Of what ethnic category do you consider yourself?*

8.9.3.2.1 This field will automatically populate with the option selected in the "Ethnicity" field of the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

8.9.3.3 *Do you have a religious preference?*

8.9.3.4 *Have you been in a controlled environment in the past 30 days?*

8.9.3.4.1 Indicate whether the client has spent any time in the last 30 days in a controlled environment, including:

8.9.3.4.1.1 Jail

8.9.3.4.1.2 Alcohol or Drug Treatment

8.9.3.4.1.3 Medical Treatment

8.9.3.4.1.4 Psychiatric Treatment

8.9.3.4.1.5 Other

8.9.3.4.2 Select "No" if the client has not spent any time in the last 30 days in a controlled environment.

8.9.3.5 *How many days?*

8.9.3.5.1 Selecting "No" for question #G19 (8.9.3.4) will automatically enter "N" in this field.

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8.9.3.5.1.1 Selecting "No" for question #G19 and then selecting another option for question #G19 will not remove the "N" in this field.

8.9.3.5.1.2 In this case, replace the "N" with a number.

8.9.3.5.2 Enter the number of days in the last 30 that the client spent in a controlled environment.

8.9.3.5.2.1 Note that this field only refers to the number of days in the last 30, not the number days overall that the client has spent in a controlled environment.

8.9.3.5.3 This number must be less than or equal to 30.

8.9.4 Click the right arrow to advance to the General section G-Additional questions.

8.9.4.1 If the option selected in question #G18 (8.9.3.3) was "Other," use the drop-down menus to further describe the client's religious preference based on these three questions.

8.9.5 Click the right arrow to advance to the Medical section questions M1-M5, which include the following:

8.9.5.1 *How many times in your life have you been hospitalized for medical problems?*

8.9.5.1.1 Entering any number in this field will cause the "Specify" field to become available for entering brief descriptions of the client's medical hospitalizations.

8.9.5.2 *How long ago was your last hospitalization for a physical problem?*

8.9.5.3 *Do you have any chronic or medical problems which continue to interfere with your life?*

8.9.5.3.1 Selecting "Yes" in this field will cause the "Specify" field to become available for entering brief descriptions of the client's chronic medical problems.

8.9.5.4 *Are you taking any prescribed medication on a regular basis for a physical problem?*

8.9.5.4.1 Selecting "Yes" in this field will cause the "Specify" field to become available for noting the client's medications.

8.9.5.5 *Do you receive a pension for physical disability?*

8.9.5.5.1 Selecting "Yes" in this field will cause the "Specify" field to become available for detailing the amount of the pension.

8.9.6 Click the right arrow to advance to the Medical section questions M6-M11, which include the following:

8.9.6.1 *How many days have you experienced medial problems in the past 30?*

8.9.6.1.1 This number must be less than or equal to 30.

8.9.6.2 *How troubled or bothered have you been by these medical problems in the past 30 days?*

8.9.6.3 *How important to you now is treatment for these medical problems?*

8.9.6.4 *How would you rate the patient's need for medical tx?*

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8.9.6.4.1 Indicate the *interviewer's* perception of the client's need to receive any medical treatment.

8.9.6.4.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.6.5 *Patient's misrepresentation?*

8.9.6.5.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Medical) only.

8.9.6.5.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.6.5.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.6.6 *Patient's inability to understand?*

8.9.6.6.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Medical).

8.9.6.6.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.6.6.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

8.9.6.7 *Section comments*

8.9.6.7.1 Enter any additional information relevant to the Medical section.

8.9.6.7.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.7 Click the right arrow to advance to the Education section questions E1-E5, which include the following:

8.9.7.1 *Education Completed*

8.9.7.2 *Training or technical education completed.*

8.9.7.3 *Do you have a profession, trade, or skill?*

8.9.7.3.1 Selecting "Yes" in this field will cause the "Specify" field to become available for entering a brief description of the client's employable skills.

8.9.7.4 *Do you have a valid driver's license?*

8.9.7.4.1 Indicate whether the client has a valid driver's license, regardless of the license class or issuing state.

8.9.7.4.2 State identification does not count as a driver's license.

8.9.7.4.3 A suspended or revoked license does not count as valid.

8.9.7.5 *Do you have an automobile available for use?*

8.9.7.5.1 Indicate whether the client has regular and/or frequent access to any automobile that he or she could drive for purposes of education, employment, or treatment.

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8.9.7.5.2 Selecting "No" in the drop-down menu for question #E4 will automatically select "No" in this field as well.

8.9.7.5.3 If the client does not have a valid driver's license, "No" must be selected in this field, even if the client drives without a valid license.

8.9.8 Click the right arrow to advance to the Education section questions E6-E10, which include the following:

8.9.8.1 *How long was your longest full time job?*

8.9.8.2 *Usual or last occupation*

8.9.8.2.1 Select the option that best describes the type of work the client has done most often during his or her period(s) of employment.

8.9.8.2.2 If the client has not worked one type of job more than another, select the option that best describes the client's current or most recent type of work.

8.9.8.2.3 Options in this drop-down menu are grouped and categorized.

8.9.8.3 *Hollingshead Category Examples*

8.9.8.3.1 Use this field as a reference for selecting the best option for question #E7 above (8.9.8.2).

8.9.8.3.2 Use the scroll bar and scroll buttons on the right of this field to view detailed descriptions of all nine options.

8.9.8.4 *Does someone contribute to your support in any way?*

8.9.8.4.1 Indicate whether the client receives any kind of material support or assistance from another person, including the client's parents or spouse.

8.9.8.4.2 Select "No" if the client only receives financial or other material support from government agencies, institutions, or other formal organizations.

8.9.8.4.3 Select "Yes" if the client receives financial support from friends, family, neighbors, etc.

8.9.8.4.4 Select "Yes" if the client receives food from friends, family, neighbors, etc.

8.9.8.4.5 Select "Yes" if the client lives with others who pay the rent or mortgage for the residence.

8.9.8.4.6 Selecting "No" in this field will automatically select "N/A" in the drop-down menu for question #E9 below (8.9.8.5).

8.9.8.5 *Does this constitute the majority of your support?*

8.9.8.6 *Usual employment pattern, past three years?*

8.9.9 Click the right arrow to advance to the Education section questions E11-E18, which include the following:

8.9.9.1 *How many days were you paid for work in the past 30?*

8.9.9.1.1 Include days employed as "worked" even if it was a day off (weekends, sick leave, vacation, etc.).

8.9.9.1.2 Include all legal work-related income, whether it was reported to the federal government as taxable income or not.

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8.9.9.2 *How much money did you receive from the following sources in the past 30 days?*

8.9.9.2.1 Question #E12: Enter the whole dollar amount the client received in the past 30 days from his or her employment.

8.9.9.2.1.1 Include only legal sources of income from employment

8.9.9.2.1.2 Include income not reported to the federal government ("under the table").

8.9.9.2.1.3 Do not include illegal sources of income.

8.9.9.2.2 Question #E13: Enter the whole dollar amount the client received in the past 30 days from unemployment compensation.

8.9.9.2.2.1 Do not include workers compensation.

8.9.9.2.3 Question #E14: Enter the whole dollar amount the client received in the past 30 days from welfare sources such as federal, state, county, or local assistance agencies, food stamps, etc.

8.9.9.2.4 Question #E15: Enter the whole dollar amount the client received in the past 30 days from retirement pensions, benefits for veterans, and workers' compensation.

8.9.9.2.4.1 Do not include unemployment compensation as reported in question #E13 (8.9.9.2.2).

8.9.9.2.5 Question #E16: Enter the whole dollar amount the client received in the past 30 days from people or unreliable/unexpected sources.

8.9.9.2.5.1 "Mate" refers to the client's spouse, domestic partner, significant other, etc.

8.9.9.2.5.2 Also include income from legal gambling, tax refunds, etc.

8.9.9.2.6 Question #E17: Enter the whole dollar amount the client received in the past 30 days from illegal sources such as selling drugs, theft, prostitution, etc.

8.9.9.2.7 Enter only whole dollar amounts in these fields—no decimals, dollar signs, or commas.

8.9.9.3 *How many people depend on you for the majority of their food, shelter, etc.?*

8.9.9.3.1 Do not include the client in this value.

8.9.9.3.2 Include dependent children for whom the client pays child support if the child support funds exceed the money earned or otherwise used for their support by their custodial parent or guardian(s).

8.9.10 Click the right arrow to advance to the Education section questions E19-E24, which include the following:

8.9.10.1 *How many days have you experienced employment problems in the past 30?*

8.9.10.1.1 For current job seekers, include difficulty finding a job or anxiety about interviews.

8.9.10.1.2 For employed clients, include interpersonal conflicts with co-workers or superiors, punctuality, etc.

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8.9.10.2 *How troubled or bothered have you been by these employment problems in the past 30 days?*

8.9.10.3 *How important to you now is counseling for these employment problems?*

8.9.10.4 *How would you rate the patient's need for employment counseling?*

8.9.10.4.1 Indicate the *interviewer's* perception of the client's need for assistance or support related to employment.

8.9.10.4.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.10.5 *Patient's misrepresentation?*

8.9.10.5.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Education) only.

8.9.10.5.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.10.5.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.10.6 *Patient's inability to understand?*

8.9.10.6.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Education).

8.9.10.6.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.10.6.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

8.9.10.7 *Section comments*

8.9.10.7.1 Enter any additional information relevant to the Education section.

8.9.10.7.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.11 Click the right arrow to advance to the Drug Alcohol section questions D1-D13.

8.9.11.1 These questions list substances which the client may use or abuse.

8.9.11.2 In the first column of response fields, enter the number of days in the past 30 on which the client used or abused each substance.

8.9.11.3 In the second column of response fields, enter the number of years during the client's lifetime in which he or she used or abused each substance regularly for more than half of the year.

8.9.11.4 In the third column of response fields, select the option that best describes how the client took each substance into his or her body.

8.9.12 Click the right arrow to advance to the Drug Alcohol section questions D14-D18, which include the following:

8.9.12.1 *According to the interviewer, which substance(s) is/are the major problem?*

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8.9.12.1.1 Select the option that best describes the *interviewer's* perception of the client's most severe substance addiction.

8.9.12.1.2 Select "Alcohol & One or More Drugs" if the client has a significant addiction to alcohol and at least one other substance.

8.9.12.1.3 Select "More Than One Drug But No Alcohol" if the client has a significant addiction to at least two substances, neither of which is alcohol.

8.9.12.2 *How long was your last period of voluntary abstinence from this major substance (in months)?*

8.9.12.2.1 Count only voluntary abstinence.

8.9.12.2.2 If one of the multiple substance options was selected, the number in this field must represent abstinence from all indicated substances.

8.9.12.2.3 Enter "0" if the client has not been abstinent for more than two weeks or if the client has not been abstinent at all since his or her initial use of the substance.

8.9.12.3 *How many months ago did this period of abstinence end?*

8.9.12.3.1 Entering "0" for question #D15 will automatically enter "N" in this field.

8.9.12.3.2 Enter "0" in this field if the client is currently abstinent from the substances identified in question #D14 (8.9.12.1).

8.9.12.4 *How many times have you had alcohol DT's?*

8.9.12.4.1 Enter the total number of times the client has experienced delirium tremens induced by alcohol.

8.9.12.4.2 Count only delirium tremens experiences, not "the shakes."

8.9.12.5 *How many times have you overdosed on drugs?*

8.9.12.5.1 Do not count instances where the client simply passed out and recovered without intervention from another person.

8.9.13 Click the right arrow to advance to the Drug Alcohol section questions D19-D25, which include the following:

8.9.13.1 *How many times in your life have you been treated for alcohol abuse?*

8.9.13.2 *How many of these were detox only (alcohol)?*

8.9.13.2.1 Entering "0" for question #D19 (8.9.13.1) will automatically enter "N" in this field.

8.9.13.3 *How much money did you spend during the past 30 days on alcohol?*

8.9.13.3.1 Enter only a whole dollar amount—no decimals, dollar signs, or commas.

8.9.13.4 *How many times in your life have you been treated for drug abuse?*

8.9.13.5 *How many of these were detox only (drugs)?*

8.9.13.5.1 Entering "0" for question #D20 (8.9.13.4) will automatically enter "N" in this field.

8.9.13.6 *How much money did you spend during the past 30 days on drugs?*

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8.9.13.6.1 Enter only a whole dollar amount—no decimals, dollar signs, or commas.

8.9.13.7 *How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?*

8.9.14 Click the right arrow to advance to the Drug Alcohol section questions D26-D33, which include the following:

8.9.14.1 *How many days in the past 30 have you experienced alcohol problems?*

8.9.14.2 *How troubled have you been in the past 30 days by alcohol problems?*

8.9.14.3 *How important to you now is treatment for alcohol problems?*

8.9.14.4 *How many days in the past 30 have you experienced drug problems?*

8.9.14.5 *How troubled have you been in the past 30 days by drug problems?*

8.9.14.6 *How important to you now is treatment for drug problems.*

8.9.14.7 *How would you rate the patient's need for alcohol treatment?*

8.9.14.7.1 Indicate the *interviewer's* perception of the client's need for alcohol treatment.

8.9.14.7.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.14.8 *How would you rate the patient's need for drug treatment?*

8.9.14.8.1 Indicate the *interviewer's* perception of the client's need for drug treatment.

8.9.14.8.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.15 Click the right arrow to advance to the Drug Alcohol section questions D34-D35, which include the following:

8.9.15.1 *Patient's misrepresentation?*

8.9.15.1.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Drug Alcohol) only.

8.9.15.1.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.15.1.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.15.2 *Patient's inability to understand?*

8.9.15.2.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Drug Alcohol).

8.9.15.2.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.15.2.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

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8.9.15.3 *Section comments*

8.9.15.3.1 Enter any additional information relevant to the Drug Alcohol section.

8.9.15.3.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.16 Click the right arrow to advance to the Drug Alcohol section D-Additional 1 questions, which include the following:

8.9.16.1 Similar to questions D1-D13 (see 8.9.11), these questions list additional substances which the client may use or abuse.

8.9.16.2 In the first column of response fields, enter the number of days in the past 30 on which the client used or abused each substance.

8.9.16.3 In the second column of response fields, enter the number of years during the client's lifetime in which he or she used or abused each substance regularly for more than half of the year.

8.9.16.4 In the third column of response fields, select the option that best describes how the client took each substance into his or her body.

8.9.17 Click the right arrow to advance to the Drug Alcohol section D-Additional 2 questions, which include the following:

8.9.17.1 *Was the OxyContin prescribed for you for diagnosed pain or medical reasons?*

8.9.17.1.1 If the OxyContin fields on the previous screen (see 8.9.16) are blank, "N/A" will display in this field.

8.9.17.2 *Did you use the OxyContin to get high or get a buzz?*

8.9.17.2.1 If the OxyContin fields on the previous screen (see 8.9.16) are blank, "N/A" will display in this field.

8.9.17.3 *Did you take the OxyContin in combination with other opiates, heroin, or methadone?*

8.9.17.3.1 If the OxyContin fields on the previous screen (see 8.9.16) are blank, "N/A" will display in this field.

8.9.17.4 *How many months ago did you first use OxyContin?*

8.9.17.4.1 If the OxyContin fields on the previous screen (see 8.9.16) are blank, "N" will display in this field.

8.9.17.4.2 Enter 0 if the client used OxyContin *for the first time* less than 30 days before the assessment date (8.9.1.2).

8.9.17.4.3 Enter 99 if the client used OxyContin *for the first time* more than 8.25 years prior to the assessment date (8.9.1.2).

8.9.17.5 *Did you get the OxyContin from a friend, family member, or on the street?*

8.9.17.5.1 If the OxyContin fields on the previous screen (see 8.9.16) are blank, "N/A" will display in this field.

8.9.18 Click the right arrow to advance to the Legal section questions L1-L17, which include the following:

DRAFT

8.9.18.1 *Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)?*

8.9.18.2 *Are you on probation or parole?*

8.9.18.3 *How many times in your life have you been arrested and charged with the following?*

8.9.18.3.1 For each of the 14 crimes listed, enter the number of times that the client has been arrested and charged.

8.9.18.3.2 Do not count arrests in which no formal charges were pressed.

8.9.18.3.3 Count arrests in which the client was charged but not convicted.

8.9.18.3.4 The "Specify" field will become available if any number other than 0 is entered for question L16.

8.9.18.3.4.1 Type a brief description of the crime(s) for which the client was arrested and charged that were counted in question #L16.

8.9.18.4 *How many of these charges resulted in convictions?*

8.9.19 Click the right arrow to advance to the Legal section questions L18-L23, which include the following:

8.9.19.1 *How many times in your life have you been charged with the following?*

8.9.19.1.1 For each of the three offenses listed, enter the number of times that the client has been arrested and charged.

8.9.19.1.2 Do not count arrests in which no formal charges were pressed.

8.9.19.1.3 Count arrests in which the client was charged but not convicted.

8.9.19.2 *How many months were you incarcerated in your life?*

8.9.19.3 *How long was your last incarceration?*

8.9.19.3.1 This field will display "N" if 0 was entered for question #L21 above (8.9.19.2).

8.9.19.4 *What was it for?*

8.9.19.4.1 This field will display "N" if 0 was entered for question #L21 above (8.9.19.2).

8.9.20 Click the right arrow to advance to the Legal section questions L24-L27, which include the following:

8.9.20.1 *Are you presently awaiting charges, trial, or sentence?*

8.9.20.2 *What for (if multiple charges, use most severe)?*

8.9.20.2.1 This field will display "N" if 0 was entered for question #L24 above (8.9.20.1).

8.9.20.3 *How many days in the past 30 were you detailed or incarcerated?*

8.9.20.4 *How many days in the past 30 have you engaged in illegal activities for profit?*

8.9.21 Click the right arrow to advance to the Legal section questions L28-L32, which include the following:

8.9.21.1 *How serious do you feel your present legal problems are?*

DRAFT

8.9.21.2 *How important to you now is counseling or referral for these legal problems?*

8.9.21.3 *How would you rate the patient's need for legal services or counseling?*

8.9.21.3.1 Indicate the *interviewer's* perception of the client's need for assistance or support related to the client's interaction with law enforcement and/or with the legal system.

8.9.21.3.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.21.4 *Patient's misrepresentation?*

8.9.21.4.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Legal) only.

8.9.21.4.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.21.4.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.21.5 *Patient's inability to understand?*

8.9.21.5.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Legal).

8.9.21.5.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.21.5.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

8.9.21.6 *Section comments*

8.9.21.6.1 Enter any additional information relevant to the Legal section.

8.9.21.6.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.22 Click the right arrow to advance to the Legal section L-Additional questions, which include the following:

8.9.22.1 *Is your treatment a mandatory condition of the criminal justice system, like probation, parole, or drug court?*

8.9.22.2 *Are you in treatment instead of incarceration in a jail or prison?*

8.9.23 Click the right arrow to advance to the Family Social section questions F1-F6, which include the following:

8.9.23.1 *Marital status?*

8.9.23.2 *How long have you been in this marital status (if never married, then since age 18)?*

8.9.23.2.1 If "Never Married – Single" is selected for question F1 above (8.9.23.1), these two fields will automatically calculate the number of years and

DRAFT

months between the clients date of birth (as entered on the Client Profile) and the assessment date (8.9.1.2).

8.9.23.3 *Are you satisfied with this situation?*

8.9.23.4 *Usual living arrangements (past 3 years)?*

8.9.23.5 *How long have you lived in these arrangements (if with parents or family, then since age 18)?*

8.9.23.6 *Are you satisfied with these arrangements?*

8.9.24 Click the right arrow to advance to the Family Social section questions F7-F11, which include the following:

8.9.24.1 *Do you live with anyone who has an alcohol problem?*

8.9.24.2 *Do you live with anyone who uses non-prescribed drugs?*

8.9.24.3 *With whom do you spend most of your free time?*

8.9.24.4 *Are you satisfied with spending your free time this way?*

8.9.24.5 *How many close friends do you have?*

8.9.25 Click the right arrow to advance to the Family Social section questions F12-F17.

8.9.25.1 Indicate whether the client feels that he or she has had a close reciprocal relationship with any of the people listed.

8.9.26 Click the right arrow to advance to the Family Social section questions F18-F26.

8.9.26.1 These questions list people with whom the client may have experience relationship problems.

8.9.26.2 In the first column of response fields, indicate whether the client has had serious problems getting along with the person in the past 30 days.

8.9.26.3 In the second column of response fields, indicate whether the client has ever had serious problems getting along with the person.

8.9.26.4 If "Yes" is selected in either column for question F23, the "Specify" field will become available for entering the other significant family members indicated in the response to this question.

8.9.27 Click the right arrow to advance to the Family Social section questions F27-F35, which include the following:

8.9.27.1 *Has anyone ever abused you emotionally (through harsh words)?*

8.9.27.2 *Has anyone ever abused you physically (caused you physical harm)?*

8.9.27.3 *Has anyone ever abused you sexually (forced sexual advances or acts)?*

8.9.27.4 *How many days in the past 30 have you had serious conflicts with your family?*

8.9.27.5 *How troubled have you been in the past 30 days by family problems?*

8.9.27.6 *How important to you now is treatment or counseling for family problems?*

8.9.27.7 *How many days in the past 30 have you had conflicts with others (excluding family)?*

8.9.27.8 *How troubled have you been in the past 30 days by social problems?*

DRAFT

8.9.27.9 *How important to you now is treatment or counseling for social problems?*

8.9.28 Click the right arrow to advance to the Family Social section questions F36-F38, which include the following:

8.9.28.1 *How would you rate the patient's need for family and/or social counseling?*

8.9.28.1.1 Indicate the *interviewer's* perception of the client's need for counseling or support in relation to his or her family and social relationships.

8.9.28.1.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.28.2 *Patient's misrepresentation?*

8.9.28.2.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Family Social) only.

8.9.28.2.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.28.2.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.28.3 *Patient's inability to understand?*

8.9.28.3.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Family Social).

8.9.28.3.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.28.3.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

8.9.28.4 *Section comments*

8.9.28.4.1 Enter any additional information relevant to the Family Social section.

8.9.28.4.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.29 Click the right arrow to advance to the Family Social F-Additional questions, which include the following:

8.9.29.1 *Now think about where you have stayed in the past 30 days. How many days did you spend the night on the streets, in abandoned buildings, in cars, or in public areas (like parks, bus stations, or tunnels)?*

8.9.29.2 *How many days in the past 30 did you stay overnight in a shelter?*

8.9.29.3 *How many days in the past 30 did you stay overnight in an apartment or house that you did not rent or own?*

8.9.29.4 *How many days in the past 30 did you stay overnight in a hospital, jail, treatment program, or other institution?*

8.9.30 Click the right arrow to advance to the Psychiatric section questions P1-P11, which include the following:

DRAFT

8.9.30.1 *How many times have you been treated for any psychological or emotional problems in a hospital?*

8.9.30.2 *How many times have you been treated for any psychological or emotional problems as an outpatient or private patient?*

8.9.30.3 *Do you receive a pension for a psychiatric disability?*

8.9.30.4 *Have you had a significant period of time in which you have…*

8.9.30.4.1 These questions (P4-P11) list psychiatric problems the client may have experienced.

8.9.30.4.2 In the first column of response fields, indicate whether the client has experienced the problem in the past 30 days.

8.9.30.4.3 In the second column of response fields, indicate whether the client has ever experienced the problem.

8.9.31 Click the right arrow to advance to the Psychiatric section questions P12-P20, which include the following:

8.9.31.1 *How many days in the past 30 have you experienced these psychological or emotional problems?*

8.9.31.2 *How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?*

8.9.31.3 *How important to you now is treatment of these psychological problems?*

8.9.31.4 *At the time of the interview, is the patient obviously depressed/withdrawn?*

8.9.31.5 *At the time of the interview, is the patient obviously hostile?*

8.9.31.6 *At the time of the interview, is the patient obviously anxious/nervous?*

8.9.31.7 *At the time of the interview, is the patient having trouble with reality testing, thought disorders, paranoid thinking?*

8.9.31.8 *At the time of the interview, is the patient having trouble comprehending, concentrating, remembering?*

8.9.31.9 *Having suicidal thoughts?*

8.9.32 Click the right arrow to advance to the Psychiatric section questions P21-P23, which include the following:

8.9.32.1 *How would you rate the patient's need for psychiatric/psychological treatment?*

8.9.32.1.1 Indicate the *interviewer's* perception of the client's need for assistance or support related to mental health problems.

