**MCCMH-SUD Recovery Home**

**Continued Stay Criteria**

Client Name: Date of Birth:

Recovery House: Employee Name:

Date of Request: Focus Number:

**Check at least one item for each area:**

1. **Use/Withdrawal**

[ ]  Maintaining abstinence from alcohol and other drugs throughout the current stay

 [ ] Experienced a slip/relapse but is now abstinent and focusing on recovery

1. **Medical**

[ ] Medical problems, if any, are manageable in this setting and do not significantly interfere with pursuit of recovery goals

[ ] Medical problems had caused a setback but the individual is again progressing in recovery

[ ] Demonstrating ability to take responsibility for personal health care

1. **Emotional/Behavioral**

[ ] Emotional/behavioral conditions, if any, are manageable in this setting and not significantly interfering with recovery goals

[ ] Emotional/mental health problems had caused a setback but the individual is again progressing in recovery

[ ] Demonstrating ability to manage mental health/emotional care

1. **Readiness to Change**

[ ] Making progress towards lifestyle changes necessary for long term recovery but has not yet developed the skills needed to maintain these changes outside of this structured environment

[ ] Is just beginning to recognize his/her addiction and the need for change and is in need of addition support offered in the recovery home to achieve recovery goals

1. **Relapse Potential**

[ ] Currently abstinent but needs additional support to maintain this status

[ ] Recognizes behaviors which undermine recovery and needs additional time to implement new relapse skills

1. **Recovery Environment**

[ ] Needs continued exposure to a healthy living environment offered in the recovery home while working on recovery goals

[ ] Progress has been made in the area of social/family relationships but to the point to support of ongoing recovery

[ ] Social/interpersonal issues have not improved or have become worse and the individual needs additional treatment to learn to cope with the current situation or take steps to secure an alternative living environment

1. **Current Treatment Status**

[ ] Client is currently attending MCOSA Treatment at:

[ ] Client is no longer in treatment (Explain):

Comments: