



Report to the Legislature

Co-Occurring Disorders Among DSHS Clients

As Required by Section 601(2) of the
Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005

December 2008

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Information About this Publication

Title: Co-Occurring Disorders Among DSHS Clients

Abstract: This document identifies the proportion of DSHS clients screened who have indications of a co-occurring mental illness and chemical dependency based on GAIN-SS screening results, as required by Section 601(2) of the Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005.

Keywords: Co-occurring, COD, mental illness, chemical dependency

Category: Co-occurring Disorders

Geography: Washington State

Research Time Period: January 2007 to July 2008

Publication Date: December 2008

Publication Number: 3.32

Project Name: Co-Occurring Disorders: GAIN-SS and Clinical Indicators

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Co-Occurring Disorders among DSHS Clients

A Report to the Legislature

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Washington State Department of Social and Health Services Research and Data Analysis Division

December 2008

REPORT NUMBER 3.32

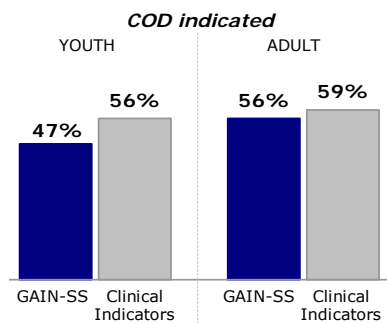
SECTION 601 (2) of *the Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005* directed the Department of Social and Health Services (DSHS) to adopt an integrated and comprehensive screening and assessment process to identify indications of mental illness, substance use disorders, or co-occurring disorders (COD). This legislation also required the use of a screening tool “...that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders.” The screening process itself was to be implemented by all chemical dependency and mental health treatment providers, designated mental health professionals, designated chemical dependency specialists, and designated crisis responders by no later than January 1, 2007, with the department providing training to fulfill this requirement.

The department was directed to “...report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.” This report fulfills this legislative requirement [2005 c 504 § 601].

Participating Programs

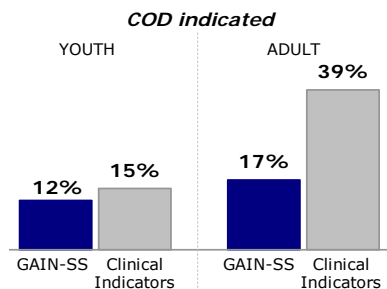
Several DSHS programs with providers meeting the legislative criteria above began administering the Global Appraisal of Individual Needs Shorter Screener (GAIN-SS) to their clients in January 2007 to screen for mental illness, substance use disorders and co-occurring disorders (COD). The Health and Recovery Services Administration, Division of Alcohol and Substance Abuse and Mental Health Division, the Juvenile Rehabilitation Administration and Children’s Administration all began administering this screening tool to their clients. Two partner agencies—the Office of the Superintendent of Public Instruction and the Department of Corrections—also implemented the GAIN-SS for select subpopulations. Data for these participating programs are summarized here.

Evidence of Co-Occurring Disorders



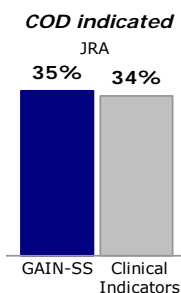
Division of Alcohol and Substance Abuse

The highest proportion of COD was found among clients of the Division of Alcohol and Substance Abuse. Based on both the GAIN-SS and administrative indicators, over 50 percent of adult clients met minimum thresholds for COD. Among youth served by this division, indicators of COD were found for 47 percent of the clients using the GAIN-SS and for 56 percent using administrative data. Thus, the administrative records provided strong corroboration for the screening tool results.



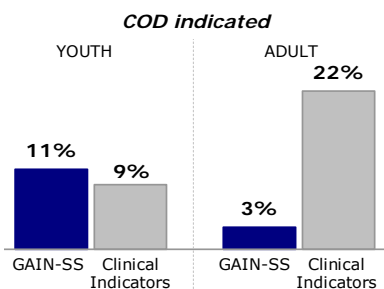
Mental Health Division

Among clients served by the Mental Health Division, the GAIN-SS suggested that only 17 percent of adults had COD while the administrative data indicated that 39 percent had indicators of both mental health and substance use problems. The difference in proportions may be due to under-reporting of substance abuse disorders on the GAIN-SS. Among adolescents served by the Mental Health Division, 12 percent had evidence of COD using the GAIN-SS and 15 percent using the administrative data.



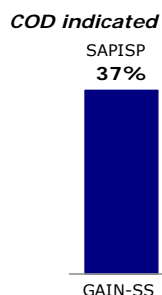
Juvenile Rehabilitation Administration

About one-third of youth served by the Juvenile Rehabilitation Administration appeared to have COD, with a high degree of correspondence between the GAIN-SS results (35 percent) and the administrative data (34 percent).



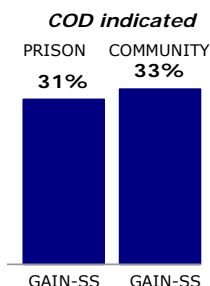
Children's Administration

For Children's Administration, 3 percent of adult and 11 percent of youth clients in select services had screened COD based on sampled GAIN-SS screenings. From the integrated administrative data, 22 percent of adults and 9 percent of youth in these programs had indicated COD.



Office of the Superintendent of Public Instruction

Among partner agencies, the Office of the Superintendent of Public Instruction administered the Student Assistance Prevention-Intervention Services Program (SAPISP) for the DSHS Division of Alcohol and Substance Abuse. COD was indicated among 37 percent of the identified at-risk students screened using the GAIN-SS through this program.



Department of Corrections

For another partner agency, the Department of Corrections, COD was indicated by the GAIN-SS for one-third of the adults entering prison and one-third of those in community corrections who had an apparent need for mental health or substance abuse services.

Background

In 2005, the Legislature passed E2SSB 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005. The resulting legislation, RCW 70.96C.010, required the Department of Social and Health Services (DSHS) to adopt and implement by January 2006, an integrated, comprehensive screening and assessment process for chemical dependency and mental disorders. Contractual penalties for noncompliance by July 1, 2007 with this requirement are also mentioned in the legislation. To implement the screening portion, DSHS adopted the Global Appraisal of Individual Needs Shorter Screener (GAIN-SS).

This report provides estimates of the prevalence of COD for DSHS clients served by participating programs based on the results of the GAIN-SS. It also contains estimates for at-risk students in a school-based prevention program and adults under the supervision of the Department of Corrections based on information provided by partner agencies who joined in this comprehensive screening effort. In addition, this report provides information on reliable clinical indicators of mental illness, substance use disorders, and both based on integrated health services data maintained by the Research and Data Analysis Division.

Method | Measures

Data Sources

The primary sources of data were program specific GAIN-SS screening results and administrative data from the DSHS Research and Data Analysis Division (RDA) Client Services Database (CSDB) and Client Outcomes Database (CODB). For each program, a data set containing available screening items or results for the time of program implementation through June 30, 2008 was requested. The administrative data used to develop clinical indicators in the parallel analyses are described below.

GAIN-SS

In January 2007, several DSHS and affiliated partner programs adopted the Global Appraisal of Individual Needs Short Screener (GAIN-SS)¹ to screen for co-occurring disorders (COD) among existing and new clients. The GAIN-SS is a 15-item short version of the longer Global Appraisal of Individual Needs (GAIN-I). The GAIN-SS was chosen as the screening tool to fulfill the legislative requirement mentioned above. There are several versions of the GAIN-SS with varying time references and response choices. The version that asks about symptoms and problems occurring in the past year was chosen for the statewide implementation. The screening tool is designed for paper and pencil completion, staff-administration, or for completion via computer or web-based application.¹

The GAIN-SS is made up of several subscales that were created based on scales of the full 123 item GAIN-I. For the past year version, yes responses are simply added to render a scale score ranging from 0 to 5. All scales correlate highly with the original GAIN-I scales on which they are based, with correlation coefficients between .84 and .90.² Locally, two studies have been conducted among adults in an urban medical center and youth in a variety of clinics serving publicly funded clients in Washington State. Both studies found the GAIN-SS had acceptable psychometric properties when compared to findings for the same patients using a well-established structured interview tool^{3, 4}. The three GAIN-SS scales used for DSHS screening are listed and described below, and sample items from each scale are presented in the table.

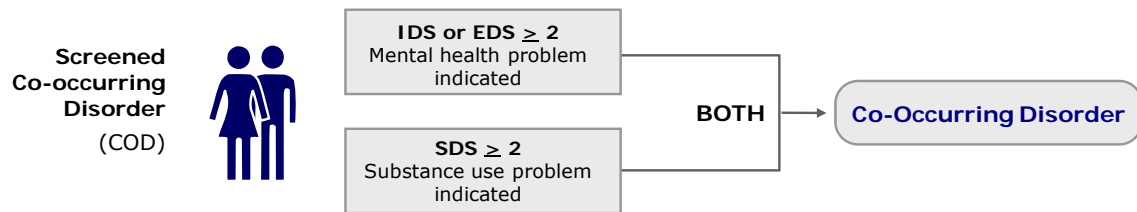
- **Internalizing Disorder Screener (IDS).** Based on the Internal Mental Distress scale (IMDS) of the GAIN-I, high scores on this scale indicate a possible need for mental health treatment for symptoms related to depression, anxiety, trauma, suicide, and more serious mental illness (SMI) such as schizophrenia.
- **Externalizing Disorder Screener (EDS).** Based on the Behavior Complexity Scale (BCS) of the GAIN-I, elevated scores on this scale indicate the need for mental health treatment for attention deficits, hyperactivity, impulsivity, and conduct problems. The positive screen rate for this scale is generally expected to be higher for adolescents.
- **Substance Disorder Screener (SDS).** Based on the Substance Problem Scale (SPS) of the GAIN-I, positive screens on this scale suggest the need for treatment for substance use, abuse, or dependence disorders, including some that may require detoxification or maintenance of services already being received.¹

TABLE 1
GAIN-SS scale

GAIN-SS SCALE	SAMPLE ITEMS During the past 12 months...	Correlation with GAIN-I
Internalizing Disorders Screener (IDS)	... have you had <u>significant</u> problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	0.89
Externalizing Disorder Screener (EDS)	... did you do the following things <u>two or more times?</u> ... have a hard time paying attention at school, work or home? ... start fights with other people?	0.88
Substance Disorder Screener (SDS)	... did you use alcohol or drugs weekly?	0.92

As with any screening tool, there are false positives and false negatives. Some individuals with substance use disorders, mental illness, or both may not be identified using the GAIN-SS due to: cutoffs chosen that minimize false positives, setting or location, or circumstances of screening (e.g. child abuse investigation, level of rapport with provider).

GAIN-SS COD Definition



Quadrants

The Division of Alcohol and Substance Abuse and the Mental Health Division also implemented the use of a “quadrant score,” that indicates whether a COD client is low or high on mental health and substance abuse needs based on assessment findings and clinical judgment. Quadrant placement is NOT based on the GAIN-SS score and occurs following an assessment. Severity is based on global assessment of functioning (GAF; i.e. 50 or less indicates more severe mental disorder) for mental health and diagnosis (dependency = severe, use or abuse = less severe) for substance abuse. A “0” score or “No Placement” is applied when the client is not determined to meet criteria for co-occurring mental health and chemical dependency or other substance related disorders.

TABLE 2
Quadrant Scores

SUBSTANCE ABUSE	MENTAL HEALTH	
	LOW	HIGH
HIGH	QUADRANT 3	QUADRANT 4
LOW	QUADRANT 1	QUADRANT 2

Administrative Data COD Definition

COD is indicated based on administrative data by the presence of mental illness and alcohol or other drug use, abuse, or dependence clinical indicators. In the administrative data tables, client service use for Fiscal Year 2006 was derived from the RDA Client Services Database. Indicators of alcohol or drug treatment (AOD) need and mental health treatment need were based on data for a 24-month period (Fiscal Year 2005 through Fiscal Year 2006).

ADMINISTRATIVE DATA

AOD Treatment Need Flag

For clients enrolled in DSHS Medical coverage (Medicaid or Medical Care Services coverage), a need for alcohol or other drug treatment (AOD) indicator has been used extensively by RDA in other projects.⁵ This flag is comprised of a comprehensive set of clinical indicators linked via the RDA Client Outcomes Database (CODB) and Client Services Database (CSDB). A DSHS medical client is classified as in need of AOD treatment if there is a diagnosis, procedure, prescription, treatment, or arrest that reflects possible substance use, abuse, or dependence during a defined timeframe (24 months for this study) from the following sources:

- **Medical records**—Medical diagnoses (ICD-9CMs), DRGs, procedure codes (including detoxification), and revenue codes. *SOURCE: MMIS and health plan encounter data (See Appendix for List of applicable diagnoses and codes).*
- **Treatment records**—Admissions to inpatient or outpatient AOD treatment and detoxification. *SOURCE: MMIS and TARGET.*
- **Arrest records**—Arrests within Washington State for drug- or alcohol-related offenses (see Appendix for list of applicable charges) reported through the Washington State Patrol.⁵

Mental Health Treatment Need Flag

A similar method was employed to generate a need for mental health treatment indicator based on administrative data elements indicating the presence of a mental illness. A need for mental health treatment was flagged if a mental illness-related diagnosis, procedure, prescription, or treatment was indicated for the defined timeframe (24 months for this study):

- **Medical Record Diagnoses**—Medical diagnoses (ICD-9CMs) for the following mental health diagnostic categories: adjustment, anxiety, attention-deficit and conduct, childhood, impulse control, mood, personality, and psychotic disorders. *SOURCE: MMIS and health plan encounter data (See Appendix for list of applicable categories).*
- **Medical Record Prescriptions**—In the following National Drug Code (NDC) drug classes (FDA <http://www.fda.gov/cder/ndc/>): Antianxiety, Antidepressants, Antipsychotic, Antimania, and ADHD. Two mental health medication categories were excluded (anticonvulsants and sedatives) based on the assumption that these are utilized for a wide range for medical disorders and would not be good single indicators of mental illness. *SOURCE: MMIS and health plan encounter data (See Appendix for full list of medications by generic and brand name).*
- **Treatment records**—Admissions to inpatient or outpatient mental health treatment, including receipt of Community Services, receipt of Community Inpatient or Evaluation and Treatment Services, stays at a State Hospitals or the Child Study and Treatment Center (CSTC), or stays at Children’s Long-term Inpatient Program (CLIP). *SOURCE: CSDB/MMIS/RSN encounter data.*

DSHS Service Use

In the administrative data tables, client service use for FY 2006 was derived from the [RDA Client Services Database](#).

Intersection of Administrative Data and GAIN-SS

Due to concerns regarding both completeness of screening data and self-report of symptoms, it was determined that mental illness and substance abuse indicators from administrative data would also be used to estimate co-occurring disorder rates for the four DSHS populations. To determine the degree to which the GAIN-SS screening scores and administrative indicators of need for treatment produce comparable results, RDA conducted preliminary analyses during early phases of this project. In order to conduct such an analysis, administrative data indicators for a subgroup of clients served during the time period of January 2007 to July 2008 who also had GAIN-SS screenings were cross-tabulated with screening outcomes. This analysis was conducted separately for the Division of Alcohol and Substance Abuse, the Mental Health Division, and Juvenile Rehabilitation Administration clients.

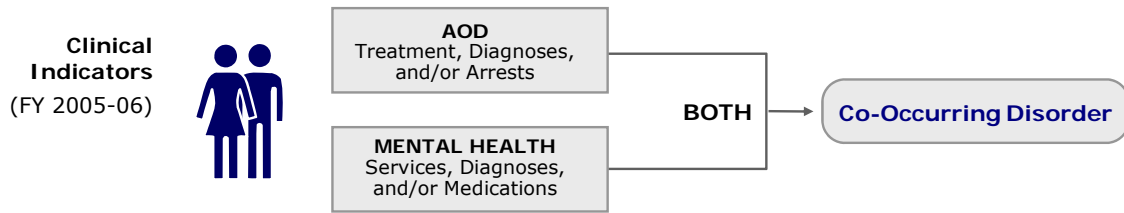
Of the DSHS clients with a potential need for AOD treatment based on administrative and clinical records, the percentage identified as having a possible substance use disorder using the GAIN-SS was 74 percent for DASA clients, 62 percent for JRA clients, and only 37 percent for MHD clients. Thus, the GAIN-SS seemed to identify people with a recent history of substance use problems more often for clients who were served by chemical dependency treatment providers than for those being served by the mental health treatment system. In the mental health care setting, the discrepancy between the independent indication of a client’s risk for a substance use disorder and information provided on the GAIN-SS could reflect underreporting on the screening instrument.

For mental health problems, the level of correspondence between the administrative indicators and the self-report GAIN-SS data was similar for clients in all three settings. Of the clients identified as having a potential need for mental health treatment based on recent treatment and clinical care indicators, the percentage identified with a possible mental health problem using the GAIN-SS equaled 81 percent among DASA clients, 77 percent among MHD clients, and 74 percent among JRA clients.

COD Flag

Using the flags described above, COD is indicated based on administrative data by the presence of both of the following during FY05 through FY06:

1. The Alcohol and Other Drug (AOD) treatment need flag, AND
2. The Mental Health treatment need flag.



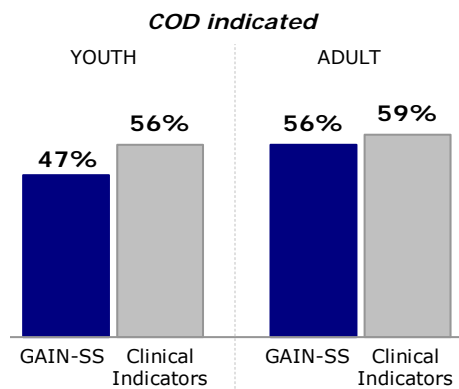
Program Specific Implementation and Findings

The following sections present screening and administrative analysis results separately for each program. Because of differences between programs, populations, and in screening implementations, caution must be used in comparing program results. Additionally, because our analyses focus on records for clients entering specific programs for specific reasons (e.g. alcohol or other drug treatment), it is important to consider the relevant “denominators” for each analysis.

Division of Alcohol and Substance Abuse



Key Findings



Chemical Dependency Treatment

- Over half (55 percent) of Division of Alcohol and Substance Abuse screened clients (youth and adults) had co-occurring disorders.
- 68 percent of Division of Alcohol and Substance Abuse clients screened positive on one or both of the GAIN-SS mental health scales.
- Prevalence estimates for COD based on administrative data were similar to GAIN-SS results for the Division of Alcohol and Substance Abuse.

COD indicated



Office of the Superintendent of Public Instruction

- Almost 40 percent of students screened in the Student Assistance Prevention-Intervention Services Program (SAPISP) program met GAIN-SS COD criteria.

Division of Alcohol and Substance Abuse

The Division of Alcohol and Substance Abuse (DASA) falls within the Health and Recovery Services Administration (HRSA) and provides alcohol- and drug-related prevention, intervention, treatment, and aftercare services. The Division of Alcohol and Substance Abuse contracts with counties, tribes, and service agencies to provide treatment services to youth and adults who cannot pay the full cost.

Treatment Clients Screened

All agencies receiving state funding for chemical dependency treatment and assessment must screen patients entering into their services. The screening may take place at a later time if it is determined the client is intoxicated.

Administration of Screening

Screening takes place at intake prior to inpatient admissions, outpatient admissions, and assessments for youth and adults. Patients accessing detoxification services are also screened. Scores from a previous screening may be used if administered within six months of the intake. Agencies were given latitude to make the decision of how administration would take place. Consistent with the GAIN-SS Training Manual, this usually consisted of either oral interview or pen and paper.

Screening Use

Screening results are entered into the TARGET data system so that results can be easily used for both clinical and administrative monitoring purposes. The GAIN-SS information is considered by the Division of Alcohol and Substance Abuse to be a screening instrument and indicates need for further assessment, as opposed to a determinant diagnosis.

Division of Alcohol and Substance Abuse Findings

The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

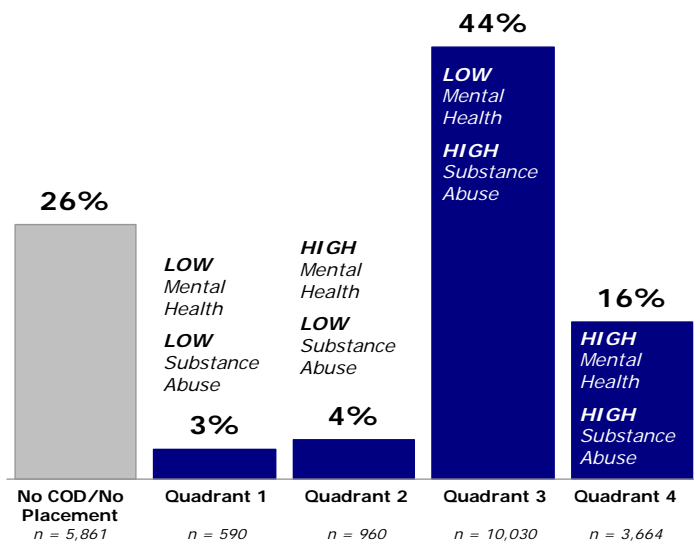
TABLE 3

Division of Alcohol and Substance Abuse GAIN-SS Scale Score Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
ADULTS	75,208	50,921	68%	75,208	51,691	69%	75,208	42,403	56%
YOUTH	8,213	5,490	67%	8,213	4,646	57%	8,213	3,867	47%

Quadrant Placement for Clients with Screened COD

For the Division of Alcohol and Substance Abuse, quadrant placement is based on clinical judgment, occurs after assessment, and is updated upon discharge. The global assessment of functioning (GAF) is also considered in assigning a quadrant score. Providers are also instructed that mental health screening scores could be secondary to substance use problems and that this may be determined at the time of assessment. Quadrant placements for screened Division of Alcohol and Substance Abuse clients (unduplicated) meeting or exceeding COD criteria are presented below. There was no quadrant score reported for the remaining 7 percent of those with screened COD.



Administrative Data Findings

Based on administrative data, 56 percent of Division of Alcohol and Substance Abuse youth and 59 percent of Division of Alcohol and Substance Abuse adults had COD indicators, with higher percentages for adults who received detoxification services (74 percent) and opiate substitution treatment (74 percent) and youth in residential treatment (71 percent).

TABLE 4

Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services During FY 2006

Alcohol and Substance Abuse					
YOUTH (Ages 11 - 17)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
ALCOHOL & SUBSTANCE ABUSE TOTAL	8,457	5,732	59%	93%	56%
Assessments-General	6,132	4,246	58%	91%	53%
Detoxification	447	302	65%	100%	65%
Outpatient Treatment	5,397	3,949	61%	100%	61%
Residential Treatment	1,397	1,140	71%	100%	71%
Additional Services	1,282	1,265	67%	100%	67%

ADULTS (Ages 18 - 64)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
ALCOHOL & SUBSTANCE ABUSE TOTAL	55,485	33,728	62%	94%	59%
ADATSA Assessments	12,337	10,792	51%	91%	48%
Assessments-General	23,108	14,015	66%	93%	62%
Detoxification	8,286	5,102	74%	100%	74%
Opiate Substitution Treatment	3,938	3,013	74%	100%	74%
Outpatient Treatment	31,341	19,122	62%	100%	62%
Residential Treatment	10,750	9,613	62%	100%	62%
Additional Services	3,096	2,663	76%	100%	76%

Student Assistance Prevention-Intervention Services Program (SAPISP)

As part of the GAIN-SS screening efforts in Washington State, a screening process was implemented in the Student Assistance Prevention-Intervention Services Program (SAPISP), a school-based prevention and intervention program administered by the Office of Superintendent of Public Instruction. This prevention program places Student Assistance Specialists in schools to implement comprehensive student assistance programs that address problems associated with substance use and other at-risk behaviors. Student Assistance Specialists: (a) provide early alcohol and other drug prevention and intervention services to students and their families; (b) assist in referrals to treatment providers; and, (c) strengthen the transition back to school for students who have had problems with alcohol and other drug abuse or dependency.

Students Screened

Students are referred to the SAPISP due to academic and social problems, suspected alcohol, tobacco or other drug use, or violation of no use policies. All students referred to the program for prevention intervention services are screened for problem behaviors. This screening process includes the administration of the GAIN-SS.

Administration of Screening

The GAIN-SS is administered by a Student Assistance Specialist. Consistent with the GAIN-SS training manual, the screening is done via oral interview with students.

Screening Use

Results are entered into a data collection system operated by RMC Research Corporation. GAIN-SS results, along with other information collected at the time of intake, are used to identify students who are at increased risk of having a substance use disorder or other problem behaviors that require placement in school-based support services, or referral to a community-based agency for a more comprehensive assessment.

The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below. These data were analyzed and provided by RMC Research Corporation using criteria provided by DSHS Research and Data Analysis Division (RDA).

Student Assistance Prevention-Intervention Services Program Findings

The numbers and percentages of screened SAPISP students who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

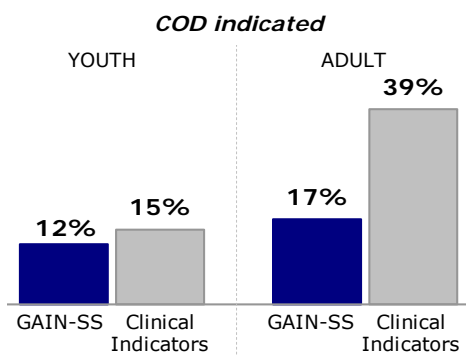
TABLE 5
SAPISP GAIN-SS Scale Score Positive Screens 2007-08

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
YOUTH	8,777	7,292	83%	8,764	3,492	40%	8,771	3,261	37%

Mental Health Division



Key Findings



- For those Mental Health Division consumers screened, 17 percent of adults and 12 percent of youths screened positive for co-occurring mental health and substance use disorders.
- Analysis of administrative data for this population suggests COD are present for 39 percent of adult and 15 percent of youth Mental Health Division consumers.
- The difference in findings for adults *may* be due to underreported substance abuse symptoms on the GAIN-SS.

Mental Health Division

Mental Health Division (MHD) services fall within the Health and Recovery Services Administration (HRSA). The division administers treatment services for adults and children who are severely and/or chronically mentally ill. Services are administered through three channels:

1. Directly operated state mental hospitals, which deliver services to clients with severe mental disorders.
2. Single counties or groups of counties administer Regional Support Networks (RSNs), which contract with licensed community mental health providers to supply mental health services.
3. Community Evaluation and Treatment facilities, which include general hospitals and psychiatric hospitals that deliver inpatient psychiatric treatment—both voluntary and involuntary—to consumers authorized by the RSNs.

Clients Screened

The GAIN-SS is offered to Mental Health Division clients age 13 and above during all new intakes. The GAIN-SS screening must also be attempted at the provision of each crisis episode of care, except when the service results in a referral for intake assessment, involuntary detention under RCW 71.05, RCW 71.34 or RCW 70.96B, the client contact was by telephone only or when it was determined the individual had completed the GAIN-SS during the previous 12 months.

Administration of Screening

For Mental Health Division clients receiving outpatient services at the time of implementation, the GAIN-SS was required at the first treatment planning session after January 1, 2007. A return to services indicates a change in the clinical needs of an individual, and as such the GAIN-SS is again required.

During the admission process Eastern State Hospital, Western State Hospital (WSH), and the Child Study and Treatment Center (CSTC) were required to obtain recent screening results or attempt to screen all individuals aged 13 and above. When the GAIN-SS score during the admission process triggers an Assessment and Quadrant Placement, this occurs at the first treatment planning session.

State Hospitals are required to maintain screening results in clinical files due to electronic submission limitations. However, since the date of implementation, a chemical dependency professional out-stationed at Eastern State Hospital under a Division of Alcohol and Substance Abuse community provider contract has been entering GAIN-SS data into TARGET, the Division of Alcohol and Substance Abuse data system, and these data were available for analysis.