8.9.32.1.2 Each option in this drop-down menu is duplicated so that one can be selected with a "Low" value or a "High" value, allowing interviewers a greater range of selections.

8.9.32.2 *Patient's misrepresentation?*

8.9.32.2.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Psychiatric) only.

DRAFT

8.9.32.2.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

8.9.32.2.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

8.9.32.3 *Patient's inability to understand?*

8.9.32.3.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Psychiatric).

8.9.32.3.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

8.9.32.3.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

8.9.32.4 *Section comments*

8.9.32.4.1 Enter any additional information relevant to the Psychiatric section.

8.9.32.4.2 This text will appear on the Narrative screen (8.9.38) and the report (8.10) generated from this assessment.

8.9.33 Click the right arrow to advance to the Psychiatric section P-Additional questions, which include the following:

8.9.33.1 *In your life, have you ever had any experiences that were so frightening, horrible, or upsetting that others rarely go through?*

8.9.33.2 *In the past 30 days, have you had nightmares or "flashbacks" about the trauma or thought about it when you did not want to?*

8.9.33.3 *In the past 30 days, have you tried hard not to think about the traumatic event or went out of your way to avoid situations that reminded you of it?*

8.9.33.4 *In the past 30 days, were you constantly on guard, watchful, or easily startled?*

8.9.33.5 *In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?*

8.9.34 Click the right arrow to advance to the DSMIV (DSM-IV) section's Dependence questions.

8.9.34.1 For each of the seven questions, use the first column of response fields to indicate the client's situation relative to the question as it pertains to alcohol.

8.9.34.2 For each of the seven questions, use the second column of response fields to indicate the client's situation relative to the question as it pertains to drugs.

8.9.35 Click the right arrow to advance to the DSMIV (DSM-IV) section's Abuse questions.

8.9.35.1 For each of the four questions, use the first column of response fields to indicate the client's situation relative to the question as it pertains to alcohol.

8.9.35.2 For each of the four questions, use the second column of response fields to indicate the client's situation relative to the question as it pertains to drugs.

8.9.36 Click the right arrow to advance to the Scores screen.

DRAFT

8.9.36.1 The assessment will calculate scores for the client based on the responses entered in each section.

8.9.36.2 The Composite scores use summation and division to evaluate the severity of the problem(s) represented in each section.

8.9.36.3 The Severity Profile scores use a ten-point scale to evaluate the severity of the problem(s) represented in each section.

8.9.36.4 In both sets of scores, a higher number indicates a more significant problem or the greater potential for the problem.

8.9.36.5 Compare the scores from a DENS ASI conducted at Intake to the scores from a DENS ASI conducted during and/or after treatment as a tool to help evaluate the efficacy of the treatment or services provided or the client's improvement as a result of the treatment or services.

8.9.36.6 The scores from a DENS ASI can be imported into the client's admission record (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

8.9.36.7 This screen also includes two fields that should be completed:

8.9.36.7.1 *Expected modality most appropriate for the patient.*

8.9.36.7.2 *Special*

8.9.36.7.2.1 Select the option that best describes the success or failure of the assessment.

8.9.36.7.2.2 "N/A Interview Completed" indicates that the assessment was completed.

8.9.36.7.2.3 "Patient Refused" indicates that the client refused to go through with the assessment and that the user did not get beyond the Client Profile screen.

8.9.36.7.2.4 "Patient Terminated" indicates that the client started the assessment process but voluntarily concluded it before the assessment was completed.

8.9.36.7.2.5 "Patient Unable to Respond" indicates that the client could not answer the questions posed by the interviewer, regardless of reason.

8.9.37 Click the right arrow to advance to the Interviewer's Assessment screen.

8.9.37.1 In a narrative or list form, enter the interviewer's overall perception of the client's current situation and needs, based on the questions asked, answers received, and other informational sources.

8.9.37.2 Click Save.

8.9.38 Click the right arrow to advance to the Narrative section.

8.9.38.1 This screen displays a narrative report of the assessment, the client's responses, and the interviewer's comments.

8.9.38.2 Question specific comments (8.8.2.3) appear in parentheses in the associated paragraphs.

8.9.38.3 Section comments appear under their own heading.

DRAFT

8.9.38.4 Each paragraph of narrative text can be edited if desired.

8.9.38.4.1 Place a checkmark in the box next to the paragraph to be edited.

8.9.38.4.2 The paragraph will change to a filled text box.

8.9.38.4.3 Make additions or changes to the existing text as needed.

8.9.38.4.4 Removing the checkmark will restore the paragraph to the text generated by the assessment.

8.9.38.4.5 The "Edit all narrative text fields" link in the Administrative Actions box will place a checkmark next to every paragraph on this screen.

8.9.38.4.6 The "Use system generated text fields" link in the Administrative Actions box will remove all checkmarks on this screen and restore all paragraphs to the text generated by the assessment.

8.9.38.5 This narrative can be printed using the Printable View icon at the top of the screen.

8.9.39 Exit the DENS ASI using the links in the Navigation View.

8.10 Generate a report from any existing DENS ASI.

8.10.1 Click the "Review" link in the Actions column on the "Drug Evaluation Network System Addiction Severity Index" screen (8.7).

8.10.2 Use the blue arrows or the links in the Navigation View to navigate to the Narrative screen.

8.10.3 Click the Generate Report icon at the top of the screen.

8.10.3.1 The content and text of the report generated will match the Narrative screen (8.9.38).

8.10.3.2 Clicking the Generate Report icon on any other screen in the assessment will produce a field-by-field display of the entire assessment and responses selected or entered for each question.

8.10.4 The report will appear in a pop-up window.

8.10.4.1 The report may be viewed, saved as a PDF, or printed.

8.10.4.1.1 Use the Adobe PDF print and save icons (not the Internet Explorer print or save functions) to print or save the PDF.

8.10.4.2 Close the pop-up window when finished.

8.11 When the DENS ASI is completed, an additional line on the Activity List will appear.

8.11.1 The activity will be listed as "Interpretive Summary (DENS ASI)."

8.11.2 Clicking the "Review" link in the Actions column will navigate directly to the Narrative screen of the associated assessment (Client List > Activity List > Assessments > DENS ASI > Narrative).

DRAFT

9.0 Assessments > ASI Lite

9.1 The Drug Evaluation Network System Addiction Severity Index is an interview designed to detect and measure the severity of potential treatment problems in seven areas commonly affected by alcohol and drug dependence.

9.1.1 This is the abbreviated version of this assessment.

9.1.2 For the complete version, use the DENS ASI (see 8.0).

9.2 This assessment can be performed at any time within an Intake (episode) and as many times as needed.

9.2.1 Multiple ASI Lite assessments will be recorded separately.

9.3 The client record must include a completed Profile and Intake before the ASI Lite will become available.

9.4 The ASI Lite consists of

9.4.1 General (9.9.1, 9.9.2, 9.9.3, and 9.9.4): Questions about demographics and housing.

9.4.2 Medical (9.9.5 and 9.9.6): Questions about past hospitalizations and existing medical problems.

9.4.3 Employment (9.9.7, 9.9.8, 9.9.9, and 9.9.10): Questions about transportation, employment status, and income.

9.4.4 Drug Alcohol (9.9.10.6.2, 9.9.12, 9.9.13, 9.9.14, 9.9.14.3.2, and 9.9.16): Questions about current and past use or abuse of drugs and alcohol.

9.4.5 Legal (9.9.17, 9.9.18, 9.9.19, 9.9.20, and 9.9.20.5.2): Questions about current or past involvement with law enforcement or the judicial system.

9.4.6 Family Social (9.9.22, 9.9.23, 9.9.24, 9.9.25, and 9.9.25.3.2): Questions about marital status, living arrangements, socialization, and problems with friends and/or family.

9.4.7 Psychiatric (9.9.27, 9.9.28, and 9.9.28.6.2): Questions about current and past mental health problems and treatments.

9.4.8 DSM-IV (9.9.30 and 9.9.31): Specific questions about the client's habits or situations directly related substance dependence and abuse.

9.4.9 Scores (9.9.32): Numerical calculations produced by quantifying the client's responses to the assessment and its questions.

9.4.10 Interviewer's Assessment (9.9.33): A large text field for the person conducting the assessment to add his or her notes and impressions.

9.4.11 Narrative (9.9.34): A report of the assessment.

9.5 To complete an ASI Lite assessment, navigate to the client's Activity List.

9.6 In the Navigation View, navigate to Client List > Activity List > Assessments > ASI Lite.

9.7 The "Drug Evaluation Network System Addiction Severity Index Lite" screen will appear.

9.7.1 This screen displays any previous ASI Lite assessments that have been conducted and recorded within the current case (episode).

DRAFT

9.7.2 The Interview Class column indicates whether the assessment was performed as part of or close to the Intake process or as a follow-up to a previous ASI assessment (see 9.9.1.3).

9.8 Important Details about the ASI Lite

9.8.1 The eleven sections must be completed in order.

9.8.2 Each screen of the assessment is made up of three parts.

9.8.2.1 Questions – Prompts for the clinician or other staff member to ask questions and fields in which to enter the client's responses or other data.

9.8.2.2 Question Hints – A gray box near the bottom of the screen that displays instructions or guidelines for answering the questions.

9.8.2.2.1 Question hints may include specifications on formatting the answer, explanations of the kind of response expected by the assessment's authors, or suggested wording to use when asking the questions.

9.8.2.2.2 Refer to the Question Hints often to ensure accurate responses to the assessment questions.

9.8.2.2.2.1 In rare instances, the Question Hints may contain specifications that are not specifically relevant to Oregon.

9.8.2.2.3 Click in the drop-down menu or text box for any question.

9.8.2.2.4 If Question Hints are available for that question, they will appear in this box.

9.8.2.2.5 Click in the drop-down menu or text box for any other question to change the text in the Question Hints.

9.8.2.3 Comments – A large text box for any additional notes the interviewer wants to add that are relevant to the currently selected question.

9.8.2.3.1 The contents of the Comments box will change based on the current question.

9.8.2.3.2 Click in the drop-down menu or text box for any question.

9.8.2.3.3 Click in the Comments field.

9.8.2.3.4 Enter any relevant information relative to the question.

9.8.2.3.5 Click in the drop-down menu or text box for any other question to add or view comments for that specific question.

9.8.2.3.6 The text entered into most of these Comments boxes will display on the Narrative screen (9.9.34) and the report generated from this assessment (9.10).

9.8.3 Many drop-down menus within the DENS ASI contain "Not Answered" as the final option.

9.8.3.1 Select "Not Answered" if the question was not asked.

9.8.3.2 Select "Not Answered" if the client refused to answer the question *and* none of the other available options are appropriate for the situation *and* the answer to the question cannot be found in other client records.

DRAFT

9.8.4 This assessment has built-in consistency verification.

9.8.4.1 The assessment will check against itself for conflicting data entry, but it will not compare itself to other ASI assessments.

9.8.4.2 Occasionally, a warning message or an error message will appear, detailing a potential inconsistency.

9.8.4.3 Review the message and the questions it references to ensure that the data has been entered accurately.

9.8.4.4 If the data is accurate, click Save and continue the assessment.

9.8.4.5 Warning messages may continue to appear throughout the assessment, but they can be ignored if the data is correct.

9.8.4.6 Error messages must be corrected in order to save the assessment.

9.8.5 Save often; this assessment can be saved, stopped, and resumed as long as all of the screens that have been viewed are completed.

9.8.6 The first screen in each section will only have a right arrow—no left arrow to return to the final screen of the previous section.

9.8.6.1 Use the links in the Navigation View to move backward to a previous section.

9.9 To record an ASI Lite, click the "Add DENS ASI Lite Record" link.

9.9.1 The General section begins with questions G4-G9, which include the following fields:

9.9.1.1 *Date of Admission*

9.9.1.1.1 This field will automatically populate with the "Admission Date" field on the Admission Profile screen (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

9.9.1.1.2 If the client has not yet been admitted for treatment or services, this field will be blank.

9.9.1.2 *Date of Interview*

9.9.1.2.1 Enter the date on which the ASI Lite was conducted.

9.9.1.3 *Class*

9.9.1.3.1 Indicate when (in the treatment steps) this assessment was performed.

9.9.1.3.2 Select "Intake" if this is the first DENS ASI (8.0) or ASI Lite recorded for the client's current episode (case).

9.9.1.3.3 Select "Follow-up" if the client already has any ASI recorded in his or her current episode (case).

9.9.1.4 *Contact Code*

9.9.1.4.1 Indicate the method by which answers to the ASI Lite questions were obtained from the client.

9.9.2 Click the right arrow to advance to General section question G14, which includes the following fields:

9.9.2.1 *First Name / Last Name / Address*

DRAFT

9.9.2.1.1 This section will automatically populate with the client's name and address as entered in the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

9.9.2.2 *How Long at Address*

9.9.2.2.1 In the first of these two fields, enter the number of years the client has lived at his or her current residence.

9.9.2.2.2 In the second of these two fields, enter the number of months (in addition to the number of years) the client has lived at his or her current residence.

9.9.2.2.3 Example: 5 Years, 8 Months.

9.9.3 Click the right arrow to advance to General section questions G16-G20, which include the following:

9.9.3.1 *Of what race do you consider yourself?*

9.9.3.1.1 This field will automatically populate with the option selected in the "Race" field of the Client Profile.

9.9.3.2 *Of what ethnic category do you consider yourself?*

9.9.3.2.1 This field will automatically populate with the option selected in the "Ethnicity" field of the Client Profile.

9.9.3.3 *Do you have a religious preference?*

9.9.3.4 *Have you been in a controlled environment in the past 30 days?*

9.9.3.4.1 Indicate whether the client has spent any time in the last 30 days in a controlled environment, including:

9.9.3.4.1.1 Jail

9.9.3.4.1.2 Alcohol or Drug Treatment

9.9.3.4.1.3 Medical Treatment

9.9.3.4.1.4 Psychiatric Treatment

9.9.3.4.1.5 Other

9.9.3.4.2 Select "No" if the client has not spent any time in the last 30 days in a controlled environment.

9.9.3.5 *How many days?*

9.9.3.5.1 Selecting "No" for question #G19 (9.9.3.4) will automatically enter "N" in this field.

9.9.3.5.1.1 Selecting "No" for question #G19 and then selecting another option for question #G19 will not remove the "N" in this field.

9.9.3.5.1.2 In this case, replace the "N" with a number.

9.9.3.5.2 Enter the number of days in the last 30 that the client spent in a controlled environment.

9.9.3.5.2.1 Note that this field only refers to the number of days in the last 30, not the number days overall that the client has spent in a controlled environment.

9.9.3.5.3 This number must be less than or equal to 30.

DRAFT

9.9.4 Click the right arrow to advance to the General section G-Additional questions.

9.9.4.1 If the option selected in question #G18 (9.9.3.3) was "Other," use the drop-down menus to further describe the client's religious preference based on these three questions.

9.9.5 Click the right arrow to advance to the Medical section questions M1-M5, which include the following:

9.9.5.1 *How many times in your life have you been hospitalized for medical problems?*

9.9.5.1.1 Entering any number in this field will cause the "Specify" field to become available for entering brief descriptions of the client's medical hospitalizations.

9.9.5.2 *Do you have any chronic or medical problems which continue to interfere with your life?*

9.9.5.2.1 Selecting "Yes" in this field will cause the "Specify" field to become available for entering brief descriptions of the client's chronic medical problems.

9.9.5.3 *Are you taking any prescribed medication on a regular basis for a physical problem?*

9.9.5.3.1 Selecting "Yes" in this field will cause the "Specify" field to become available for noting the client's medications.

9.9.5.4 *Do you receive a pension for physical disability?*

9.9.5.4.1 Selecting "Yes" in this field will cause the "Specify" field to become available for detailing the amount of the pension.

9.9.6 Click the right arrow to advance to the Medical section questions M6-M11, which include the following:

9.9.6.1 *How many days have you experienced medial problems in the past 30?*

9.9.6.1.1 This number must be less than or equal to 30.

9.9.6.2 *How troubled or bothered have you been by these medical problems in the past 30 days?*

9.9.6.3 *How important to you now is treatment for these medical problems?*

9.9.6.4 *Patient's misrepresentation?*

9.9.6.4.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Medical) only.

9.9.6.4.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

9.9.6.4.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.6.5 *Patient's inability to understand?*

9.9.6.5.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Medical).

DRAFT

9.9.6.5.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.6.5.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.6.6 *Section comments*

9.9.6.6.1 Enter any additional information relevant to the Medical section.

9.9.6.6.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.7 Click the right arrow to advance to the Employment section questions E1-E5, which include the following:

9.9.7.1 *Education Completed*

9.9.7.2 *Training or technical education completed.*

9.9.7.3 *Do you have a valid driver's license?*

9.9.7.3.1 Indicate whether the client has a valid driver's license, regardless of the license class or issuing state.

9.9.7.3.2 State identification does not count as a driver's license.

9.9.7.3.3 A suspended or revoked license does not count as valid.

9.9.7.4 *Do you have an automobile available for use?*

9.9.7.4.1 Indicate whether the client has regular and/or frequent access to any automobile that he or she could drive for purposes of education, employment, or treatment.

9.9.7.4.2 Selecting "No" in the drop-down menu for question #E4 will automatically select "No" in this field as well.

9.9.7.4.3 If the client does not have a valid driver's license, "No" must be selected in this field, even if the client drives without a valid license.

9.9.8 Click the right arrow to advance to the Employment section questions E6-E10, which include the following:

9.9.8.1 *How long was your longest full time job?*

9.9.8.2 *Usual or last occupation*

9.9.8.2.1 Select the option that best describes the type of work the client has done most often during his or her period(s) of employment.

9.9.8.2.2 If the client has not worked one type of job more than another, select the option that best describes the client's current or most recent type of work.

9.9.8.2.3 Options in this drop-down menu are grouped and categorized.

9.9.8.3 *Hollingshead Category Examples*

9.9.8.3.1 Use this field as a reference for selecting the best option for question #E7 above (9.9.8.2).

9.9.8.3.2 Use the scroll bar and scroll buttons on the right of this field to view detailed descriptions of all nine options.

DRAFT

9.9.8.4 *Does this constitute the majority of your support?*

9.9.8.5 *Usual employment patter, past three years?*

9.9.9 Click the right arrow to advance to the Employment section questions E11-E18, which include the following:

9.9.9.1 *How many days were you paid for work in the past 30?*

9.9.9.1.1 Include days employed as "worked" even if it was a day off (weekends, sick leave, vacation, etc.).

9.9.9.1.2 Include all legal work-related income, whether it was reported to the federal government as taxable income or not.

9.9.9.2 *How much money did you receive from the following sources in the past 30 days?*

9.9.9.2.1 Question #E12: Enter the whole dollar amount the client received in the past 30 days from his or her employment.

9.9.9.2.1.1 Include only legal sources of income from employment

9.9.9.2.1.2 Include income not reported to the federal government ("under the table").

9.9.9.2.1.3 Do not include illegal sources of income.

9.9.9.2.2 Question #E13: Enter the whole dollar amount the client received in the past 30 days from unemployment compensation.

9.9.9.2.2.1 Do not include workers compensation.

9.9.9.2.3 Question #E14: Enter the whole dollar amount the client received in the past 30 days from welfare sources such as federal, state, county, or local assistance agencies, food stamps, etc.

9.9.9.2.4 Question #E15: Enter the whole dollar amount the client received in the past 30 days from retirement pensions, benefits for veterans, and workers' compensation.

9.9.9.2.4.1 Do not include unemployment compensation as reported in question #E13 (9.9.9.2.2).

9.9.9.2.5 Question #E16: Enter the whole dollar amount the client received in the past 30 days from people or unreliable/unexpected sources.

9.9.9.2.5.1 "Mate" refers to the client's spouse, domestic partner, significant other, etc.

9.9.9.2.5.2 Also include income from legal gambling, tax refunds, etc.

9.9.9.2.6 Question #E17: Enter the whole dollar amount the client received in the past 30 days from illegal sources such as selling drugs, theft, prostitution, etc.

9.9.9.2.7 Enter only whole dollar amounts in these fields—no decimals, dollar signs, or commas.

9.9.9.3 *How many people depend on you for the majority of their food, shelter, etc.?*

9.9.9.3.1 Do not include the client in this value.

DRAFT

9.9.9.3.2 Include dependent children for whom the client pays child support if the child support funds exceed the money earned or otherwise used for their support by their custodial parent or guardian(s).

9.9.10 Click the right arrow to advance to the Employment section questions E19-E24, which include the following:

9.9.10.1 *How many days have you experienced employment problems in the past 30?*

9.9.10.1.1 For current job seekers, include difficulty finding a job or anxiety about interviews.

9.9.10.1.2 For employed clients, include interpersonal conflicts with co-workers or superiors, punctuality, etc.

9.9.10.2 *How troubled or bothered have you been by these employment problems in the past 30 days?*

9.9.10.3 *How important to you now is counseling for these employment problems?*

9.9.10.4 *Patient's misrepresentation?*

9.9.10.4.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Employment) only.

9.9.10.4.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

9.9.10.4.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.10.5 *Patient's inability to understand?*

9.9.10.5.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Employment).

9.9.10.5.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.10.5.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.10.6 *Section comments*

9.9.10.6.1 Enter any additional information relevant to the Employment section.

9.9.10.6.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.11 Click the right arrow to advance to the Drug Alcohol section questions D1-D13.

9.9.11.1 These questions list substances which the client may use or abuse.

9.9.11.2 In the first column of response fields, enter the number of days in the past 30 on which the client used or abused each substance.

9.9.11.3 In the second column of response fields, enter the number of years during the client's lifetime in which he or she used or abused each substance regularly for more than half of the year.

DRAFT

9.9.11.4 In the third column of response fields, select the option that best describes how the client took each substance into his or her body.

9.9.12 Click the right arrow to advance to the Drug Alcohol section questions D17-D24, which include the following:

9.9.12.1 *How many times have you had alcohol DT's?*

9.9.12.1.1 Enter the total number of times the client has experienced delirium tremens induced by alcohol.

9.9.12.1.2 Count only delirium tremens experiences, not "the shakes."

9.9.12.2 *How many times in your life have you been treated for alcohol abuse?*

9.9.12.3 *How many of these were detox only (alcohol)?*

9.9.12.3.1 Entering "0" for question #D19 (9.9.12.2) will automatically enter "N" in this field.

9.9.12.4 *How much money did you spend during the past 30 days on alcohol?*

9.9.12.4.1 Enter only a whole dollar amount—no decimals, dollar signs, or commas.

9.9.12.5 *How many times in your life have you been treated for drug abuse?*

9.9.12.6 *How many of these were detox only (drugs)?*

9.9.12.6.1 Entering "0" for question #D20 (9.9.12.5) will automatically enter "N" in this field.

9.9.12.7 *How much money did you spend during the past 30 days on drugs?*

9.9.12.7.1 Enter only a whole dollar amount—no decimals, dollar signs, or commas.

9.9.13 Click the right arrow to advance to the Drug Alcohol section questions D25-D31, which include the following:

9.9.13.1 *How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?*

9.9.13.2 *How many days in the past 30 have you experienced alcohol problems?*

9.9.13.3 *How troubled have you been in the past 30 days by alcohol problems?*

9.9.13.4 *How important to you now is treatment for alcohol problems?*

9.9.13.5 *How many days in the past 30 have you experienced drug problems?*

9.9.13.6 *How troubled have you been in the past 30 days by drug problems?*

9.9.13.7 *How important to you now is treatment for drug problems.*

9.9.14 Click the right arrow to advance to the Drug Alcohol section questions D34-D35, which include the following:

9.9.14.1 *Patient's misrepresentation?*

9.9.14.1.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Drug Alcohol) only.

9.9.14.1.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

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9.9.14.1.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.14.2 *Patient's inability to understand?*

9.9.14.2.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Drug Alcohol).

9.9.14.2.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.14.2.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.14.3 *Section comments*

9.9.14.3.1 Enter any additional information relevant to the Drug Alcohol section.

9.9.14.3.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.15 Click the right arrow to advance to the Drug Alcohol section D-Additional 1 questions, which include the following:

9.9.15.1 Similar to questions D1-D13 (see 9.9.11), these questions list additional substances which the client may use or abuse.