Clients are initially screened upon admission. Clients are then referred to the CDP both when the GAIN-SS score triggers further assessment and when the GAIN-SS score does not trigger further assessment but collateral information suggests further assessment is indicated. The CDP repeats the GAIN-SS with all clients referred and provides assessment and quadrant placement. This process screens in clients for referral to the CDP who either do not have a GAIN-SS score that triggers further assessment or the GAIN-SS score does not trigger further assessment but historical or collateral information suggestive of the presence of a co-occurring disorder.

The MHD GAIN-SS form provides a brief explanation of the purpose of the screen and informs the individual that completing the screen is optional. If the individual “declines” or is “unable” to complete the GAIN-SS this is to be documented on the form and check boxes are provided for that purpose.

Screening Use

Assessment and quadrant placement are also required during the next outpatient treatment planning review following a positive screening as part of the initial evaluation at free-standing, non-hospital evaluation and treatment facilities.

Mental Health Division Findings

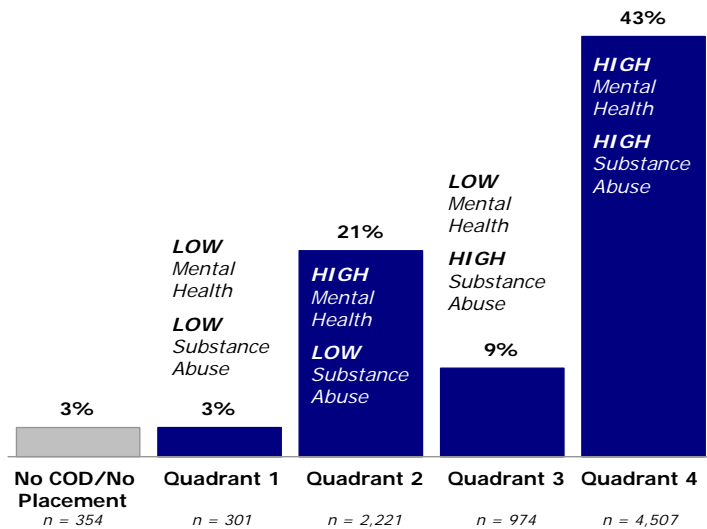
- The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below. The low rate of COD and substance use identified is primarily due to the fact that 56 percent of all Mental Health Division screenings had an SDS score of 0.

TABLE 6
Mental Health Division GAIN-SS Scale Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
ADULTS	55,847	38,804	69%	55,847	9,693	17%	55,847	9,348	17%
YOUTH	10,937	8,202	75%	10,937	1,337	12%	10,937	1,271	12%

Quadrant Placement for Clients with Screened COD

When the individual scores a 2 or higher on either GAIN-SS mental health scale and a 2 or higher on the substance disorder scale, a co-occurring mental health and chemical dependency disorder assessment to determine a quadrant placement for screened Mental Health Division clients (unduplicated) meeting or exceeding COD criteria are presented below. For the Mental Health Division, 73 percent of those in the "High/High" quadrant also had positive GAIN-SS COD screen.



Mental Health Division Subpopulation: Eastern State Hospital

Eastern State Hospital records were extracted from TARGET by identifiers of individual staff members and agency numbers provided by County and provider staff. Eastern State Hospital clients are initially screened upon admission. Clients are then referred to the chemical dependency professional when the GAIN-SS score triggers further assessment. Clients are also referred to the chemical dependency professional when the GAIN-SS score does not trigger further assessment but collateral information suggests further assessment is indicated. The chemical dependency professional repeats the GAIN-SS with all clients referred and provides Assessment and Quadrant Placement. It is the second GAIN-SS screening data and Quadrant Placement provided by the chemical dependency professional that is entered into TARGET. The process at Eastern State Hospital essentially pre-screens for the potential for co-occurring disorders prior to referral to the chemical dependency professional for a second GAIN-SS, Assessment and Quadrant Placement. This process screens out clients for referral to the chemical dependency professional who either do not have a GAIN-SS score that triggers further assessment or historical or collateral information suggestive of the presence of a co-occurring disorder.

As the data for Eastern State Hospital were provided separately and represent a unique population, they are summarized separately for the purposes of this report. Results indicate that about half of the Eastern State Hospital consumers have COD assessment or treatment needs based on both the screening findings and the administrative data.

The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

TABLE 7

Eastern State Hospital GAIN-SS Scale Score Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
ADULTS	422	309	73%	422	217	51%	422	194	46%

Administrative Data Findings

The percentage of Mental Health Division adult consumers with COD appears higher than the screening results based on the administrative data, with 39 percent of adults and 15 percent of youth having COD indicators. These numbers are highest for adults in state hospitals (51 percent) and youth in the Child Study Treatment Center (47 percent), and children's long-term inpatient (56 percent), as well as for youth (40 percent) and adults (63 percent) who received community inpatient evaluation and treatment.

TABLE 8

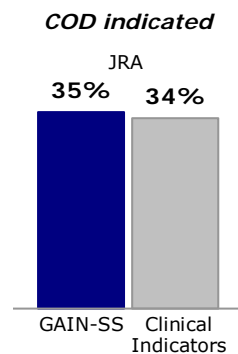
Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services During FY 2006

Mental Health Services					
YOUTH (Ages 11 - 17)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
MENTAL HEALTH SERVICES TOTAL	21,403	18,602	100%	15%	15%
Child Study and Treatment Center	82	81	100%	47%	47%
Children's Long-term Inpatient Program	58	57	100%	56%	56%
Community Inpatient Evaluation, Treatment	674	617	100%	40%	40%
Community Services	21,320	18,534	100%	14%	14%
ADULTS (Ages 18 - 64)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
MENTAL HEALTH SERVICES TOTAL	79,540	46,729	100%	39%	39%
Community Inpatient Evaluation, Treatment	7,270	4,858	100%	63%	63%
Community Services	78,125	46,103	100%	38%	38%
State Hospitals (State Institutions)	2,757	1,146	100%	51%	51%

Juvenile Rehabilitation Administration



Key Findings



- For Juvenile Rehabilitation Administration youth 73 percent screened positive on at least one GAIN-SS scale.
- Screened COD was indicated for 35 percent, mental illness for 62 percent, and substance use disorders for 46 percent.
- Prevalence estimates based on administrative data for this population were similar to GAIN-SS results for Juvenile Rehabilitation Administration.

Juvenile Rehabilitation Administration

The Juvenile Rehabilitation Administration (JRA) serves youth, age 11 to 20, who have been adjudicated in Juvenile Court and sentenced for a minimum and maximum term. Juvenile Rehabilitation Administration provides a comprehensive continuum of preventive, rehabilitative, and transitional programs in both residential and community settings.

Clients Screened

The GAIN-SS is administered to all youth committed to Juvenile Rehabilitation Administration upon admission into a Juvenile Rehabilitation Administration residential facility as part of a screening and assessment process. Youth may also be screened in a new institution if they are transferred from one Juvenile Rehabilitation Administration facility to another during their commitment.

Administration of Screening

The screening is administered in an interview format by trained residential counselors (line staff). Juvenile Rehabilitation Administration policy indicates that screening should be started within the first hour of the youth's entry into the facility and completed within 24 hours of admission. The setting in which the screen is administered varies from an intake unit, intake office, to an open living unit depending upon the facility, in as private an area as possible.

Screening Use

GAIN-SS data are entered into Juvenile Rehabilitation Administration's database the Automated Client Tracking system (ACT) at the time of screening. Based on the scores of the GAIN-SS, a referral for further assessment may be recommended.

Juvenile Rehabilitation Administration Findings

The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

TABLE 9

Juvenile Rehabilitation Administration GAIN-SS Score Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
ALL AGES	2,024	1,256	62%	2,024	932	46%	2,024	707	35%

Administrative Data Findings

TABLE 10

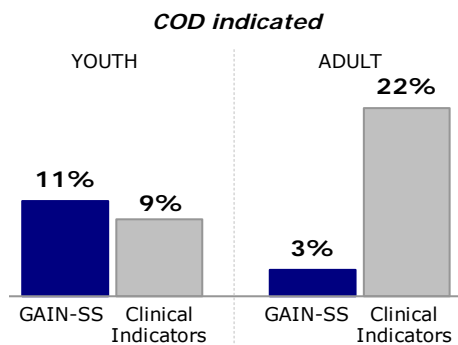
Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services During FY 2006

Juvenile Rehabilitation					
ALL AGES	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
JUVENILE REHABILITATION TOTAL	3,806	2,320	59%	55%	34%
Community Placement	505	485	56%	56%	33%
Dispositional Alternatives	1,486	851	59%	75%	45%
Institutions, Youth Camps, Basic Training	1,828	1,234	62%	48%	30%
Parole	1,668	1,089	58%	45%	27%

Children’s Administration



Key Findings



- For a sample of about 1,500 GAIN-SS screenings, 3 percent of adults and 11 percent of youth had COD indicated.
- Based on administrative data, 22 percent of Children’s Administration adults and 9 percent of Children’s Administration youth in specific service categories had COD indicated.
- The difference in findings for adults *may* be due to underreported symptoms on the GAIN-SS.

Children’s Administration

The Children’s Administration (CA) seeks to ensure the safety and protection of children who are abused or neglected by their caregivers. The Administration both provides direct services and works in partnership with community-based public and private organizations.

Clients Screened

The majority of clients screened using this tool have been referred to Children’s Administration due to allegations of child abuse or neglect. During the initial phase of a family’s involvement the screen is completed during the course of an investigation. GAIN-SS screening was conducted for major program areas, including:

- **Child Protective Services** (Investigates allegations of Child Abuse or Neglect [CA/N]): Adults identified as the subject on the referral, parent(s) or person(s) acting in loco parentis and living in the child’s home;
- **Family Voluntary Services** (Assists families in locating services to help correct family functioning issues related to CA/N): Adults and youth involved in the development of a voluntary service plan when the family is voluntarily engaging in services (note: it was determined that Family Voluntary Services were new and not enough data were available for meaningful analysis for this time period);
- **Child and Family Welfare Services** (Provides case management services to clients when court intervention is necessary): Adults and youth involved in a dependency action prior to the development of service recommendations when a dependency petition is filed;
- **Family Reconciliation Services** (Voluntary services to teens and their families): Adults and youth identified for intervention during initial Phase One contact with family; and
- **Child Health and Education Tracking (CHET)**—Youth 13 years and over if one has not been previously completed;

A screen is NOT required when:

- The client is currently engaged in substance abuse or mental health treatment services, or;
- A screen was completed in the previous six months by Children’s Administration staff.

Administration of Screening

The screen may take place in the family home, in the local field office, or in court. Child Protective Services completes the form during their investigation which must be completed within 45 days. Social workers complete this form with the family prior to the development of a service plan. Generally this form is completed within the first few contacts with the family.

The screening is administered either by the social worker verbally or self-administered on paper by the client. A screening may be completed at any time in a case when circumstances change, new information is obtained or the screen would be beneficial. A client has the right to refuse to answer the screening questions and to refuse to have the results released.

Screening Use

For scores of 2 or higher on the mental health scales, social workers make a referral to state Regional Support Networks (RSN) for an assessment. With a significant score on the substance abuse scale, a referral is made to the Children’s Administration chemical dependency professional in a local field office or to a local community substance abuse provider for further assessment. For those with positive screens on both mental health and substance use scales, social workers refer to the Children’s Administration chemical dependency professional or a community provider for a co-occurring disorder assessment.

If there is a positive response on the suicide question, there is an immediate referral to the local mental health crisis line or designated mental health professional (DMHP), as appropriate. If a social worker suspects an adult is using substances and/or has mental health issues and have either refused to answer the screen, or have not been honest on the screen, the social worker may refer to either substance abuse or mental health services for an assessment. For example, the social worker may be removing children from a home due to drug use of parents and the parents either refuse to answer the questions, or are not honest on the screen. In this situation, the social worker would still refer the client for an assessment.

Children’s Administration Findings

Sampling Method

Children’s Administration (CA) began screening efforts using the GAIN-SS in January, 2007. Screenings were completed for 18,780 Children’s Administration clients. Completed forms gathered by offices were sent to headquarters and form header (client and referral information) was entered into a database by DSHS ISSD staff.

Because only summary information (Children’s GAIN-SS form items 1-7) was entered, the actual GAIN-SS item responses and subscale scores for the full 18,780 were not available for analysis. Researchers sampled 119 of the available GAIN-SS paper forms across all six regions (timeframe approximately September 2007 through January 2008), and found the referral field was not directly linked to the GAIN-SS scores. Therefore a formal sampling method was used to estimate the proportion who screened positive for mental illness, substance use, and co-occurring disorders. It was recently noted by Children’s Administration staff that they plan to enter GAIN-SS screening results directly into their forthcoming information system (FamLink). This will allow for more complete analysis of their populations in the future.

A random sequential method was used to sample from Children’s Administration GAIN-SS screenings for January 2008 through August 2008 that had been submitted to and received by headquarters. It was estimated that a sample size of 1,500 would approximate a representative sample containing both youth and adults (N = 9,316).

After removing 29 forms from the sample with missing age information, data were available for 1,477 Children’s Administration clients. The numbers and percentages of sampled screenings for clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

TABLE 11

Children’s Administration Sampled GAIN-SS Scale Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
ADULTS*	1,238	207	17%	1,238	49	4%	1,238	33	3%
YOUTH**	239	144	60%	239	29	12%	239	27	11%

* Standard error +/- 2 to 3 percent

** Standard error +/- 4 to 6.5 percent

Administrative Data Findings

Administrative data were analyzed only for those services defined as “gateways” for Children’s Administration services. These services are typical first points of contact for Children’s Administration clients. As behavioral rehabilitation services are primarily provided to children, this category was included in the youth table.

For adult Children’s Administration clients enrolled in the below services during FY06, an estimated 22 percent have COD indicated, over half (53 percent) had mental illness indicators and a third had alcohol or other drug use indicated by administrative data. These numbers vary greatly by population, with COD most likely for adults involved with Child Welfare Services Case Management.

For youth, 9 percent had COD indicated by administrative data; however, 26 percent of those who received Behavioral Rehabilitation services had COD indicators. Between 45 percent and 92 percent of the Children’s Administration population subgroups listed had mental illness indicators.

TABLE 12

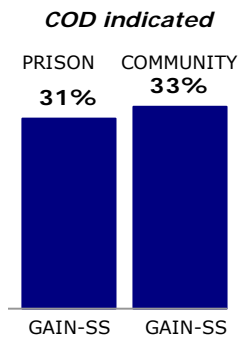
Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services in Fiscal Year 2006

Children's Services					
YOUTH (Ages 11 - 17)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
CHILDREN'S SERVICES TOTAL	39,794	27,882	50%	12%	9%
Adoption Services	7,002	5,114	47%	5%	4%
Child Protective Services Case Mgmt	19,662	13,914	45%	10%	7%
Child Welfare Services Case Management	8,199	7,135	69%	17%	14%
Family Reconciliation Services	10,870	6,693	53%	21%	15%
Behavioral Rehabilitation Services, <i>all ages</i>	1,379	1,368	92%	27%	26%
Foster Care Placement, <i>all ages</i>	11,279	10,797	49%	8%	6%
Other Intensive Services, <i>all ages</i>	812	786	83%	19%	18%
ADULTS (Ages 18 - 64)	CLIENTS		PREVALENCE RATES AMONG MEDICAL ELIGIBLES		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
CHILDREN'S SERVICES TOTAL	75,111	30,611	53%	35%	22%
Child Protective Services Case Mgmt	53,898	23,520	52%	33%	21%
Child Welfare Services Case Management	16,785	7,886	60%	55%	36%
Family Reconciliation Services	13,218	3,579	52%	24%	16%

Department of Corrections



Key Findings



- Overall, 32 percent of Department of Corrections adults had indications of COD based on GAIN-SS screening results (prison 31 percent and community 33 percent).
- The proportions of those screening positive for mental health (44 percent), chemical dependency (51 percent), and co-occurring disorders (32 percent) were similar for community and prison settings.

Department of Corrections

The Department of Corrections is responsible for administering adult corrections programs operated by the state of Washington. This includes state correctional institutions and programs for offenders supervised in the community. The confinement population consists of over 18,000 inmates a month who reside at any one of 15 institutions throughout the state.

Clients Screened

Prison (Total Confinement): The Department of Corrections screens all clients entering prison during the intake process as part of a broad set of screenings and form completion. This process takes place at one of two reception centers, one for men and one for women. The GAIN-SS is self-administered using paper and pencil in groups. Results are placed into a clinical file, and are also entered into TARGET, the Division of Alcohol and Substance Abuse data system, by a Civigenics staff person.

Community Corrections: The Department of Corrections also screens individuals entering work release or community supervision. Individuals screened are limited to those referred for chemical dependency assessments. Therefore, **the GAIN-SS results for community sites are specific to a more narrow group of men and women for whom chemical dependency has been identified as a potential problem.** These results are also entered into TARGET.

Data Notes: The form used by the Division of Alcohol and Substance Abuse was slightly modified for Department of Corrections administration so that drug and alcohol use was assessed for the period of time prior to incarceration (see Appendix). For the substance use disorder (SDS) scale only, the instruction header reads:

During the 12 MONTHS PRIOR TO INCARCERATION did...

Department of Corrections Findings

The numbers and percentages of sampled screenings for clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below.

TABLE 13

Department of Corrections GAIN-SS Scale Positive Screens

	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
PRISON	7,881	3,483	44%	7,881	4,005	51%	7,881	2,466	31%
COMMUNITY	2,723	1,167	43%	2,723	1,440	53%	2,723	893	33%
ALL	10,604	4,650	44%	10,604	5,445	51%	10,604	3,359	32%

Overall Findings

The purpose of the current report was to provide information on COD for specific service categories of DSHS clients. The GAIN-SS is a standardized screening tool for mental health and substance abuse problems. Additional estimates of COD prevalence were generated from clinical indicators for a subset of FY 2006 DSHS clients meeting specific medical eligibility criteria. Among DSHS clients, the GAIN-SS provided estimates of COD that appear to be consistent with these independent clinical indicators for several youth and adult client populations, with a few exceptions.

COD Estimates Corroborated by Clinical Indicators for the Division of Alcohol and Substance Abuse and Juvenile Rehabilitation Administration

We found a high degree of correspondence between the GAIN-SS results and the clinical indicators derived from administrative records among youth and adult clients of the Division of Alcohol and Substance Abuse and among youth served by the Juvenile Rehabilitation Administration, the Mental Health Division, and Children's Administration. Based on both screening data and clinical indicators, about half of youth and adult clients of the Division of Alcohol and Substance Abuse may have co-occurring mental health and substance use disorders. About one-third of youth served by the Juvenile Rehabilitation Administration had evidence of COD based on both sources of data. Among Mental Health Division youth, COD estimates were 12 percent (GAIN-SS) and 15 percent (administrative data), and among youth served by Children's Administration, 11 percent had indications of COD based on screening data and 9 percent based on administrative data.

Underreporting of Symptoms on GAIN-SS Suggested for Adults Served by the Mental Health Division and Children's Administration

Among adult clients of the Mental Health Division, we found a major difference in the indications of COD between the GAIN-SS (17 percent) and administrative data (39 percent). The discrepancy in these percentages together with the predominant "no" responses on the substance use item suggests that there may be some underreporting for substance use symptoms among this population. Similarly, among adult clients of the Children's Administration the sample of GAIN-SS data suggested COD in only 3 percent of the cases compared with 22 percent from the clinical indicators based on administrative records. These inconsistent findings may be due to underreporting of actual symptoms on the GAIN-SS by parents concerned about the ramifications of their answers to social workers who may be investigating allegations of abuse or neglect. This conclusion, however, cannot be firmly drawn without further examination and monitoring of the screening process.

COD Estimates Based on GAIN-SS Screening Only

This report also provided information about the results of screening among at-risk students and correctional populations. COD was indicated among 37 percent of the identified at-risk students screened using the GAIN-SS through a prevention intervention program administered by the Office of the Superintendent of Public Instruction. Among adults served by the Department of Corrections, about one-third of adults entering prison as well as those in community corrections were flagged as COD based on the GAIN-SS.

Recommendations

Develop and Implement Standardized Screening Protocol

In order to have truly comparable measures of COD based on screening scores across DSHS programs, a departmental GAIN-SS screening protocol, implemented with quality assurance procedures, would be needed. This would include consistency in administration of screening protocols across participating DSHS programs. To implement more standardization in the screening process, however, could be complex given variations in programs, populations, and service availability for differing eligibility groups.

Review Screening Tool Utility, Context, and Referral Criteria

The potential underreporting of symptoms for Mental Health Division and Children's Administration adults needs to be considered in future use of the GAIN-SS in these settings. It may be that the screening context and circumstances are impacting these findings. For example, if rapport is not adequately established or screening is presented as part of an investigation, substance use may not be accurately reported.

Two validation studies conducted in Washington state recommended mental health and substance use GAIN-SS cutoff scores specific to adult and adolescent populations based on rigorous quantitative analyses of sensitivity and specificity of the instrument scales^{3, 4}. Participating DSHS programs should review the cutoff thresholds they are currently using in light of the current findings and these validation studies to determine whether it might be advisable to lower their thresholds. The purpose of such a change would be to reduce the risk of missing a number of clients who are likely to have substance abuse, mental health problems, or both.

Assess Fidelity and Consistency of Screening Process

Fidelity and consistency of the screening process are essential for reporting department-wide summaries of screened prevalence of COD. Ideally, a validated screening tool would be used as it was validated (e.g. self-report, paper and pencil), removing potential for errors or subjectivity. Even changes in the wording or administration method can impact the psychometric properties of an instrument. Because the implementation of the GAIN-SS screening protocol has been somewhat variable across programs, the screening data summarized here should be interpreted with caution for the programs in which we found discrepancies between screening data and independent clinical indicators. With the development of a strict protocol and monitoring of implementation, it is expected that the consistency of findings for these populations will improve.

Refine Quadrant Placement Procedures for COD Clients

Difficulties emerged in the interpretation of quadrant scores for those programs that used it. This seemed to be due to lack of clarity or consistency in protocol and implementation of the quadrant score as an assessment finding. Quadrant placement scores should be based on a clear algorithm that is consistent and valid. Ideally, the GAIN-SS scale scores would be a component of that algorithm and data systems would prompt additional required responses to generate a quadrant score if a client meets COD screening criteria. A more extensive worksheet could be used to assist clinicians in making a placement based on clear criteria that include diagnosis, level of functioning, and severity. To further automate this, if COD criteria are met based on scale score that have been entered, global assessment of functioning (GAF) and diagnostic information regarding primary symptoms could be queried or entered and a quadrant score would be generated via automated algorithm and not manually calculated.

Conduct Further Analyses of GAIN-SS and Clinical Indicators

The COD indicator based on integrated administrative data is an additional method for identifying current DSHS clients who have co-occurring mental health and substance use treatment needs using administrative data. A study conducted by Johns Hopkins suggested that combining self-report GAIN-SS screening information with clinical records may be a good approach in maximizing identification of COD.⁶ Along these lines, additional research efforts could address the GAIN-SS, together with a myriad of risk factors, as predictors of mental health and chemical dependency service use for DSHS clients.

Evaluate GAIN-SS using Clinical Indicators

Using the clinical indicators summarized in this report, the GAIN-SS screening tool could be evaluated for this population using clinical indicators of the potential need for treatment. Such a study would generate specific sensitivity and specificity analyses for each program population, information that could be used to refine referral algorithms. Gathering additional screening details such as item responses (as opposed to only GAIN-SS scale scores), would broaden the population specific analyses that could be conducted. For example, individual item responses would allow measures of internal consistency and response associations with clinical indicators to be assessed. It would also allow for tracking services associated with GAIN-SS item responses (e.g. suicidal ideation).

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DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)

**DASA Target Data Elements
Gain Short Screening Setup**

ADMINISTRATION TIME
STAFF IDENTIFICATION
DATE
AGENCY NUMBER

SECTION I CLIENT IDENTIFICATION

1. LAST NAME		2. FIRST NAME		3. MIDDLE NAME		4. OTHER LAST NAME	
5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		6. DATE OF BIRTH		7. SOCIAL SECURITY NUMBER		8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER	
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)							
<input type="checkbox"/> Cuban		<input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Middle East		<input type="checkbox"/> Native American		<input type="checkbox"/> Other Asian		<input type="checkbox"/> Chinese	
<input type="checkbox"/> Not Spanish/Hispanic/Latino		<input type="checkbox"/> Other Spanish/Hispanic/Latino		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Refused to Answer	
<input type="checkbox"/> Non – Federal Tribe		<input type="checkbox"/> Other Pacific Islander		Tribal Code (No. 1) _____			
<input type="checkbox"/> Other Race		<input type="checkbox"/> Refused to Answer		Tribal Code (No. 2) _____			
<input type="checkbox"/> Samoan		<input type="checkbox"/> Thai		<input type="checkbox"/> Vietnamese		<input type="checkbox"/> White/European American	
<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean		<input type="checkbox"/> Laotian			

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

The following questions are about common psychological, behavioral or personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.

Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems		
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each yes answer is "1" point IDS Sub-scale Score (0 to 5) _____		
Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?		
a. Lie or con to get things you wanted or to avoid having to do something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Been a bully or threatened other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Start fights with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each yes answer is "1" point EDS Sub-scale Score (0 to 5) _____		
Substance Abuse Screen (SDScr 3): During the past 12 months, did.....		
a. you use alcohol or drugs weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Each yes answer is "1" point SDS Sub-scale Score (0 to 5) _____		

Additional copies of this paper may be obtained from <http://www1.dshs.wa.gov/RDA/>.



Washington State
Department of Social
& Health Services

Research and Data Analysis Division
Report Number 3.32

Co-Occurring Disorders among DSHS Clients

A Report to the Legislature

Washington State Department of Social and Health Services Research and Data Analysis Division

December 2008

REPORT NUMBER 3.32

December 1, 2008

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Enabling Legislation

70.96C.010

Integrated, comprehensive screening and assessment process for chemical dependency and mental disorders.

(1) The department of social and health services, in consultation with the members of the team charged with developing the state plan for co-occurring mental and substance abuse disorders, shall adopt, not later than January 1, 2006, an integrated and comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders.

(a) The process adopted shall include, at a minimum:

(i) An initial screening tool that can be used by intake personnel system-wide and which will identify the most common types of co-occurring disorders;

(ii) An assessment process for those cases in which assessment is indicated that provides an appropriate degree of assessment for most situations, which can be expanded for complex situations;

(iii) Identification of triggers in the screening that indicate the need to begin an assessment;

(iv) Identification of triggers after or outside the screening that indicate a need to begin or resume an assessment;

(v) The components of an assessment process and a protocol for determining whether part or all of the assessment is necessary, and at what point; and

(vi) Emphasis that the process adopted under this section is to replace and not to duplicate existing intake, screening, and assessment tools and processes.

(b) The department shall consider existing models, including those already adopted by other states, and to the extent possible, adopt an established, proven model.

(c) The integrated, comprehensive screening and assessment process shall be implemented statewide by all chemical dependency and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders not later than January 1, 2007.

(2) The department shall provide adequate training to effect statewide implementation by the dates designated in this section and shall report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

(3) The department shall establish contractual penalties to contracted treatment providers, the regional support networks, and their contracted providers for failure to implement the integrated screening and assessment process by July 1, 2007.

[2005 c 504 § 601.]