9.9.15.2 In the first column of response fields, enter the number of days in the past 30 on which the client used or abused each substance.

9.9.15.3 In the second column of response fields, enter the number of years during the client's lifetime in which he or she used or abused each substance regularly for more than half of the year.

9.9.15.4 In the third column of response fields, select the option that best describes how the client took each substance into his or her body.

9.9.16 Click the right arrow to advance to the Drug Alcohol section D-Additional 2 questions, which include the following:

9.9.16.1 *Was the OxyContin prescribed for you for diagnosed pain or medical reasons?*

9.9.16.1.1 If the OxyContin fields on the previous screen (9.9.15) are blank, "N/A" will display in this field.

9.9.16.2 *Did you use the OxyContin to get high or get a buzz?*

9.9.16.2.1 If the OxyContin fields on the previous screen (9.9.15) are blank, "N/A" will display in this field.

9.9.16.3 *Did you take the OxyContin in combination with other opiates, heroin, or methadone?*

9.9.16.3.1 If the OxyContin fields on the previous screen (9.9.15) are blank, "N/A" will display in this field.

9.9.16.4 *How many months ago did you first use OxyContin?*

9.9.16.4.1 If the OxyContin fields on the previous screen (9.9.15) are blank, "N" will display in this field.

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9.9.16.4.2 Enter 0 if the client used OxyContin *for the first time* less than 30 days before the assessment date (9.9.1.2).

9.9.16.4.3 Enter 99 if the client used OxyContin *for the first time* more than 8.25 years prior to the assessment date (9.9.1.2).

9.9.16.5 *Did you get the OxyContin from a friend, family member, or on the street?*

9.9.16.5.1 If the OxyContin fields on the previous screen (9.9.15) are blank, "N/A" will display in this field.

9.9.17 Click the right arrow to advance to the Legal section questions L1-L17, which include the following:

9.9.17.1 *Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)?*

9.9.17.2 *Are you on probation or parole?*

9.9.17.3 *How many times in your life have you been arrested and charged with the following?*

9.9.17.3.1 For each of the 14 crimes listed, enter the number of times that the client has been arrested and charged.

9.9.17.3.2 Do not count arrests in which no formal charges were pressed.

9.9.17.3.3 Count arrests in which the client was charged but not convicted.

9.9.17.3.4 The "Specify" field will become available if any number other than 0 is entered for question L16.

9.9.17.3.4.1 Type a brief description of the crime(s) for which the client was arrested and charged that were counted in question L16.

9.9.17.4 *How many of these charges resulted in convictions?*

9.9.18 Click the right arrow to advance to the Legal section questions L18-L21, which include the following:

9.9.18.1 *How many times in your life have you been charged with the following?*

9.9.18.1.1 For each of the three offenses listed, enter the number of times that the client has been arrested and charged.

9.9.18.1.2 Do not count arrests in which no formal charges were pressed.

9.9.18.1.3 Count arrests in which the client was charged but not convicted.

9.9.18.2 *How many months were you incarcerated in your life?*

9.9.19 Click the right arrow to advance to the Legal section questions L24-L27, which include the following:

9.9.19.1 *Are you presently awaiting charges, trial, or sentence?*

9.9.19.2 *What for (if multiple charges, use most severe)?*

9.9.19.2.1 This field will display "N" if 0 was entered for question #L24 above (9.9.19.1).

9.9.19.3 *How many days in the past 30 were you detailed or incarcerated?*

9.9.19.4 *How many days in the past 30 have you engaged in illegal activities for profit?*

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9.9.20 Click the right arrow to advance to the Legal section questions L28-L32, which include the following:

9.9.20.1 *How serious do you feel your present legal problems are?*

9.9.20.2 *How important to you now is counseling or referral for these legal problems?*

9.9.20.3 *Patient's misrepresentation?*

9.9.20.3.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Legal) only.

9.9.20.3.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

9.9.20.3.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.20.4 *Patient's inability to understand?*

9.9.20.4.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Legal).

9.9.20.4.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.20.4.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.20.5 *Section comments*

9.9.20.5.1 Enter any additional information relevant to the Legal section.

9.9.20.5.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.21 Click the right arrow to advance to the Legal section L-Additional questions, which include the following:

9.9.21.1 *Is your treatment a mandatory condition of the criminal justice system, like probation, parole, or drug court?*

9.9.21.2 *Are you in treatment instead of incarceration in a jail or prison?*

9.9.22 Click the right arrow to advance to the Family Social section questions F1-F10, which include the following:

9.9.22.1 *Marital status?*

9.9.22.2 *Are you satisfied with this situation?*

9.9.22.3 *Usual living arrangements (past 3 years)?*

9.9.22.4 *Are you satisfied with these arrangements?*

9.9.22.5 *Do you live with anyone who has an alcohol problem?*

9.9.22.6 *Do you live with anyone who uses non-prescribed drugs?*

9.9.22.7 *With whom do you spend most of your free time?*

9.9.22.8 *Are you satisfied with spending your free time this way?*

DRAFT

9.9.23 Click the right arrow to advance to the Family Social section questions F18-F26.

9.9.23.1 These questions list people with whom the client may have experience relationship problems.

9.9.23.2 In the first column of response fields, indicate whether the client has had serious problems getting along with the person in the past 30 days.

9.9.23.3 In the second column of response fields, indicate whether the client has ever had serious problems getting along with the person.

9.9.23.4 If "Yes" is selected in either column for question F23, the "Specify" field will become available for entering the other significant family members indicated in the response to this question.

9.9.24 Click the right arrow to advance to the Family Social section questions F28-F35, which include the following:

9.9.24.1 *Has anyone ever abused you physically (caused you physical harm)?*

9.9.24.2 *Has anyone ever abused you sexually (forced sexual advances or acts)?*

9.9.24.3 *How many days in the past 30 have you had serious conflicts with your family?*

9.9.24.4 *How troubled have you been in the past 30 days by family problems?*

9.9.24.5 *How important to you now is treatment or counseling for family problems?*

9.9.24.6 *How many days in the past 30 have you had conflicts with others (excluding family)?*

9.9.24.7 *How troubled have you been in the past 30 days by social problems?*

9.9.24.8 *How important to you now is treatment or counseling for social problems?*

9.9.25 Click the right arrow to advance to the Family Social section questions F37-F38, which include the following:

9.9.25.1 *Patient's misrepresentation?*

9.9.25.1.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Family Social) only.

9.9.25.1.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

9.9.25.1.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.25.2 *Patient's inability to understand?*

9.9.25.2.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Family Social).

9.9.25.2.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.25.2.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.25.3 *Section comments*

DRAFT

9.9.25.3.1 Enter any additional information relevant to the Family Social section.

9.9.25.3.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.26 Click the right arrow to advance to the Family Social F-Additional questions, which include the following:

9.9.26.1 *Now think about where you have stayed in the past 30 days. How many days did you spend the night on the streets, in abandoned buildings, in cars, or in public areas (like parks, bus stations, or tunnels)?*

9.9.26.2 *How many days in the past 30 did you stay overnight in a shelter?*

9.9.26.3 *How many days in the past 30 did you stay overnight in an apartment or house that you did not rent or own?*

9.9.26.4 *How many days in the past 30 did you stay overnight in a hospital, jail, treatment program, or other institution?*

9.9.27 Click the right arrow to advance to the Psychiatric section questions P1-P11, which include the following:

9.9.27.1 *How many times have you been treated for any psychological or emotional problems in a hospital?*

9.9.27.2 *How many times have you been treated for any psychological or emotional problems as an outpatient or private patient?*

9.9.27.3 *Do you receive a pension for a psychiatric disability?*

9.9.27.4 *Have you had a significant period of time in which you have…*

9.9.27.4.1 These questions (P4-P11) list psychiatric problems the client may have experienced.

9.9.27.4.2 In the first column of response fields, indicate whether the client has experienced the problem in the past 30 days.

9.9.27.4.3 In the second column of response fields, indicate whether the client has ever experienced the problem.

9.9.28 Click the right arrow to advance to the Psychiatric section questions P12-P23, which include the following:

9.9.28.1 *How many days in the past 30 have you experienced these psychological or emotional problems?*

9.9.28.2 *How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?*

9.9.28.3 *How important to you now is treatment of these psychological problems?*

9.9.28.4 *Patient's misrepresentation?*

9.9.28.4.1 Indicate whether the client deliberately falsified his or her responses or attempted to hide information in this section (Psychiatric) only.

9.9.28.4.2 Select "No" if the client was truthful or believed he or she was telling the truth, regardless of whether he or she attempted to minimize the severity of or may have been in a state of denial about some problems.

DRAFT

9.9.28.4.3 Select "Yes" if the client deliberately attempted to mislead or lie to the interviewer.

9.9.28.5 *Patient's inability to understand?*

9.9.28.5.1 Indicate whether the client was unable to understand some or all of the questions posed in this section (Psychiatric).

9.9.28.5.2 Select "No" if the client appeared to understand the questions, regardless of the truthfulness of his or her response.

9.9.28.5.3 Select "Yes" if the client could not understand or respond to the questions due to current barriers (medical, intellectual, linguistic, etc.).

9.9.28.6 *Section comments*

9.9.28.6.1 Enter any additional information relevant to the Psychiatric section.

9.9.28.6.2 This text will appear on the Narrative screen (9.9.34) and the report (9.10) generated from this assessment.

9.9.29 Click the right arrow to advance to the Psychiatric section P-Additional questions, which include the following:

9.9.29.1 *In your life, have you ever had any experiences that were so frightening, horrible, or upsetting that others rarely go through?*

9.9.29.2 *In the past 30 days, have you had nightmares or "flashbacks" about the trauma or thought about it when you did not want to?*

9.9.29.3 *In the past 30 days, have you tried hard not to think about the traumatic event or went out of your way to avoid situations that reminded you of it?*

9.9.29.4 *In the past 30 days, were you constantly on guard, watchful, or easily startled?*

9.9.29.5 *In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?*

9.9.30 Click the right arrow to advance to the DSMIV (DSM-IV) section's Dependence questions.

9.9.30.1 For each of the seven questions, use the first column of response fields to indicate the client's situation relative to the question as it pertains to alcohol.

9.9.30.2 For each of the seven questions, use the second column of response fields to indicate the client's situation relative to the question as it pertains to drugs.

9.9.31 Click the right arrow to advance to the DSMIV (DSM-IV) section's Abuse questions.

9.9.31.1 For each of the four questions, use the first column of response fields to indicate the client's situation relative to the question as it pertains to alcohol.

9.9.31.2 For each of the four questions, use the second column of response fields to indicate the client's situation relative to the question as it pertains to drugs.

9.9.32 Click the right arrow to advance to the Scores screen.

9.9.32.1 The assessment will calculate scores for the client based on the responses entered in each section.

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9.9.32.2 The Composite scores use summation and division to evaluate the severity of the problem(s) represented in each section.

9.9.32.3 The Severity Profile is not used in the ASI Lite.

9.9.32.4 In both sets of scores, a higher number indicates a more significant problem or the greater potential for the problem.

9.9.32.5 Compare the scores from an ASI assessment conducted at Intake to the scores from an ASI assessment conducted during and/or after treatment as a tool to help evaluate the efficacy of the treatment or services provided or the client's improvement as a result of the treatment or services.

9.9.32.6 The scores from an ASI Lite can be imported into the client's admission record (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

9.9.32.7 This screen also includes two questions:

9.9.32.7.1 *Expected modality most appropriate for the patient.*

9.9.32.7.2 *Special*

9.9.32.7.2.1 Select the option that best describes the success or failure of the assessment.

9.9.32.7.2.2 "N/A Interview Completed" indicates that the assessment was completed.

9.9.32.7.2.3 "Patient Refused" indicates that the client refused to go through with the assessment and that the user did not get beyond the Client Profile screen.

9.9.32.7.2.4 "Patient Terminated" indicates that the client started the assessment process but voluntarily concluded it before the assessment was completed.

9.9.32.7.2.5 "Patient Unable to Respond" indicates that the client could not answer the questions posed by the interviewer, regardless of reason.

9.9.33 Click the right arrow to advance to the Interviewer's Assessment screen.

9.9.33.1 In a narrative or list form, enter the interviewer's overall perception of the client's current situation and needs, based on the questions asked, answers received, and other informational sources.