Correspondence

DSHS Assistant Secretary Doug Porter to Washington State Senator James Hargrove
May 14, 2007



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45502, Olympia, Washington 98504-5502

May 14, 2007

The Honorable James Hargrove
Washington State Senate
P.O. Box 40424
Olympia, Washington 98504-0424

Dear Senator Hargrove:

As you know, the Legislature passed E2SSB 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005. The purpose of this legislation was to improve the outcomes and recovery for persons with co-occurring chemical dependency and mental disorders.

The legislation required a January 1, 2007, statewide implementation of an integrated screening and assessment process for co-occurring chemical dependency and mental disorders by all chemical dependency and mental health treatment providers, designated mental health professionals, designated chemical dependency specialists, and designated crisis responders and documentation of the numbers of clients with such disorders based on a quadrant system of low and high needs.

Section 601 (2) requires the department to report the rates of co-occurring disorders and the stage of screening or assessment at which the co-occurring disorder was identified to the appropriate committees of the legislature.

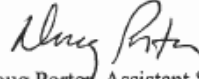
As no due date for the Department of Social and Health Services report was specified in the legislation, we propose submission on December 1, 2008. We will assume that date is acceptable unless you advise otherwise.

The Mental Health Division, Division of Alcohol and Substance Abuse, Children's Administration, and Juvenile Rehabilitation Administration are implementing the requirements of E2SSB. A 2008 multi-administration report allows the time required for each administration to collect, organize and analyze longitudinal, rather than preliminary data, and to further establish intra-departmental processes to develop an integrated report to the legislature.

The Honorable James Hargrove
May 14, 2007
Page Two

The department looks forward to providing a report December 1, 2008. Please contact us if you have any questions or concerns.

Sincerely,



Doug Porter, Assistant Secretary
Health and Recovery Services Administration

cc: Christine Swanson
Doug Allen
Richard Kellogg

DASA Contracting Language

The following is in the county contracts:

- a. Integrated Screen and Assessment
 - (1) The County shall establish or ensure the establishment of an integrated comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders per RCW 70.96C.010.
 - (2) The County shall use or ensure the use of the GAIN-SS as the tool for conducting the integrated comprehensive screen on all new patients and the GAIN-SS scores are documented into TARGET.
 - (3) The County shall ensure the provision of an integrated assessment for patients with a positive screen for the possibility of a co-occurring disorder.
 - (4) The County shall ensure the documentation of the quadrant placement during the assessment process and again on discharge into TARGET.
 - (5) The County shall ensure that subcontractors receive training on the integrated screening and assessment process.

The following is in the residential contracts:

2. Other Reporting: Integrated Screen and Assessment.

The Contractor shall:

- a. Establish an integrated comprehensive screening and assessment process for chemical dependency and mental disorders and co-occurring chemical dependency and mental disorders per RCW 70.96C.010.
- b. Use the Global Assessment of Individual Needs – Short Screener (GAIN-SS) as the tool for conducting the integrated comprehensive screen on all new patients.
- c. Provide an integrated assessment for those with a positive screen for the possibility of a co-occurring disorder.
- d. Complete and document GAIN-SS scores on all new patients entering into services and shall document the quadrant placement during the assessment process and again on discharge into TARGET.

MHD Contracting Language

There have been two contract amendments addressing this requirement (1/1/2007-6/30/2007) and (6/30/2007-9/30/2007). The current State Mental Health Interagency Agreement: 10/1/2007-9/30/2009.

ITA exceptions:

From 1/1/2007 to 6/30/2007

Contractor must attempt to screen all individuals aged 13 and above through the use the MHD provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during:

- The provision of each crisis service including ITA investigations, **except when:**
 - The clinician conducting the crisis intervention or ITA investigation has information that the individual has completed a GAIN-SS screening within the previous 12 months.
 - The screening is not required when the crisis contact is by telephone only.

From 6/30/2007 to 9/30/2007 and from 10/1/2007 to 9/30/2009 the following **two exceptions** for the GAIN-SS during ITA investigations (**in bold below**) were added:

Contractor must attempt to screen all individuals aged 13 and above through the MHD provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during:

- The provision of each crisis episode of care including ITA investigations services, *except when*:
 - The service results in a referral for an intake assessment.
 - The service results in an involuntary detention under RCW 71.05, 71.34 or RCW 70.96B.
 - The contact is by telephone only.
 - The professional conducting the crisis intervention or ITA investigation has information that the individual completed at GAIN-SS screening within the previous 12 months.

CONTRACT AMENDMENT 1/1/2007- 6/30/2007

Amend Section 12.9.1 by replacing the current language with the following:

- 12.9.1 An intake evaluation provided by a mental health professional that is consistent with WAC 388-865-0420 and that is culturally relevant and age appropriate. The intake evaluation must include the Co-Occurring Disorder Screening and Assessment requirement described in section 12.9.7 that is required by RCW 70.96C. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

Amend Section 12.9.1.1 by replacing the current language with the following:

- 12.9.1.1 An intake evaluation must be initiated within 14 days of the request for mental health services. A request for mental health services occurs when services are sought or applied for through a telephone call, walk in or written request by the enrollee or those defined as family in Section 1.18.

Add a new Section 12.9.7, to read as follows:

- 12.9.7 Co-Occurring Disorder Screening and Assessment: The Contractor must implement an integrated, comprehensive screening and assessment process for chemical dependency and mental disorders as required by RCW 70.96C by January 1, 2007.
- 12.9.7.1 Contractor must attempt to screen all individuals aged 13 and above through the use the MHD provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during:
- all new intakes, as defined in 12.9.1 of this contract;
 - the next treatment planning session as required in WAC 388-865-0425 for individuals who have had an intake and already been authorized for outpatient services prior to January 1, 2007, and;
 - The provision of each crisis service including ITA investigations, except when the clinician conducting the crisis intervention or ITA investigation has information that the individual has completed a GAIN-SS screening within the previous 12 months. The screening is not required when the crisis contact is by telephone only.
- 12.9.7.2 The GAIN- SS screening must be completed as self report by the individual and signed by the individual on the MHD-GAIN-SS form. If the individual refuses to complete the GAIN-SS screening or if the clinician determines the individual is unable to complete the screening for any reason this must be documented on the MHD-GAIN-SS form.
- 12.9.7.3 The results of the GAIN-SS screening, including refusals and unable to completes, must be reported to MHD through the CIS system.
- 12.9.7.4 The contractor must complete a co-occurring mental health and chemical dependency disorder assessment, consistent with training provided by the MHD and outlined in the SAMHSA Treatment Protocol 42, to determine a quadrant placement for the individual when the individual scores a 2 or higher on either of the first two scales (ID Screen & ED Screen) and a 2 or higher on the third (SD Screen).
- The assessment is required during the next outpatient treatment planning review following the screening and as part of the initial evaluation at free-standing, non-hospital,

evaluation and treatment facilities. The assessment is not required during crisis interventions or ITA investigations.

12.9.7.4.1 The quadrant placements are defined as:

- Less severe mental health disorder/less severe substance disorder
- More severe mental health disorder/less severe substance disorder
- Less severe mental health disorder/more severe substance disorder
- More severe mental health disorder/more severe substance disorder

12.9.7.5 The quadrant placement must be reported to the MHD through the CIS system.

CONTRACT AMENDMENT 6/30/2007- 9/30/2007

Amend Sections 12.9.7 and 12.9.7.1 by replacing the current language with the following:

12.9.7 Co-Occurring Disorder Screening and Assessment: The Contractor must implement an integrated, comprehensive screening and assessment process for chemical dependency and mental disorders as required by RCW 70.96C by January 1, 2007. Failure to implement the Screening and Assessment by July 1, 2007 will result in remedial actions up to and including financial penalties as described in Section 15, Remedial Actions, of this agreement.

12.9.7.1 Contractor must attempt to screen all individuals aged 13 and above through the MHD provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during:

- All new intakes.
- The next treatment planning session as required in WAC 388-865-0425 for individuals who have had an intake and already been authorized for outpatient services prior to January 1, 2007.
- The provision of each crisis episode of care including ITA investigations services, except when:
 1. The service results in a referral for an intake assessment.
 2. The service results in an involuntary detention under RCW 71.05, 71.34 or RCW 70.96B.
 3. The contact is by telephone only.
 4. The professional conducting the crisis intervention or ITA investigation has information that the individual completed at GAIN-SS screening within the previous 12 months.

State Mental Health Contract Interagency Agreement

10/1/2007-9/30/2009

1.1. **Co-Occurring Disorder Screening and Assessment:** The Contractor must maintain the implementation of the integrated, comprehensive screening and assessment process for chemical dependency and mental disorders as required by RCW 70.96C. Failure to maintain the Screening and Assessment process will result in remedial actions up to and including financial penalties as described in Section 16, Remedial Actions, of this Agreement.

1.1.1.1. Contractor must attempt to screen all individuals aged 13 and above through the use of the MHD provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS) during:

- All new intakes, as required in 7.2.1.1 of this Contract.
- The provision of each crisis episode of care including ITA investigations services, except when:
 - The service results in a referral for an intake assessment.

- The service results in an involuntary detention under RCW 71.05, 71.34 or RCW 70.96B.
 - The contact is by telephone only.
 - The professional conducting the crisis intervention or ITA investigation has information that the individual completed a GAIN-SS screening within the previous 12 months.
- 1.1.1.2. The GAIN-SS screening must be completed as self report by the individual and signed by that individual on the MHD-GAIN-SS form. If the individual refuses to complete the GAIN-SS screening or if the clinician determines the individual is unable to complete the screening for any reason this must be documented on the MHD-GAIN-SS form.
- 1.1.1.3. The results of the GAIN-SS screening, including refusals and any where the Consumer was unable to complete, must be reported to MHD through the CIS system.
- 1.1.1.4. The Contractor must complete a co-occurring mental health and chemical dependency disorder assessment, consistent with training provided by the MHD and outlined in the SAMHSA Treatment Protocol 42, to determine a quadrant placement for the individual when the individual scores a 2 or higher on either of the first two scales (ID Screen & ED Screen) and a 2 or higher on the third (SD Screen).
- 1.1.1.5. The assessment is required during the next outpatient treatment planning review following the screening and as part of the initial evaluation at free-standing, non-hospital, evaluation and treatment facilities. The assessment is not required during crisis interventions or ITA investigations.


The quadrant placements are defined as:

- Less severe mental health disorder/less severe substance disorder.
- More severe mental health disorder/less severe substance disorder.
- Less severe mental health disorder/more severe substance disorder.
- More severe mental health disorder/more severe substance disorder.

The quadrant placement must be reported to the MHD through the CIS system.

Program Assessment Forms

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

 <p>DASA Division of Alcohol & Substance Abuse</p>	<p>DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)</p> <p>DASA Target Data Elements</p> <p>Gain Short Screening Setup</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ADMINISTRATION TIME</td></tr> <tr><td>STAFF IDENTIFICATION</td></tr> <tr><td>DATE</td></tr> <tr><td>AGENCY NUMBER</td></tr> </table>	ADMINISTRATION TIME	STAFF IDENTIFICATION	DATE	AGENCY NUMBER
ADMINISTRATION TIME						
STAFF IDENTIFICATION						
DATE						
AGENCY NUMBER						
SECTION I CLIENT IDENTIFICATION						
1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME			
5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER			
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)						
<input type="checkbox"/> Cuban		<input type="checkbox"/> Not Spanish/Hispanic/Latino				
<input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> Puerto Rican				
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Other Spanish/Hispanic/Latino				
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Refused to Answer				
<input type="checkbox"/> Cambodian		Middle East				
<input type="checkbox"/> Chinese		Native American				
<input type="checkbox"/> Filipino		Non – Federal Tribe				
<input type="checkbox"/> Guamanian		Other Asian				
<input type="checkbox"/> Hawaiian (Native)		Other Pacific Islander				
<input type="checkbox"/> Japanese		Other Race				
<input type="checkbox"/> Korean		Refused to Answer				
<input type="checkbox"/> Laotian		Samoan				
		Thai				
		Vietnamese				
		White/European American				
<p>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</p> <p><i>The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.</i></p>						
Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems						
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
d. when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
e. with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Each yes answer is "1" point		IDS Sub-scale Score (0 to 5)				
Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?						
a. Lie or con to get things you wanted or to avoid having to do something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
b. Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
c. Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
d. Been a bully or threatened other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
e. Start fights with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Each yes answer is "1" point		EDS Sub-scale Score (0 to 5)				
Substance Abuse Screen (SDScr 3): During the past 12 months, did						
a. you use alcohol or drugs weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Each yes answer is "1" point		SDS Sub-scale Score (0 to 5)				
D8H8 14-479 (REV. 08/2007)						

MENTAL HEALTH DIVISION



**MENTAL HEALTH DIVISION
GAIN-SS**

Section Completed by Clinician	
Location of screen:	
<input type="checkbox"/>	Intake/Admission
<input type="checkbox"/>	Tx Plan Session
<input type="checkbox"/>	Crisis Episode
Consumer:	
<input type="checkbox"/>	Declined
<input type="checkbox"/>	Unable to complete

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Demographic Information and GAIN-SS (Self-Report) Completed by Consumer			
DATE []	LAST NAME []	FIRST NAME []	MIDDLE NAME []
5. DATE OF BIRTH []	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		

By answering the questions in this checklist, you will help your treatment provider understand what treatment you may need. This information will help you and your treatment provider develop the best possible plan of treatment for you. Your answers will also help to improve the mental health care in your community.

Completing the checklist is optional. If you are willing to answer the questions, please complete the survey and sign your name at the bottom of this page. If you do not wish to answer the questions, please tell your treatment provider and give the checklist back to your treatment provider.

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)		
The following questions are about common psychological, behavioral or personal problems. These problems are considered <u>significant</u> when you have them for <u>two or more weeks</u> , when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.		
During the past 12 months, have you had significant problems		
a.	with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IDS Sub-scale Score (0 to 5) _____		
During the past 12 months, did you do the following things two or more times?		
a.	Lie or con to get things you wanted or to avoid having to do something?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Been a bully or threatened other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Start fights with other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
EDS Sub-scale Score (0 to 5) _____		
During the past 12 months, did.....		
a.	you use alcohol or drugs weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or void withdrawal problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SDS Sub-scale Score (0 to 5) _____		
SIGNATURE		DATE
[]		[]

D8H8 14-436 (01/2007)



**ОТДЕЛ ПО ОХРАНЕ ПСИХИЧЕСКОГО ЗДОРОВЬЯ
MENTAL HEALTH DIVISION
GAIN-SS**

Section Completed by Clinician	
Location of screen:	
<input type="checkbox"/>	Intake/Admission
<input type="checkbox"/>	Tx Plan Session
<input type="checkbox"/>	Crisis Episode
Consumer:	
<input checked="" type="checkbox"/>	Declined
<input type="checkbox"/>	Unable to complete

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Демографические данные и форма GAIN-SS (самооценка), заполненные пациентом			
ДАТА	ФАМИЛИЯ	ИМЯ	ОТЧЕСТВО
5. ДАТА РОЖДЕНИЯ	7. ПОЛ <input type="checkbox"/> Муж. <input type="checkbox"/> Жен.		
<p>Ваши ответы на вопросы данной анкеты помогут медицинскому работнику, оказывающему вам помощь, понять, какое именно лечение может вам понадобиться. Эта информация поможет вам и медицинскому работнику, оказывающему вам помощь, разработать для вас оптимальный план лечения. Ваши ответы также будут способствовать улучшению оказания помощи в сфере психического здоровья в вашем регионе.</p> <p>Заполнение анкеты не является обязательным. Если вы готовы ответить на вопросы, пожалуйста, заполните анкету и поставьте свою подпись внизу страницы. Если вы не хотите отвечать на вопросы, пожалуйста, сообщите об этом медицинскому работнику, который вас лечит, и верните ему/ей анкету.</p>			
Общая оценка индивидуальных потребностей – Краткий опрос (GAIN-SS)			
<p>Нижеследующие вопросы касаются распространенных психологических, поведенческих и личных проблем. Эти проблемы считаются значительными, если они наблюдаются в течение двух или более недель, если они неоднократно повторяются, если они препятствуют выполнению вами своих обязанностей, или если они вызывают у вас ощущение, что так продолжаться не может. Пожалуйста, ответьте «Да» или «Нет».</p>			
В течение последних 12 месяцев сталкивались ли вы со следующими значительными проблемами:			
a. испытывали сильное чувство безысходности («в ловушке»), одиночества, грусти, печали, депрессии или отсутствия надежды на будущее?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
b. отмечали ли проблемы со сном, такие как плохой сон, беспокойный сон или сонливость в дневное время?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
c. было ли чувство сильного беспокойства, нервозности, напряженности, страха, паники или чувство, что должно случиться что-то плохое?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
d. при каком-либо напоминании о прошлом, вы бывали сильно встревожены и расстроены?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
e. вы думали об уходе из жизни или самоубийстве?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
Оценка по подшкале ID S (от 0 до 5) _____			
В течение последних 12 месяцев было ли два или более случая, когда ...			
a. вы лгали или хитрили, чтобы получить то, что хотели, или избежать необходимости делать что-то?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
b. вам было трудно сосредоточиться в процессе учебы, работы или дома?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
c. вам было трудно выслушивать какие-либо указания в процессе учебы, работы или дома?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
d. вы вели себя как хулиган или угрожали другим людям?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
e. вы затевали драку с другими людьми?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
Оценка по подшкале ED S (от 0 до 5) _____			
В течение последних 12 месяцев...			
a. употребляли ли вы алкоголь или наркотики каждую неделю?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
b. проводили ли вы много времени, пытаясь достать алкоголь или наркотики, либо употребляя алкоголь или наркотики, либо испытывая последствия употребления алкоголя или наркотиков (опьянение/возбуждение, плохое самочувствие)?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
c. продолжали ли вы употреблять алкоголь или наркотики, несмотря на то, что это вызывало проблемы в отношениях с окружающими, ведущие к дракам или неприятностям со стороны других людей?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
d. приводило ли употребление алкоголя или наркотиков к тому, что вы отказывались от участия или уменьшали участие, или сталкивались с проблемами при участии в значительных мероприятиях на работе, в учебе, дома или общественной деятельности?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
e. испытывали ли вы проблемы, связанные с прекращением приема алкоголя или наркотиков, например, трясущиеся руки, рвота, неспособность сидеть спокойно или спать, и применяли ли вы какие-либо алкогольные напитки или лекарства, чтобы избавиться от плохого самочувствия и ликвидировать проблемы, связанные с прекращением приема алкоголя и наркотиков?	<input type="checkbox"/> Да	<input type="checkbox"/> Нет	
Оценка по подшкале SD S (от 0 до 5) _____			
ПОДПИСЬ			ДАТА

D SHS 14-485 RU (01/2007)



**DIVISIÓN DE SALUD MENTAL
MENTAL HEALTH DIVISION
GAIN-SS**

Section Completed by Clinician

Location of screen:

- Intake/Admission
- Tx Plan Session
- Crisis Episode

Consumidor:

- Se rehusó
- No pudo llenarlo

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Información demográfica y GAIN-SS (autoreporte) suministrada por el consumidor			
FECHA	APELLIDO	NOMBRE	SEGUNDO NOMBRE
5. FECHA DE NACIMIENTO	7. SEXO <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		
<p>Al contestar las preguntas de este formulario, estará ayudando al proveedor de tratamiento a comprender mejor qué tratamiento puede necesitar. Esta información les ayudará a usted y a su proveedor de tratamiento a delinear el mejor plan de tratamiento para usted. Sus respuestas también ayudarán a mejorar la atención de salud mental de su comunidad.</p> <p>Completar este formulario es optativo. Si usted está dispuesto a contestar las preguntas, responda la encuesta y firme con su nombre en la parte de abajo de esta página. Si no desea contestar las preguntas, comuníquese a su proveedor de tratamiento y devuélvale el formulario.</p>			
Evaluación Global de Necesidades Individuales – Detección corta (GAIN-SS)			
<p>Las siguientes preguntas son sobre problemas psicológicos, conductuales o personales comunes. Se considera que estos problemas son <u>importantes</u> cuando los tiene durante <u>dos semanas o más</u>, cuando <u>vuelven a presentarse en forma recurrente</u>, cuando <u>no le permiten cumplir con sus responsabilidades</u> o cuando <u>le hacen sentir que ya no puede seguir adelante</u>. Por favor conteste las preguntas con Sí o No.</p>			
¿Durante los últimos 12 meses ha tenido problemas serios . . .			
a. porque se ha sentido atrapado, solo, triste, deprimido o sin esperanzas para el futuro?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
b. de sueño, como por ejemplo, pesadillas, dormir pero sin descansar o dormirse durante el día?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
c. porque se ha sentido ansioso, nervioso, tenso, asustado, aterrorizado o como si algo malo fuera a suceder?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
d. porque cuando algo le recuerda el pasado, se siente angustiado o molesto?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
e. y ha pensado en acabar con su vida o suicidarse?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
Puntuación de la sub-escala IDS (0 a 5) _____			
¿Durante los últimos 12 meses, hizo lo siguiente dos o más veces?			
a. ¿Mentiro engañar para obtener cosas que deseaba o para evitar tener que hacer algo?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
b. ¿Ha tenido problemas para prestar atención en la escuela, el trabajo o en casa?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
c. ¿Le ha costado trabajo escuchar instrucciones en la escuela, el trabajo o en casa?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
d. ¿Ha molestado o amenazado a otras personas?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
e. ¿Ha iniciado peleas con otras personas?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
Puntuación de la sub-escala EDS (0 a 5) _____			
¿Durante los últimos 12 meses...			
a. ha usado drogas o alcohol con frecuencia semanal?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
b. ha pasado mucho tiempo consiguiendo alcohol o drogas, usando alcohol o drogas o sintiendo los efectos de las drogas o el alcohol (drogado, vomitando)?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
c. ha seguido usando alcohol o drogas aunque esto le ocasionara problemas sociales, lo llevaran a pelear o a meterse en problemas con otras personas?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
d. su consumo de alcohol o drogas ha provocado que renunciara, redujera o tuviera problemas en actividades importantes en el trabajo, la escuela, el hogar o eventos sociales?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
e. ha tenido problemas por abstinencia del alcohol o las drogas como temblor en las manos, vómitos, dificultad para permanecer quieto o para dormir, o ha usado alcohol o drogas para no sentirse mal o para evitar los problemas de la abstinencia?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	
Puntuación de la sub-escala SDS (0 a 5) _____			
FIRMA			FECHA

D8H8 14-436 8P (01/2007)

JUVENILE REHABILITATION ADMINISTRATION

GAIN - Short Screener (GAIN-SS)	
Internal Disorder Screener	
<p>Internal Disorder Screener (IDS)</p> <p>External Disorder Screener (EDS)</p> <p>Substance Disorder Screener (SDS)</p> <p>Crime Violence Screener (CVS)</p>	<p>DURING THE PAST TWELVE (12) MONTHS, have you had SIGNIFICANT problems...</p> <p>1a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>1b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>1c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>1d. when something reminded you of the past, you became very distressed and upset?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>1e. with thinking about ending your life or committing suicide?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p>

GAIN - Short Screener (GAIN-SS)	
External Disorder Screener	
<p>Internal Disorder Screener (IDS)</p> <p>External Disorder Screener (EDS)</p> <p>Substance Disorder Screener (SDS)</p> <p>Crime Violence Screener (CVS)</p>	<p>DURING THE PAST TWELVE (12) MONTHS, did you do the following things TWO OR MORE TIMES?</p> <p>2a. Lie or con to get things you wanted or to avoid having to do something?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>2b. Have a hard time paying attention at school, work or home?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>2c. Have a hard time listening to instructions at school, work or home?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>2d. Been a bully or threatened other people?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p> <p>2e. Start fights with other people?</p> <p><input type="radio"/> No 1</p> <p><input type="radio"/> Yes</p>

GAIN - Short Screener (GAIN-SS)

Substance Disorder Screener

<p>Internal Disorder Screener (IDS)</p> <p>External Disorder Screener (EDS)</p> <p>Substance Disorder Screener (SDS)</p> <p>Crime Violence Screener (CVS)</p>	<p>DURING THE PAST TWELVE (12) MONTHS, did...</p> <p>3a. you use alcohol or drugs weekly?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>3b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>3c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>3d. your use of alcohol or drugs cause you to give up, reduce, or have problems at important activities at work, school, home or social events?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>3e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
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GAIN - Short Screener (GAIN-SS)

Crime Violence Screener

<p>Internal Disorder Screener (IDS)</p> <p>External Disorder Screener (EDS)</p> <p>Substance Disorder Screener (SDS)</p> <p>Crime Violence Screener (CVS)</p>	<p>DURING THE PAST TWELVE (12) MONTHS, have you...</p> <p>4a. had a disagreement in which you pushed, grabbed or shoved someone?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>4b. taken something from a store without paying for it?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>4c. sold, distributed or helped make illegal drugs?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>4d. driven a vehicle while under the influence of alcohol or illegal drugs?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>4e. purposely damaged or destroyed property that did not belong to you?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>5. Do you have other SIGNIFICANT psychological, behavioral or personal problems you want treatment for or help with?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>(If yes, describe)</p>
---	--

PLEASE SELECT AN ACTION!

You must select a staff prior to submitting.

SUBMIT TO

Submit For Information

Return To Module

Save and Continue Later

Domain	Score	
Internal Disorder Screener	1	◆
External Disorder Screener	2	◆
Substance Disorder Screener	1	◆
Crime Violence Screener	1	◆
Total Score	5	●

LOW	▲
MEDIUM	◆
HIGH	●

High: Further follow-up is recommended. Behavioral monitoring as well as services will be referred.

Medium: More behavioral observation needed. Follow-up may be necessary.

Low: Further follow-up services appear to be not needed at this time. Behavioral monitoring in the unit will continue.

*Note: JRA is not currently using the Crime Violence Screener

CHILDREN'S ADMINISTRATION



CHILDREN'S ADMINISTRATION
GAIN-SS

Version (GVER): GSS-annual 2.0.1

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CLIENT NAME (FIRST, MIDDLE, LAST)		1. DATE	2. <input type="checkbox"/> Adult <input type="checkbox"/> Youth	3. <input type="checkbox"/> Client Refused to Answer Questions <input type="checkbox"/> Client Unable to Answer Questions
CLIENT TELEPHONE NUMBER	CLIENT DATE OF BIRTH	4. CAMIS PERSON ID		RACE/ETHNICITY
CLIENT ADDRESS			CITY	STATE ZIP CODE
SOCIAL WORKER'S NAME			SOCIAL WORKER TELEPHONE NUMBER	
5. Client referred for assessment <input type="checkbox"/> Mental Health <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Co-occurring <input type="checkbox"/> Client not referred		6. Client currently receiving service <input type="checkbox"/> Mental Health <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Co-occurring		7. <input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> Family Voluntary Services <input type="checkbox"/> Family Reconciliation Services (FRS) <input type="checkbox"/> Child and Family Welfare Services <input type="checkbox"/> Child Health & Education Track (CHET)
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)				
<i>The following questions are about common psychological, behavioral or personal problems. These problems are considered SIGNIFICANT when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions "YES" or "NO".</i>				
Mental Health Internalizing Behaviors (IDScr 1): During the past 12 months, have you had significant problems . . .				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. when something reminded you of the past, you became very distressed and upset?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. with thinking about ending your life or committing suicide?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If TWO or more "YES" answers, refer to Mental Health, except if positive on (e) for suicide, refer to CRISIS LINE or DMHP (Designated Mental Health Professional).				
Mental Health Externalizing Behaviors (EDScr 2): During the past 12 months, did you do the following things two or more times?				
a. Lie or con to get things you wanted or to avoid having to do something?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have a hard time paying attention at school, work or home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have a hard time listening to instructions at school, work or home?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Been a bully or threatened other people?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Start fights with other people?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If TWO or more "YES" answers, refer to Mental Health				
Substance Abuse Screen (SDScr 3): During the past 12 months, did . . .				
a. you use alcohol or drugs weekly?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If TWO or more "YES" answers in Substance Abuse or Co-occurring, (Substance Abuse AND Mental Health), refer to CDP or Substance Abuse Treatment Provider				
I understand that a copy of this form may become part of a referral for services.				
SIGNATURE				DATE