9.9.33.2 Click Save.

9.9.34 Click the right arrow to advance to the Narrative section.

9.9.34.1 This screen displays a narrative report of the assessment, the client's responses, and the interviewer's comments.

9.9.34.2 Question specific comments (see 9.8.2.3) appear in parentheses in the associated paragraphs.

9.9.34.3 Section comments appear under their own heading.

9.9.34.4 Each paragraph of narrative text can be edited if desired.

9.9.34.4.1 Place a checkmark in the box next to the paragraph to be edited.

9.9.34.4.2 The paragraph will change to a filled text box.

DRAFT

9.9.34.4.3 Make additions or changes to the existing text as needed.

9.9.34.4.4 Removing the checkmark will restore the paragraph to the text generated by the assessment.

9.9.34.4.5 The "Edit all narrative text fields" link in the Administrative Actions box will place a checkmark next to every paragraph on this screen.

9.9.34.4.6 The "Use system generated text fields" link in the Administrative Actions box will remove all checkmarks on this screen and restore all paragraphs to the text generated by the assessment.

9.9.34.5 This narrative can be printed using the Printable View icon at the top of the screen.

9.9.35 Exit the DENS ASI using the links in the Navigation View.

9.10 Generate a report from any existing ASI Lite.

9.10.1 Click the "Review" link in the Actions column on the "Drug Evaluation Network System Addiction Severity Index Lite" screen (9.7).

9.10.2 Use the blue arrows or the links in the Navigation View to navigate to the Narrative screen.

9.10.3 Click the Generate Report icon at the top of the screen.

9.10.3.1 The content and text of the report generated will match the Narrative screen (9.9.34).

9.10.3.2 Clicking the Generate Report icon on any other screen in the assessment will produce a field-by-field display of the entire assessment and responses selected or entered for each question.

9.10.4 The report will appear in a pop-up window.

9.10.4.1 The report may be viewed, saved as a PDF, or printed.

9.10.4.1.1 Use the Adobe PDF print and save icons (not the Internet Explorer print or save functions) to print or save the PDF.

9.10.4.2 Close the pop-up window when finished.

10.0 Assessments > SOGS

10.1 The South Oaks Gambling Screen is a questionnaire based on DSM-III criteria for identifying existing or potential pathological gambling.

10.2 This assessment can be performed once per episode (case) but can be updated at any time and as often as necessary.

10.3 The client record must include a completed Profile and Intake before the SOGS assessment will be available.

10.4 The assessment consists of four screens (including a summary screen) and a total of 20 questions related to the client's gambling history and habits.

10.5 To complete a SOGS assessment, navigate to the client's Activity List.

10.6 In the Navigation View, navigate to Client List > Activity List > Assessments > SOGS.

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10.6.1 A blank screen will be displayed.

10.7 Under the SOGS heading in the Navigation View, click the "Question 1" link.

10.8 Complete the assessment questions.

10.8.1 On the Question 1 screen:

10.8.1.1 Enter the date on which the assessment was conducted.

10.8.1.2 In the "When you did the behavior" column for each of the fourteen possible types of gambling, select the option that identifies when the client most recently participated.

10.8.1.2.1 Selecting "Not at all" in this column will make the related field in the next column (10.8.1.3) unavailable.

10.8.1.3 In the "How often" column for each of the fourteen possible types of gambling, select the option that best describes the frequency at which the client participated in the activity.

10.8.1.4 If the client participated in a form of gambling not identified in the list, enter the name or brief description of the activity in the field under the "Some form of gambling not listed above (please specify) label.

10.8.1.4.1 Entering any text in this field and clicking anywhere outside the field will make the two response columns available for that activity.

10.8.2 Click the right arrow to advance to the next screen, consisting of Questions 2-10, as follows:

10.8.2.1 *How troubled or bothered have you been, due to your gambling, in the past six months?*

10.8.2.2 *Have you ever quit gambling for a period of time?*

10.8.2.3 *What is the largest amount of money you have ever gambled on one day?*

10.8.2.4 *Which of the following people in your life has (or had) a gambling problem?*

10.8.2.5 *Have your family members ever been criticized about their gambling?*

10.8.2.6 *When you gamble, how often do you go back another day to win back money you lost?*

10.8.2.7 *Do you feel you have had a problem with betting money or gambling?*

10.8.2.7.1 Selecting either of the "Yes" options in response to this question will cause Question 7a (10.8.2.7) to appear.

10.8.2.8 *If you answered yes to item seven, how long ago did you have a problem gambling*

10.8.2.9 *Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?*

10.8.2.10 *Did you ever gamble more than you intended to?*

10.8.2.11 *Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?*

DRAFT

10.8.3 Click the right arrow to advance to the next screen, consisting of Questions 11-18, as follows:

10.8.3.1 *Have you ever felt guilty about the way you gamble or what happens when you gamble?*

10.8.3.2 *Have you ever felt like you would like to stop betting money or gambling but didn't think you could?*

10.8.3.3 *Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.'s, or other signs of betting or gambling from your spouse, parents, children, or other important people in your life?*

10.8.3.4 *Have you ever argued with people you live with over how you handle money?*

10.8.3.4.1 Selecting "Yes" in response to this question will cause Question 15 (10.8.3.5) to appear.

10.8.3.5 *(If you answered yes to question 14): Have money arguments ever centered on your gambling?*

10.8.3.6 *Have you ever lost time from work or school due to betting money or gambling?*

10.8.3.7 *Have you ever borrowed from someone and not paid them back as a result of your gambling?*

10.8.3.8 *If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from?*

10.8.4 The SOGS Score Sheet appears at the bottom of this screen.

10.8.4.1 To display the client's score, click Save.

10.8.4.2 The gray box next to "TOTAL" will display the client's score.

10.8.4.2.1 The SOGS assessment counts the positive answers to the 20 questions and displays that number here.

10.8.4.2.2 A score of 0 indicates no gambling problems.

10.8.4.2.3 A score between 1 and 4 indicates some existing or potential for gambling problems.

10.8.4.2.4 A score above 5 indicates a high probability of existing or potential pathological gambling.

10.8.5 Click Finish to conclude the assessment.

10.9 Review the completed SOGS assessment.

10.9.1 Find the line for the SOGS assessment on the Activity List screen and click the "Review" link in the Actions column.

10.9.2 Using the Navigation View links, navigate to the Summary screen.

10.9.3 The entire assessment will appear, in a read-only format, with the client's responses to each question and the Score Sheet (10.8.4).

10.10 Create a printable report of the completed SOGS assessment.

DRAFT

10.10.1 Find the line for the SOGS assessment on the Activity List screen and click the "Review" link in the Actions column.

10.10.2 The first screen of assessment will appear.

10.10.3 To open a printer-friendly version of this summary, click the Printable View icon or the Generate Report icon at the top of the screen.

10.10.3.1 Each of the two icons produces the same report.

10.10.3.2 The SOGS assessment does not offer a PDF option.

10.10.3.3 A pop-up window will appear, showing the Summary text (see 10.9.3) in a format that can be easily printed.

10.10.3.4 When finished, close the pop-up window.

10.10.4 When finished, use the Navigation View links to navigate away from the SOGS assessment.

11.0 Assessments > RSS – Adult

11.1 The Recovery Support Services Questionnaire is designed to help providers and clients alike in identifying services that will help the client complete treatment.

11.1.1 The RSS assessment was designed primarily for ATR providers.

11.1.2 Non-ATR treatment and service providers may use the RSS assessment.

11.1.3 Non-ATR treatment and service providers may *not* request modifications to the RSS assessment without the approval of the ATR support and administration group at AMH.

11.2 This assessment can be performed once per episode (case) but can be updated at any time and as often as necessary.

11.3 The client record must include a completed Profile and Intake before the RSS assessment will be available.

11.4 The assessment consists of:

11.4.1 General (11.8.1): An introduction and notes about the assessment.

11.4.2 Goals & Motivation (11.8.2): Questions about the client's attitude toward treatment and the potential results of treatment.

11.4.3 Transportation (11.8.3): Questions about the client's transportation needs.

11.4.4 Employment (11.8.4): Questions about the client's current employment status and employment assistance needs.

11.4.5 School & Training (11.8.5): Questions about the client's current and past educational status.

11.4.6 Housing & Recovery Environment (11.8.6): Questions about living arrangements and the degree to which they are or are not conducive to recovery.

11.4.7 Recovery Status (11.8.7): Fields intended to create a picture of the client's current and projected recovery situation.

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11.4.8 Talents, Recreation & Leisure (11.8.8): Questions about the client's recreational activities and opportunities.

11.4.9 Spiritual (11.8.9): A basic depiction of the client's religion (if any) and how it might pertain to treatment.

11.4.10 Culture, Gender & Sexual Orientation (11.8.10): Demographic identification.

11.4.11 Medical (11.8.11): Questions about the client's current medical problems and needs.

11.4.12 Financial & Legal (11.8.12): Questions about the client's current involvement with law enforcement or the judicial system and the client's needs related to life essentials such as food.

11.4.13 Family Status & Parenting (11.8.13): Questions about the client's children (if any) and the client's legal and personal relationship with them.

11.4.14 Recovery Wrap Up (11.8.14): Final open questions to identify any missed needs.

11.5 Important details about the RSS assessment:

11.5.1 Many screens contain at least one unlabeled notes fields.

11.5.1.1 Each notes section is associated with the question immediately above it.

11.5.1.2 If necessary, enter additional information into these notes fields to explain the answer given, data entered, or option selected for the associated question.

11.5.2 Brown boxes labeled "Interviewer" contain tips for the person conducting the assessment.

11.5.2.1 Some of the Interviewer boxes contain suggested wording to use with the client when beginning the assessment, providing additional information, transitioning between sections, or concluding the assessment.

11.5.2.2 Some of the Interviewer boxes contain instructions to the person conducting the assessment regarding the correct format for some answers or the correct interpretation of some of the drop-down menu options.

11.5.2.3 Some of the Interviewer boxes contain a combination of instructions and suggested wording.

11.5.2.4 When conducting an RSS assessment, silently read the text in the Interviewer boxes to determine whether it is instructions or suggested wording before reading any of the text to the client.

11.5.3 Most questions are phrased as questions that should be posed to the client.

11.6 To complete an RSS assessment, navigate to the client's Activity List.

11.7 In the Navigation View, navigate to Client List > Activity List > Assessments > RSS – Adult.

11.7.1 The first ("General") screen of the assessment will be displayed.

11.8 On each screen in the series, complete the fields corresponding to the questions asked, data required, and the client's responses or data available from other client records.

11.8.1 The General section includes the following:

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11.8.1.1 *Interviewer*

11.8.1.1.1 This field will automatically populate with the name of the current user.

11.8.1.1.2 If the assessment was performed by someone other than the current user, select the person's name.

11.8.1.1.3 Names available will be agency staff members assigned to the current facility.

11.8.1.2 *Interview Start Date*

11.8.1.2.1 Enter the date on which the assessment was performed.

11.8.1.2.2 This date cannot be in the future.

11.8.1.3 *Created By*

11.8.1.3.1 This read-only field will display the name of the OWITS user who created this assessment record.

11.8.1.4 *Created On*

11.8.1.4.1 This read-only field will display the date on which the RSS assessment was created.

11.8.1.5 *Updated By*

11.8.1.5.1 This read-only field will display the name of the OWITS user who most recently modified and saved this assessment record.

11.8.1.6 *Updated On*

11.8.1.6.1 This read-only field will display the date on which the RSS assessment was most recently modified and saved.

11.8.1.7 *Client Name*

11.8.1.7.1 This read-only field will display the name of the client currently selected.

11.8.1.7.2 The selected client's name will appear in the Locator at the top of the screen.

11.8.1.7.3 If the selected client is not the client for whom this RSS assessment is being recorded, click Cancel to exit the assessment, then return to the Client List and select the correct client.

11.8.1.8 *Date of Birth*

11.8.1.8.1 This read-only field will display the client's date of birth as recorded in the Client Profile (see OWITS Reference Manual, Volume 4: Client Profile).