D8H8 14-438 (03/2007) - TRANSLATED



Gain Short Screening

STAFF IDENTIFICATION
DATE
DOC FACILITY

SECTION I CLIENT IDENTIFICATION			
1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME
5. DATE OF BIRTH	6. SOCIAL SECURITY NUMBER	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. DOC NUMBER
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<input type="checkbox"/> Cuban <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Refused to Answer			
10. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)			
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Middle East <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian Native American Tribe (1) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Other Race <input type="checkbox"/> Guamanian <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Hawaiian (Native) <input type="checkbox"/> Samoan Native American Tribe (2) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Thai <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> White/European American			
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)			
<i>The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.</i>			
Mental Health (IDScr 1): During the past 12 months, have you had significant problems			
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling sleep during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. when something reminded you of the past, you became very distressed and upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. with thinking about ending your life or committing suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IDS Sub-scale Score (0 to 5) _____			
Mental Health (EDScr 2): During the past 12 months, did you do the following things two or more times?			
a. Lie or con to get things you wanted or to avoid having to do something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Have a hard time paying attention at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Have a hard time listening to instructions at school, work or home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Been a bully or threatened other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Start fights with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EDS Sub-scale Score (0 to 5) _____			
Substance Abuse Screen: During the 12 MONTHS PRIOR TO INCARCERATION did...			
a. you use alcohol or drugs weekly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or void withdrawal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SDS Sub-scale Score (0 to 5) _____			

DSHS 14-478 (12/2008) - Modified for DOC use 08/2007

COD Clinical Indicators

Alcohol and Other Drug Use, Abuse, or Dependence Arrest Charges

7200	VULDA VIOL UNIFORM LEGEND DRUG ACT
7204	VULDA-OBTAIN BY FRAUD/FORG/FALSE INFORMATION
7206	VULDA-UTTERING FORGED PRESCRIPTION
7207	VULDA PRESCRIP REQUIREMENTS FOR LEGIT MEDICAL PURPOSES
7208	VULDA-SELL OR DELIVER
7209	VULDA-POSSESSION
7219	VULDA-LABELING
7230	PRECURSOR DRUG VIOL PRECURSOR DRUG VIOL SALE, TRANSFER, FURNISH OR RECEIVE FOR UNLAWFUL
7232	MANUFACTURE
7233	PRECURSOR DRUG VIOL FALSE STATEMENT IN REPORT OR RECORD
7236	PRECURSOR DRUG VIOL FAIL TO SUBMIT REPORT
7237	PRECURSOR DRUG VIOL FAIL TO REPORT OUT-OF-STATE SOURCE
7238	PRECURSOR DRUG VIOL FURNISH OR RECEIVE WITHOUT A PERMIT
7239	PRECURSOR DRUG VIOL
7300	VUCSA VIOLATION OF THE UNIFORM CONTROLLED SUBSTANCES ACT
7301	CONTROLLED SUBSTANCE HOMICIDE DELIVER SUBSTANCE RESULTING IN DEATH OF USER
7303	INVOLVE A MINOR IN A DRUG TRANSACTION
7304	VUCSA-DEL HEROIN OR NARC TO MINOR
7306	VUCSA-DEL NARC 3,4,5 OR NON NARC 1-5 TO MINOR
7307	VUCSA-SELL HEROIN FOR PROFIT PRIOR CONV
7308	VUCSA-SELL HEROIN FOR PROFIT
7309	VUCSA - NON FELONY
7310	VUCSA-FELONY VIOLATION OF UNIFORM CONTROLLED SUBSTANCE ACT
7311	VUCSA-DELIVER TO A MINOR
7313	VUCSA-SELL OTHER THAN HEROIN FOR PROFIT PRIOR CONV
7314	VUCSA-SELL OTHER THAN HEROIN FOR PROFIT
7315	VUCSA-MANUF/DEL SCHED 1,2 NARC PRIOR CONV
7316	VUCSA-MANUF/DEL SCHED 1,2 NARC
7317	VUCSA-POSS W/INT SCHED 1,2 NARC PRIOR CONV
7318	VUCSA-POSS W/INT SCHED 1,2 NARC
7321	VUCSA-SELL FOR PROFIT
7323	VUCSA-MANUF/DEL SCHED 1,2,3 NON-NARC PRIOR CONV
7324	VUCSA-MANUF/DEL SCHED 1,2,3 NON-NARC
7325	VUCSA-POSS W/INT SCHED 1,2,3 NON-NARC PRIOR CONV
7326	VUCSA-POSS W/INT SCHED 1,2,3 NON-NARC
7327	VUCSA-MANUF/DEL SCHED 4 PRIOR CONV
7328	VUCSA-MANUF/DEL SCHED 4 NARC
7331	VUCSA-MANUFACTURE/DELIVER/POSS W/INT
7333	VUCSA-POSS W/INT SCHED 4 PRIOR CONV
7334	VUCSA-POSS W/INT SCHED 4
7335	VUCSA-MANUF/DEL SCHED 5 PRIOR CONV
7336	VUCSA-MANUF/DEL SCHED 5
7337	VUCSA-POSS W/INT SCHED 5 PRIOR CONV
7338	VUCSA-POSS W/INT SCHED 5
7341	VUCSA-POSSESS WITH INTENT
7343	VUCSA-MANUF/DEL/POSS W/INT MARIJUANA PRIOR CONV
7344	MANUFACTURE/DELIVER/POSSESS WITH INTENT-MARIJUANA
7345	VUCSA-POSS HEROIN OR SCHED 1 OR 2 NON-NARC PRIOR CONV
7346	VUCSA-POSS HEROIN OR SCHED 1 OR 2 NON-NARC

Alcohol and Other Drug Use, Abuse, or Dependence Arrest Charges

7347	VUCSA-POSS SCHED 3-5 NARC OR NON-NARC PRIOR CONV
7348	VUCSA-POSS SCHED 3-5 NARC OR NON-NARC
7351	VUCSA-POSSESS
7353	VUCSA-COUNTERFEIT SUB SCHED 1,2 NARC PRIOR CONV
7354	VUCSA-COUNTERFEIT SUB SCHED 1,2 NARC
7355	VUCSA-CNTRFT SUB SCHED 3 NARC/SCHED 1-3 NON-NARC PRIOR
7356	VUCSA-COUNTERFEIT SUB SCHED 3 NARC/SCHED 1-3 NON-NARC
7358	VUCSA-LIQUID SUB OR MATERIAL IN LIEU OF A CONT SUB
7359	VUCSA-POSS MARIJ 40 G. OR LESS PRIOR CONV
7361	VUCSA-POSSESS WITHOUT A PRESCRIPTION
7363	VUCSA-POSS W/O PRESCRIP SCHED 1,2 PRIOR CONV
7364	VUCSA-POSS W/O PRESCRIP SCHED 1,2
7365	VUCSA-POSS W/O PRESC SCHED 3-4 OR NON-NARC PRIOR CONV
7366	VUCSA-POSS W/O PRESCRIP SCHED 3-4 OR NON-NARC
7369	VUCSA-POSS MARIJ 40 G. OR LESS
7370	VUCSA-POSS MARIJ UNKNOWN AMOUNT
7371	VUCSA-COUNTERFEIT SUBSTANCE
7373	VUCSA-OBTAIN BY FRAUD/FALSE/FORGED PRESCRIP PRIOR CONV
7374	VUCSA-OBTAIN/ATTEMPT OBTAIN BY FRD/FALS/FORGED PRESCRIP
7375	VUCSA-UTTER FORGED PRESCRIP PRIOR CONV
7376	VUCSA-UTTER FORGED PRESCRIP
7377	VUCSA-POSS MARIJ MORE THAN 40 G.PRIOR CONV
7378	VUCSA-POSS MARIJ MORE THAN 40 GRAMS
7379	GLUE SNIFFING *RECODIFIED (REFER TO 07398)
7381	VUCSA-FALSE/FORGED/FRAUD/MISREPRESENT POSS EPHEDRINE, PSEUDOEPHEDRINE OR ANHYDROUS AMMONIA W/INT TO MFG
7383	METHAMPHETAMINE
7384	USE BUILDING FOR UNLAWFUL DRUGS
7385	USE BUILDING FOR UNLAWFUL DRUGS MAKE AVAILABLE BUILDING FOR USE
7386	USE BUILDING FOR UNLAWFUL DRUGS ALLOW FORTIFICATION OF BUILDING
7387	USE BUILDING FOR UNLAWFUL DRUGS USE FORTIFIED BUILDING
7388	MAINTAIN PLACE/DWELLING FOR SELLING/USE CONT SUB
7389	DRUG PARAPHERNALIA
7390	IMITATION CONTROLLED SUBSTANCE
7392	IMITATION CONTROLLED SUBSTANCE DISTRIBUTE TO A MINOR IMITATION CONTROLLED SUBSTANCE MANUF/DISTRIBUTE/POSSESS W/INTENT TO
7394	DISTRIBUTE IMITATION CONTROLLED SUBSTANCE PUBLICATION; POST OR DIST ADVERTISEMENT OR
7396	SOLICIT
7397	DRUG PARAPHERNALIA - DEL TO PERSON UNDER EIGHTEEN
7398	INHALE, POSS, SALE TOXIC FUMES
7399	DRUG RELATED CHARGE
7644	DRIVE UNDER THE INFLUENCE
7645	DRIVE OR BEING IN PHYS CONTROL U/21 AFTER CONSUMING ALCOHOL
7646	PHYSICAL CONTROL BEING IN ACTUAL PHYSICAL CONTROL WHILE INTOXICATED

Alcohol and Other Drug MMIS Procedure and Diagnostic Codes

ALCOHOL AND OTHER DRUG (AOD) MMIS NEED FOR TREATMENT INDICATORS

ACTUAL TREATMENT DRG

- 433 Alcohol or drug abuse or dependence, left against medical advice
- 434 Alcohol or drug abuse or dependence, detox or other symptomatic treatment, with complications
- 435 Alcohol or drug abuse or dependence, detox or other symptomatic treatment, without complications
- 436 Alcohol or drug dependence, with rehabilitation therapy
- 437 Alcohol or drug dependence, detox and rehabilitation therapy
- 743 Opioid abuse or dependence, left against medical advice
- 744 Opioid abuse or dependence, detox or other symptomatic treatment, with complications
- 745 Opioid abuse or dependence, detox or other symptomatic treatment, without complications
- 746 Cocaine or other drug abuse or dependence, left against medical advice
- 747 Cocaine or other drug abuse or dependence, detox or other symptomatic treatment, with complications
- 748 Cocaine or other drug abuse or dependence, detox or other symptomatic treatment, without complications
- 749 Alcohol or drug abuse or dependence, left against medical advice
- 750 Alcohol or drug abuse or dependence, with complications
- 751 Alcohol or drug abuse or dependence, without complications

HOSPITAL ICD-9 PROCEDURE CODE: REHABILITATION

- 94.61 Alcohol rehabilitation
- 94.63 Alcohol rehabilitation and detoxification
- 94.64 Drug rehabilitation
- 94.66 Drug rehabilitation and detoxification
- 94.67 Combined alcohol/drug rehabilitation
- 94.69 Combined alcohol/drug rehabilitation and detoxification

PROCEDURE CODE: RESIDENTIAL

- 0171M DASA - YOUTH ENHANCED RECOVERY HOUSE
- 0174M DASA CDDA YOUTH RESIDENTIAL TREATMENT (LEVEL II) SECURE
- 0175M DASA - ADOLESCENT RESIDENTIAL TRMNT
- 0177M DASA - YOUTH RESIDENTIAL TREATMENT - SECURE
- 0178M DASA - YOUTH RESIDENTIAL TREATMENT - LEVEL I
- 0179M DASA - YOUTH RESIDENTIAL TREATMENT - LEVEL II
- 0180M DASA - LONG TERM RESIDENTIAL TREATMENT
- 0181M DASA - INTENSIVE INPATIENT TREATMENT
- 0182M DASA/FREESTANDING MEDICAL STABILIZATION
- 0183M DASA PPW LONG TERM RESIDENTIAL TRMNT
- 0185M SUBSTANCE ABUSE TANF LONG-TERM RESIDENTIAL TREATMENT
- 0187M DASA TANF REFERRED PPW RESIDENTIAL
- 0194M YOUTH SECURE EVALUATION/TREATMENT
- 0195M YOUTH SECURTE EVALUATION/TREATMENT R&B
- 0358M RESIDENTIAL TREATMENT
- 0172M DASA - YOUTH ENHANCED RECOVERY HOUSE R&B
- 0176M DASA - RESIDENTIAL TRMNT R&B
- 0186M DASA ROOM & BOARD
- 0189M DASA TANF REFERRED RESIDENTIAL ROOM & BOARD
- 0195M YOUTH SECURTE EVALUATION/TREATMENT R&B
- 0196M CDDA YOUTH RESIDENTIAL R& B
- H0017 Behavioral health; residential
- H0018 Behavioral health; short-term residential
- H0019 Behavioral health; long-term residential
- H2036 Alcohol and/or other drug treatment program, per diem