11.8.1.9 *Unable to conduct the interview due to the client's intoxication level and/or mental status.*

11.8.1.9.1 Indicate whether this statement is true of the client at the time of the interview.

11.8.2 Click the right arrow to advance to the Goals & Motivation screen, which includes the following:

11.8.2.1 *What brought you here today?*

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11.8.2.1.1 If "Other" is selected, the Other Description field will become available.

11.8.2.2 *How do you feel about being here today?*

11.8.2.2.1 If "Other" is selected, the Other Description field will become available.

11.8.2.3 *What would you like to accomplish through working with us?*

11.8.2.3.1 If "Other" is selected, the Other Description field will become available.

11.8.2.4 *Enter goals in order of priority in the fields below, leaving any unneeded goal fields blank.*

11.8.2.4.1 Goals refer to the options selected for question G3 above (11.8.2.3).

11.8.2.4.2 If "Other" was selected for question G3 above, the selectable goal will be "Other," not the description entered into the Other Description box for question G3.

11.8.2.5 *On a scale of 1-10 with (10) being Very Confident and (1) being Not Confident at All, how confident are you that you will be able to accomplish these goals?*

11.8.2.6 *On a scale of 1-10 with 10 being Very Ready and 1 being Not Ready at All, how ready are you to start working on your goal(s) today?*

11.8.2.7 *Interviewer Summary Comment – Goals & Motivation*

11.8.3 Click the right arrow to advance to the Transportation screen, which includes the following:

11.8.3.1 *Do you have a valid driver's license?*

11.8.3.1.1 Selecting "Yes" will make questions T2 and T3 below (11.8.3.2 and 11.8.3.3) unavailable.

11.8.3.2 *Would you like help getting a driver's license?*

11.8.3.2.1 Selecting "No" will make question T3 below unavailable.

11.8.3.3 *Is there anything that might keep you from getting a driver's license?*

11.8.3.3.1 Selecting "Yes" will make the adjacent Description field available for entering a description of what might prevent the client from getting a license.

11.8.3.4 *Do you have a reliable way to get around?*

11.8.3.5 *Do you have any special transportation needs?*

11.8.3.5.1 Selecting "Other" will make the adjacent Description field available for describing the client's transportation requirements.

11.8.3.6 *Would you like help lining up dependable transportation?*

11.8.3.7 *Interviewer Summary Comment – Transportation*

11.8.4 Click the right arrow to advance to the Employment screen, which includes the following:

11.8.4.1 *Do you have a job?*

11.8.4.1.1 Selecting "No" will make question E3 and E6 below (11.8.4.3 and 11.8.4.6) unavailable.

11.8.4.1.2 Selecting "Yes" will make question E2 below (11.8.4.2) unavailable.

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11.8.4.2 *Which of these describe your situation?*

11.8.4.2.1 This question applies to unemployed clients only.

11.8.4.2.2 If "Other" is selected, the Other Description field will become available.

11.8.4.3 *Which of these describe your situation?*

11.8.4.3.1 This question applies to employed clients only.

11.8.4.3.2 If "Other" is selected, the Other Description field will become available.

11.8.4.4 *What skills or experience do you have that might help you if you wanted to find or keep a job?*

11.8.4.4.1 If "Other" is selected, the Other Description field will become available.

11.8.4.5 *Are there skills that you would like to develop or experience that you'd like to gain?*

11.8.4.5.1 If "Other" is selected, the Other Description field will become available.

11.8.4.6 *Is your job situation in jeopardy, meaning that you could lose your job at any time?*

11.8.4.6.1 Selecting "Yes" will make the adjacent Explanation field available.

11.8.4.7 *What responsibilities do you have outside of work?*

11.8.4.7.1 If "Other" is selected, the Other Description field will become available.

11.8.4.8 *Do you think your responsibilities and schedule will 1) help you reach your recovery goals, 2) get in the way of reaching them, or 3) not affect them one way or the other?*

11.8.4.8.1 If "Get in the way of reaching goals" is selected, the Other Description field will become available.

11.8.4.9 *What responsibility or scheduling issue would most get in your way.*

11.8.4.9.1 If "Other" is selected, the Other Description field will become available.

11.8.4.10 *On a scale of (1-10), with (10) meaning you have immediate and extensive need for employment services and (1) meaning you have no need for employment services, how would you rate yourself?*

11.8.4.10.1 Selecting "1-No Needs" will make questions E11 and E12 below (11.8.4.11 and 11.8.4.12) unavailable.

11.8.4.11 *Would you like help with any employment or work-related matters?*

11.8.4.11.1 Selecting "No" will make question E12 below (11.8.4.12) unavailable.

11.8.4.12 *What responsibility or scheduling issue would most get in your way?*

11.8.4.12.1 If "Other" is selected, the Other Description field will become available.

11.8.4.13 *Interviewer Summary Comment – Employment*

11.8.5 Click the right arrow to advance to the School & Training screen, which includes the following:

11.8.5.1 *Would you like help finding English as a Second Language (ESL) classes?*

11.8.5.2 *What is the highest level of education you have finished, whether or not you received a degree?*

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11.8.5.3 *Are you currently in school or other training?*

11.8.5.3.1 Selecting "No" will make question ST4 below (11.8.5.4) unavailable.

11.8.5.4 *Which best describes your situation?*

11.8.5.4.1 If "Other" is selected, the Other Description field will become available.

11.8.5.5 *Do you think additional training or education would help you in your recovery?*

11.8.5.5.1 Selecting "No" will make question ST6 below (11.8.5.6) unavailable.

11.8.5.6 *Are you interested in getting help with any of the following?*

11.8.5.6.1 If "Other" is selected, the Other Description field will become available.

11.8.5.7 *Interviewer Summary Comment – School & Training*

11.8.6 Click the right arrow to advance to the Housing & Recovery Environment screen, which includes the following:

11.8.6.1 *Who do you live with?*

11.8.6.1.1 Selecting "Alone" will make question H4 below (11.8.6.4) unavailable.

11.8.6.1.2 Selecting the "Controlled Environment" or "Homeless" option will make question H2-H4 below (11.8.6.2 through 11.8.6.4) unavailable.

11.8.6.1.3 Selecting "Temporary Arrangements" will make question H2 below (11.8.6.2) unavailable.

11.8.6.1.4 Selecting "In a group living facility" will make questions H2 and H3 below (11.8.6.2 and 11.8.6.3) unavailable.

11.8.6.2 *Do you rent or own the place where you live?*

11.8.6.2.1 If "Other" is selected, the Other Description field will become available.

11.8.6.3 *Are you concerned about losing your housing?*

11.8.6.3.1 If "Yes – Other" is selected, the Other Description field will become available.

11.8.6.4 *Which of the following best describes your living situation?*

11.8.6.5 *Is anyone in your living environment threatening, intimidating, or harming you, your children, or anyone else in your household verbally, physically, or sexually?*

11.8.6.5.1 Selecting "No" will make question H6 below (11.8.6.6) unavailable.

11.8.6.6 *Which of these describe the situation?*

11.8.6.7 *On a scale of (1-10), where 1 means your home or living environment is safe and 10 means that you are in a dangerous environment where you or a member of your family could be hurt at any time, how would you rate your home environment and neighborhood?*

11.8.6.7.1 Selecting a number of 5 or lower will make question H8 below (11.8.6.8) unavailable.

11.8.6.8 *So, your living environment is not safe. Would you like help finding a safer place to live?*

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11.8.6.9 *I'm going to read some statements about the neighborhood where you live. Let me know which of these apply to your situation. You can choose as many as apply.*

11.8.6.9.1 If "Other" is selected, the Other Description field will become available.

11.8.6.10 *On a scale of (1-10), where 1 means your living environment is supportive of recovery and 10 means your living environment puts you at a high risk of using drugs or alcohol, how would you rate your home environment and neighborhood?*

11.8.6.10.1 Selecting a number of 5 or lower will make question H11 below (11.8.6.11) unavailable.

11.8.6.11 *So, you feel that your living environment is not supportive of your recovery. Would you like help finding a more recovery-friendly place to live?*

11.8.6.12 *Are you interested in learning about help related to any of the following?*

11.8.6.12.1 If "Other" is selected, the Other Description field will become available.

11.8.6.13 *Interviewer Summary Comment – Housing & Recovery Environment*

11.8.7 Click the right arrow to advance to the Recovery Status screen, which includes the following:

11.8.7.1 *Which of the following statements best describes where you are at personally?*

11.8.7.2 *Do you have a recovery plan?*

11.8.7.2.1 Selecting "No" will make question R4 below (11.8.7.4) unavailable.

11.8.7.2.2 Selecting "Yes – Up-to-date" will make questions R3 and R4 below (11.8.7.3 and 11.8.7.4) unavailable.

11.8.7.2.3 Selecting "Yes – Needs to be updated" will make question R3 below (11.8.7.3) unavailable.

11.8.7.3 *Would you like help creating a plan?*

11.8.7.4 *Would you like help updating your plan?*

11.8.7.5 *Do you have a case manager, recovery support services coordinator, recovery coach, or other person who helps you meet your recovery goals?*

11.8.7.5.1 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.7.6 *Is there a friend, family member, pastor, or other community member you look to when you need help?*

11.8.7.6.1 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.7.7 *Are you interested in connecting with someone in recovery who has had similar experiences to yours and might be able to help you in recovery?*

11.8.7.8 *Do you know of a recovery organization or recovery events in your neighborhood?*

11.8.7.8.1 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.7.9 *Would you like to connect with recovering people or take part in recovery events?*

DRAFT

11.8.7.10 *Do you think treatment or recovery services might help you reach your recovery goals?*

11.8.7.10.1 Selecting "No" will make question R12 below (11.8.7.12) unavailable.

11.8.7.11 *Would you like to learn about the kinds of treatment and recovery services that are available?*

11.8.7.12 *Are there any specific kids of treatment or recovery services that you think might be helpful for you?*

11.8.7.13 *Would you like to learn about the different kinds of support groups in your area or how to locate a group?*

11.8.7.13.1 Selecting "No, already involved" or "No, not interested" will make questions R14-R16 below (11.8.7.14 through 11.8.7.16) unavailable.

11.8.7.14 *Would you like someone who attends those groups to call you so you can learn more first-hand?*

11.8.7.14.1 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.7.15 *Do you smoke?*

11.8.7.15.1 Selecting "No" will make question R16 below (11.8.7.16) unavailable.

11.8.7.16 *Would like help to quit smoking?*

11.8.7.17 *Have you discovered things that help you to enter or stay in recovery?*

11.8.7.17.1 If "Other" is selected, the Other Description field will become available.

11.8.7.18 *Interviewer Summary Comment – Recovery Status*

11.8.8 Click the right arrow to advance to the Talents, Recreation & Leisure screen, which includes the following:

11.8.8.1 *Are there hobbies or recreational or leisure activities that you enjoy or would like to try?*

11.8.8.1.1 Selecting "No" will make questions Tal2-Tal4 below (11.8.8.2 through 11.8.8.4) unavailable.

11.8.8.1.2 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.8.2 *Are you involved in any of these activities right now?*

11.8.8.2.1 Selecting "Yes, involved in all" will make question Tal3 below (11.8.8.3) unavailable.

11.8.8.2.2 If "Yes, involved in some, but not all (specify)" is selected, the adjacent text box will become available.

11.8.8.3 *Do you know how you could get involved in those activities or hobbies?*

11.8.8.4 *Would you like help getting involved in those activities or hobbies?*

11.8.8.5 *Interviewer Summary Comment – Talents, Recration & Leisure*

11.8.9 Click the right arrow to advance to the Spiritual screen, which includes the following:

11.8.9.1 *Some spiritual and religious groups have organized to offer support to people in recovery. Are you interested in learning about spirituality or faith-based support and/or services?*

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11.8.9.1.1 Selecting "No" will make question S2 below (11.8.9.2) unavailable.

11.8.9.2 *Is there a specific faith tradition or spiritual practice you think might help you achieve your recovery goals?*

11.8.9.2.1 If "Yes-Specify" is selected, the adjacent text box will become available.

11.8.9.3 *Interviewer Summary Comment – Spiritual*

11.8.10 Click the right arrow to advance to the Culture, Gender & Sexual Orientation screen, which includes the following:

11.8.10.1 *Do you have a preference about the culture, race/ethnicity, or sex of the individuals from whom you receive services?*

11.8.10.1.1 If "Other" is selected, the Other Description field will become available.

11.8.10.2 *Do you have a preference about the type of organization or community where you receive services?*

11.8.10.2.1 If "Other" is selected, the Other Description field will become available.

11.8.10.3 *How important are those preferences?*

11.8.10.3.1 If "No Preference" is selected for both questions C1 and C2 above (11.8.10.1 and 11.8.10.2), this field will be unavailable.

11.8.10.4 *Would you like help finding services that match your preferences?*

11.8.10.4.1 If "No Preference" is selected for both questions C1 and C2 above, (11.8.10.1 and 11.8.10.2), this field will be unavailable.

11.8.10.5 *Are you a veteran or a member of the armed forces?*

11.8.10.5.1 Selecting "No" will make question C7 below (11.8.10.7) unavailable.

11.8.10.6 *Have you served, worked, or lived in a war zone?*

11.8.10.6.1 Selecting "No" will make question C8 below (11.8.10.8) unavailable.

11.8.10.7 *As a current or former member of the armed services, do you know what services you are entitled to and how you can access them?*

11.8.10.8 *Would you like special assistance for issues related to your experience in a war zone or your return to the community?*

11.8.10.9 *Are you Hispanic or Latino?*

11.8.10.9.1 Selecting "No" will make question C10 below (11.8.10.10) unavailable.

11.8.10.10 *What is your heritage?*

11.8.10.10.1 If "Other" is selected, the Other Description field will become available.

11.8.10.11 *What is your sex?*

11.8.10.11.1 If "Other" is selected, the Other Description field will become available.

11.8.10.12 *What is your race or ethnicity?*

11.8.10.12.1 If "Other" is selected, the Other Description field will become available.

11.8.10.13 *Do you consider yourself "straight" (heterosexual), "gay" (homosexual, lesbian), or bisexual?*

11.8.10.14 *Would you describe yourself as transgendered?*

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11.8.10.15 *Interviewer Summary Comment – Culture, Gender & Sexual Orientation*

11.8.11 Click the right arrow to advance to the Medical screen, which includes the following:

11.8.11.1 *Do you believe you are currently the receiving medical care and services that you need?*

11.8.11.2 *Do you have a doctor or clinic you can go to?*

11.8.11.2.1 If "Other" is selected, the Other Description field will become available.

11.8.11.3 *I'm going to read a list of few medical services. Would you let me know if you need any of these or any other medical services?*

11.8.11.3.1 If "Other" is selected, the Other Description field will become available.

11.8.11.4 *Specify the known condition(s) for which treatment is needed. Do not include treatment for substance use and mental health/psychiatric conditions.*

11.8.11.4.1 This field will only become available if "Treatment or medication for a condition you have" is selected for question M3 above (11.8.11.3).

11.8.11.4.2 If "Other" is selected, the Other Description field will become available.

11.8.11.5 *Do you need help with:*

11.8.11.6 *Do you know whether or not you are HIV positive?*

11.8.11.6.1 Selecting any option other than "Yes, positive" will make question M7 below unavailable.

11.8.11.7 *Would you like help with any of the following related to your HIV condition?*

11.8.11.7.1 If "Other" is selected, the Other Description field will become available.

11.8.11.8 *Are you pregnant?*

11.8.11.8.1 This field will be unavailable for clients identified as male in this assessment (see 11.8.10.11).

11.8.11.8.2 Selecting "No" will make questions M9 and M10 below (11.8.11.9 and 11.8.11.10) unavailable.

11.8.11.8.3 Selecting "Not Sure" will make question M10 below (11.8.11.10) unavailable.

11.8.11.9 *Would you like to take a pregnancy test so that you can get prenatal care if you need it?*

11.8.11.10 *Would you like help with:*

11.8.11.10.1 If "Other" is selected, the Other Description field will become available.

11.8.11.11 *Would you like to talk to someone about whether or not you should be tested for infectious or communicable diseases such as TB, Hepatitis C, or sexually transmitted diseases?*

11.8.11.11.1 If "Other" is selected, the Other Description field will become available.

11.8.11.12 *Do you think psychiatric and/or mental health services might help you in your recovery?*

11.8.11.12.1 Selecting "No," "Not Applicable," or "Declined" will make questions M14 and M16 below (11.8.11.14 and 11.8.11.16) unavailable.

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11.8.11.13 *Are you receiving psychiatric or mental health services now?*

11.8.11.14 *Are there specific kinds of psychiatric or mental health services that you think might help you in your recovery?*

11.8.11.14.1 If "Other" is selected, the Other Description field will become available.

11.8.11.15 *Interviewer: Specify known conditions*

11.8.11.16 *Would you like help finding psychiatric or mental health services or getting an evaluation to see if they might help?*

11.8.11.17 *Are you currently receiving the dental care that you need?*

11.8.11.17.1 Selecting "Yes" will make question M18 below (11.8.11.18) unavailable.

11.8.11.18 *Would you like help getting dental care?*

11.8.11.19 *Interviewer Summary Comment – Medical*

11.8.12 Click the right arrow to advance to the Financial & Legal screen, which contains the following:

11.8.12.1 *Do you have money or legal issues that might make it hard for you to achieve your recovery goals?*

11.8.12.1.1 If "Other" is selected, the Other Description field will become available.

11.8.12.2 *Do you think help from a lawyer or other advocate with any of the following might make it easier for you to meet your recovery goals?*

11.8.12.2.1 If "Other" is selected, the Other Description field will become available.

11.8.12.3 *Do you need help getting:*

11.8.12.3.1 If "Other" is selected, the Other Description field will become available.

11.8.12.4 *Are there any other money or legal problems that might get in the way of your recovery?*

11.8.12.4.1 If "Yes-Specify" is selected, the Other Description field will become available.

11.8.12.5 *Interviewer Summary Comment – Financial & Legal*

11.8.13 Click the right arrow to advance to the Family Status & Parenting screen, which includes the following:

11.8.13.1 *Which of the following statements best describes where you are at personally?*

11.8.13.1.1 Selecting any of the options that indicate "no dependent children" will make question P4 below (11.8.13.4) unavailable.

11.8.13.2 *Are you responsible for parenting children who live with you?*

11.8.13.2.1 Selecting "No" will make questions P6 and P7 below (11.8.13.6 and 11.8.13.7) unavailable.

11.8.13.3 *Do you have children who have been taken from you by the courts (child welfare)?*

11.8.13.4 *Are you concerned that your child/children could be taken by child welfare?*

11.8.13.4.1 Selecting "No" will make question P5 below (11.8.13.5) unavailable.

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11.8.13.5 *Would you like help getting your life back together so that you can regain or keep custody of your children?*

11.8.13.6 *Would child care services help you reach your recovery goals?*

11.8.13.6.1 If "Other" is selected, the Other Description field will become available.

11.8.13.7 *Would you like help with any of the following?*

11.8.13.7.1 If "Other" is selected, the Other Description field will become available.

11.8.13.8 *Would you like to receive family counseling?*

11.8.13.9 *Interviewer Summary Comment – Family Status & Parenting*

11.8.14 Click the right arrow to advance to the Recovery Wrap Up screen, which includes the following:

11.8.14.1 *Can you think of anything we haven't already talked about that could hold you back from reaching your recovery goals?*

11.8.14.1.1 If "Other" is selected, the Other Description field will become available.

11.8.14.2 *Of everything that we've discussed today, are there one or two things that you think are most important to achieving your recovery goals?*

11.8.14.2.1 If "Other" is selected, the Other Description field will become available.

11.8.14.3 *Is there anything we have not mentioned so far that would make it easier for you to reach your recovery goals?*

11.8.14.3.1 If "Yes-Specify" is selected, the Other Description field will become available.

11.8.14.4 *Interviewer Summary Comment – Recovery Wrap Up*

11.8.15 Click Save.

11.9 Create a printable report of the completed RSS assessment.

11.9.1 Find the line for the RSS assessment on the Activity List screen and click the "Review" link in the Actions column.

11.9.2 The first screen of the assessment will appear.

11.9.3 To open a printer-friendly version of this summary, click the Generate Report icon at the top of the screen.

11.9.3.1 The RSS assessment does not offer a PDF option.

11.9.3.2 A pop-up window will appear, showing the entire assessment with the prompts, questions, and entered responses in a format that can be easily printed.

11.9.3.3 Printing this report requires a minimum of 11 pages using the default Internet Explorer settings.

11.9.3.4 When finished, close the pop-up window.

11.9.4 When finished, click Finish or use the Navigation View links to navigate away from the RSS assessment.

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12.0 Assessments > ASAM

12.1 The ASAM section of the Assessments module is used exclusively by ATR providers.

12.1.1 Users from agencies that do not offer ATR services will use the ATR screens found in the Admission, Treatment Plan Review, and Discharge modules (see OWITS Reference Manual, Volume 5: Client Activity and Contact).

12.1.2 Users from agencies that do not offer ATR services should not see the ASAM section of the Assessments module in OWITS.

12.1.3 If the ASAM section of the Assessments module appears when it should not, contact the OWITS system administrators by submitting a Support Ticket or by sending an email to owits.support@state.or.us.

12.2 Instructions for its use are provided in the ATR User Guides.

12.3 To obtain copies of the ATR User Guides, please contact the OWITS system administrators at AMH (owits.support@state.or.us).

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Appendix A – Assessment Descriptions

Name	Section	Suggested Treatment Domain	Response Type	Prompts
BH/BI	3.0	Mental Health and Substance Abuse	Questionnaire	None
CAGE-AID	4.0	Substance Abuse	Questionnaire	None
Mental Health	5.0	Mental Health	Open Text Boxes	Detailed
TAP	6.0	Substance Abuse	Questionnaire	Detailed
BHA	7.0	Mental Health	Open Text Boxes	Minimal
DENS ASI	8.0	Mental Health and Substance Abuse	Guided Questionnaire	Detailed
ASI Lite	9.0	Mental Health and Substance Abuse	Guided Questionnaire	Detailed
SOGS	10.0	Mental Health and Substance Abuse	Questionnaire	Detailed
RSS – Adult	11.0	Mental Health and Substance Abuse	Guided Questionnaire	Detailed
ASAM	12.0	ATR	Open Text Boxes	Minimal

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Appendix B – OWITS Reference Manual Volume Titles

- OWITS Reference Manual, Volume 1: OWITS Basics
- OWITS Reference Manual, Volume 2: Client Records Overview
- OWITS Reference Manual, Volume 3: Agencies, Facilities, Programs, and Staff Records
- OWITS Reference Manual, Volume 4: Client Profile
- OWITS Reference Manual, Volume 5: Client Activity and Contact
- *OWITS Reference Manual, Volume 6: Screenings and Assessments*
- OWITS Reference Manual, Volume 7: Groups and Group Notes
- OWITS Reference Manual, Volume 8: Consent and Referrals
- OWITS Reference Manual, Volume 9: Client Discharge
- OWITS Reference Manual, Volume 10: Running Reports
- OWITS Reference Manual, Volume 11: Billing
- OWITS Reference Manual, Volume 12: Troubleshooting
- OWITS Reference Manual, Volume 13: Tier 1 System Administration
- OWITS Reference Manual, Volume 14: Tier 2 System Administration
- OWITS Reference Manual, Volume 15: AMH Policies for OWITS Records and Users

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Appendix C – Navigation Map

A map of the navigation pane links can be found here (OWITS Navigation Map).
Due to its size, printing this document is **not** recommended.

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Revision History

Revised By	Date	Description
Justin D. King	May 3, 2012	Reference manual created.
Justin D. King	June 25, 2012	Revision History table added.
Justin D. King	September 25, 2012	ASAM details added; Definitions section revised.
Justin D. King	November 9, 2012	Found a risk assessment and added a reference to it.
Justin D. King	December 24, 2012	Expanded explanation regarding adding new assessments, added "Initial Steps" section, removed "Oregon Standard" from the Mental Health assessment report heading, noted change to TAP assessment Co-occurring screen, noted "X" to "Not Answered" change in ASI assessments.
Justin D. King	February 12, 2013	New information added regarding printable reports of the ASI assessments.
Justin D. King	February 21, 2013	Updated printing instructions.
Justin D. King	April 3, 2013	Defined "OWI" in the TAP Assessment.
Justin D. King	January 2, 2014	Added link to Navigation Map. Added instructions for editing DENS ASI and ASI Lite narrative text.

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