ALCOHOL AND OTHER DRUG (AOD) MMIS NEED FOR TREATMENT INDICATORS

INDIVIDUAL THERAPY

0012M	DRUG ABUSE - INDIVIDUAL THERAPY - FULL VISIT
0013M	DRUG ABUSE - INDIVIDUAL THERAPY - BRIEF VISIT
0022M	ALCOHOL ABUSE/INDIVIDUAL THERAPY - FULL
0023M	ALCOHOL ABUSE INDIVIDUAL THERAPY - BRIEF
0143M	PEDIATRIC UNIT - IRRADIATED RED BLOOD CE
0144M	SUBSTANCE ABUSE OUTPATIENT/INDIVIDUAL BRIEF
0153M	SUBSTANCE ABUSE PREG/INDIVIDUAL FULL
0154M	SUBSTANCE ABUSE PREG/INDIVIDUAL BRIEF
0163M	SUBSTANCE ABUSE YOUTH INDIVIDUAL THERAPY-FULL
0164M	SUBSTANCE ABUSE YOUTH INDIVIDUAL THERAPY-BRIEF
2133M	SUBSTANCE ABUSE SSI INDIVIDUAL THERAPY-FULL
2134M	SUBSTANCE ABUSE SSI INDIVIDUAL THERAPY-BRIEF
2143M	SUBSTANCE ABUSE TANF INDIVIDUAL THERAPY - FULL
2144M	SUBSTANCE ABUSE TANF INDIVIDUAL THERAPY - BRIEF
2153M	SUBSTANCE ABUSE PARENTING WOMEN INDIVIDUAL THERAPY-FULL
2154M	SUBSTANCE ABUSE PARENTING WOMEN INDIVIDUAL THERAPY-BRIEF
2163M	SUBSTANCE ABUSE NON-EPSDT YOUTH INDIVIDUAL THERAPY-FULL
2164M	SUBSTANCE ABUSE NON-EPSDT YOUTH INDIVIDUAL THERAPY-BRIEF
2173M	CHEMICAL DEPENDENCY INDIVIDUAL THERAPY, FULL VISIT
2174M	CHEMICAL DEPENDENCY INDIVIDUAL THERAPY, BRIEF VISIT
2183M	CDDA SANCTIONED INDIVIDUAL THERAPY-FULL
2184M	CDDA SANCTIONED INDIVIDUAL THERAPY-BRIEF
2193M	CDDA COMMITABLE INDIVIDUAL THERAPY-FULL
2194M	CDDA COMMITABLE INDIVIDUAL THERAPY-BRIEF
H0004	Alcohol and/or drug services; individual counseling by a clinician
H2035	Alcohol and/or other drug treatment program, per hour
96154	Health and behavior intervention, each 15 minutes, face-to-face; family
96155	Health and behavior intervention, each 15 minutes, face-to-face; family

GROUP THERAPY

0014M	DRUG ABUSE - GROUP THERAPY
0024M	ALCOHOL ABUSE OUTPATIENT - GROUP THERAPY
0145M	SUBSTANCE ABUSE OUTPATIENT/GROUP THERAPY, PER HOUR
0149M	HLA D - TYPING (HTC) MIXED CULTURE STUDY
0155M	SUBSTANCE ABUSE PREG/GROUP THERAPY, PER HOUR
0169M	SUBSTANCE ABUSE YOUTH GROUP THERAPY
2135M	SSI GROUP THERAPY
2149M	SUBSTANCE ABUSE TANF GROUP THERAPY
2159M	SUBSTANCE ABUSE PARENTING WOMEN GROUP THERAPY
2169M	SUBSTANCE ABUSE NON-EPSDT YOUTH GROUP THERAPY
2179M	CHEMICAL DEPENDENCY GROUP THERAPY (15 MIN. UNITS)
2185M	CDDA SANCTIONED GROUP THERAPY
2195M	CDDA COMMITABLE GROUP THERAPY
H0005	Alcohol and/or drug services; group counseling by a clinician
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)
96153	Health and behavior intervention, each 15 minutes, face-to-face; group

METHADONE OPIATE SUBSTITUTION

0190M	METHADONE TREATMENT - REGULAR
0191M	METHADONE TREATMENT - PPW
0192M	METHADONE TREATMENT

ALCOHOL AND OTHER DRUG (AOD) MMIS NEED FOR TREATMENT INDICATORS

2190M SUBSTANCE ABUSE TANF OPIATE DEPENDENCY TREATMENT
2191M SUBSTANCE ABUSE PARENTING WOMEN OPIATE DEPENDENCY TRMT
2192M SUBSTANCE ABUSE NON-EPSTD YOUTH OPIATE DEPENDENCY TRMT
2197M OPIATE DEPENDENCY TREATMENT
0016M DRUG ABUSE - CHEMOTHERAPY
0146M DRUG ABUSE OUTPATIENT/CHEMOTHERAPY
0156M DRUG ABUSE OP PREGNANT/CHEMOTHERAPY
0166M SUBSTANCE ABUSE EPSTD CHEMOTHERAPY
0159M SUBSTANCE ABUSE PG & POSTPARTUM GROUP THERAPY
2139M SSI OPIATE SUBSTITUTION TREATMENT
0016M DRUG ABUSE - CHEMOTHERAPY
0018M DRUG ABUSE - MEDICATION ADJUSTMENT
0166M SUBSTANCE ABUSE EPSTD CHEMOTHERAPY
0167M SUBSTANCE ABUSE EPSTD MEDS ADJUSTMENT
0168M SUBSTANCE ABUSE EPSTD ACUPUNCTURE
J1230 Injection, methadone HCl, up to 10 mg

ACUPUNCTURE

0148M DRUG ABUSE OUTPATIENT/ACUPUNCTURE
0158M DRUG ABUSE OUTPATIENT/ACUPUNCTURE
0168M SUBSTANCE ABUSE EPSTD ACUPUNCTURE

OTHER

0015M DRUG ABUSE - ACTIVITY THERAPY
0165M NON-NATIVE AMERICAN CD ENCNR - TRIBAL MATCH
0184M NATIVE AMERICAN CHEMICAL DEPENDENCY ENCOUNTER
0198M NON-NATIVE AMERICAN CD ENCOUNTER
0199M NON-NATIVE AMERICAN CD ENCOUNTER - TANF
9005M FQHC CHEMICAL DEPENDENCY
T1015 Clinic visit/encounter, all-inclusive
0016M DRUG ABUSE - CHEMOTHERAPY
0146M DRUG ABUSE OUTPATIENT/CHEMOTHERAPY
0156M DRUG ABUSE OP PREGNANT/CHEMOTHERAPY
0166M SUBSTANCE ABUSE EPSTD CHEMOTHERAPY
0018M DRUG ABUSE - MEDICATION ADJUSTMENT
0027M MEDICATION ADJUSTMENT
0147M DRUG ABUSE OUTPATIENT/MEDICATION ADJUSTMENT
0157M DRUG ABUSE OUTPATIENT/MEDICATION ADJUSTMENT
0167M SUBSTANCE ABUSE EPSTD MEDS ADJUSTMENT
0015M DRUG ABUSE - ACTIVITY THERAPY

OTHER NON-TREATMENT INDICATORS

116 Detox room & board private
126 Detox room & board semi-private 2 bed
136 Detox room & board semi-private 3-4 bed
146 Detox room & board private (delux)
156 Detox room & board ward
168 CUP room and board

HOSPITAL ICD-9 PROCEDURE CODE

94.62 ALCOHOL DETOXIFICATION
94.65 DRUG DETOXIFICATION
94.68 COMBINED ALCOHOL & DRUG DETOXIFICATION

DETOX BILLING PROVIDER TYPE

96 Detox billing provider type

DETOX PROCEDURE CODE

0025M DETOX - HOSPITAL ADMIT
0026M DETOX - HOSPITAL FOLLOW-UPS
2050M YOUTH DETOX STABILIZATION - SUB ACUTE
2051M YOUTH DETOX STABILIZATION - ACUTE
H0008 Alcohol and/or drug services; subacute detoxification (hospital inpatient)
H0009 Alcohol and/or drug services; acute detoxification (hospital inpatient)
H0010 Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
H0011 Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0012 Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)
H0013 Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
H0014 Alcohol and/or drug services; ambulatory detoxification

OTHER DIAGNOSIS

291 Alcohol psychosis
292 Drug psychosis
303 Alcohol dependence
304 Drug dependence
305 Alcohol/Drug abuse
571.1 ACUTE ALCOHOLIC HEPATITIS
648.3 Drug dependence - pregnant woman
V65.42 COUNSELING ON SUBSTANCE USE AND ABUSE

PROCEDURE CODE INTAKE

0010M DRUG ABUSE - INTAKE EVALUATION
0020M ALCOHOL ABUSE OUTPATIENT/INTAKE EVALUATION
0141M SUBSTANCE ABUSE OUTPATIENT/INTAKE EVALUATION
0151M SUBSTANCE ABUSE PREG/INTAKE EVALUATION
0161M SUBSTANCE ABUSE YOUTH INTAKE PROCESSING
2131M SSI INTAKE PROCESSING
2141M SUBSTANCE ABUSE TANF INTAKE PROCESSING
2151M SUBSTANCE ABUSE PARENTING WOMEN INTAKE PROCESSING
2161M SUBSTANCE ABUSE NON-EPSTD YOUTH INTAKE PROCESSING
2171M CHEMICAL DEPENDENCY INTAKE PROCESSING
2189M CDDA COMMITTABLE INTAKE PROCESSING

CHEMICAL DEPENDENCY PHYSICAL EXAM

0011M DRUG ABUSE - INDIVIDUAL EXAM
0021M ALCOHOL ABUSE OUTPATIENT - PHYSICAL EXAM
0142M SUBSTANCE ABUSE OUTPATIENT/PHYSICAL EXAM
0152M SUBSTANCE ABUSE PREG/PHYSICAL EXAM
0162M SUBSTANCE ABUSE YOUTH PHYSICAL EXAM
2132M SSI PHYSICAL EXAM
2142M SUBSTANCE ABUSE TANF PHYSICAL EXAM
2152M SUBSTANCE ABUSE PARENTING WOMEN PHYSICAL EXAM
2162M SUBSTANCE ABUSE NON-EPSTD YOUTH PHYSICAL EXAM
2172M CHEMICAL DEPENDENCY PHYSICAL EXAMINATION
2182M CDDA SANCTIONED PHYSICAL EXAM
H0001 Alcohol and/or drug assessment

URINALYSIS

0017M DRUG ABUSE - URINALYSIS
0170M DASA - UA DRUG SCREEN/DRUG ABUSE REHAB

DRUG SCREEN

0019M DRUG SCREEN BASA
0037M DASA PANEL (7 DRUGS)
0038M DASA SINGLE DRUG PANEL

0039M DASA PREGNANT WOMEN TREATMENT PANEL
0065M DASA SINGLE DRUG PANEL FOR PREGNANT WOMEN
0197M DASA BLOOD SERUM SCREEN
2175M CHEMICAL DEPENDENCY INITIAL SCREEN - DCFS REFERRED
H0002 Behavioral health screening to determine eligibility for admission to treatment program
Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or
H0003 drugs
80100 Drug screen, qualitative; multiple drug classes chromatographic method
CASE MANAGEMENT
0028M CHEMICAL DEPENDENCY - INTENSIVE CASE MANAGEMENT
0029M CHEMICAL DEPENDENCY - INTENSIVE CASE MANAGEMENT EPSDT
0173M DASA - TARGETED CASE MGMT (EPSDT)
2186M SUBSTANCE ABUSE CASE MANAGEMENT
2196M SUBSTANCE ABUSE CASE MANAGEMENT
0341M CASE MANAGEMENT
2165M CASE MANAGEMENT
0369M CASE MANAGEMENT
2166M CASE MANAGEMENT
0384M CASE MANAGEMENT
0385M CASE MANAGEMENT
H0006 Alcohol and/or drug services; case management
T1017 Targeted case management, each 15 minutes
THERAPEUTIC CHILD CARE
0188M THERAPEUTIC CHILD CARE
0193M DASA TANF REFERRED THERAPEUTIC CHILD CARE
2052M DASA YOUTH PHYSICAL EXAM
Child sitting services for children of the individual receiving alcohol and/or substance abuse
T1009 services
Assessment of home, physical and family environment, to determine suitability to meet
T1028 patient's needs
HOSPITAL ICD-9 PROCEDURE CODE REHAB REFERRAL
94.53 REFERRAL ALCOHOL REHAB

TARGET TREATMENT MODALITY INDICATORS

- (2) Detoxification
- (4) Group Care Enhancement
- (5) Intensive Inpatient
- (6) Intensive Outpatient
- (7) Long-Term Residential
- (11) Methadone/Opiate Substitution
- (9) MICA Outpatient
- (13) Outpatient

ICD-9 Mental Health Diagnosis Categories

(650) Adjustment Disorders

(651) Anxiety Disorders

(652) Attention-deficit, conduct & disruptive behavior disorders

(655) Disorders usually diagnosed in infancy, childhood, or adolescence

(656) Impulse Control Disorders, NEC

(657) Mood Disorder

(658) Personality Disorder

(659) Schizophrenia and other psychotic Disorder

NCS Mental Health Prescription Indicators

*For this report the following classes were counted as mental illness indicators: Antianxiety, Antidepressant, Antipsychotic, Antimania, and ADHD.

Generic Name	Brand Name	*Drug classes
ALPRAZOLAM	ALPRAZOLAM	Antianxiety
ALPRAZOLAM	ALPRAZOLAM ER	Antianxiety
ALPRAZOLAM	ALPRAZOLAM INTENSOL	Antianxiety
ALPRAZOLAM	ALPRAZOLAM XR	Antianxiety
ALPRAZOLAM	NIRAVAM	Antianxiety
ALPRAZOLAM	XANAX	Antianxiety
ALPRAZOLAM	XANAX XR	Antianxiety
AMITRIP HCL/CHLORDIAZEPOXIDE	AMITRIPTYLINE- CHLORDIAZEPOXIDE	Antidepressants
AMITRIP HCL/CHLORDIAZEPOXIDE	LIMBITROL	Antidepressants
AMITRIP HCL/CHLORDIAZEPOXIDE	LIMBITROL DS	Antidepressants
AMITRIPTYLINE HCL	AMITRIPTYLINE HCL	Antidepressants
AMITRIPTYLINE HCL	ELAVIL	Antidepressants
AMITRIPTYLINE HCL	ENDEP	Antidepressants
AMITRIPTYLINE HCL	VANATRIP	Antidepressants
AMITRIPTYLINE HCL/PERPHENAZINE	AMITRIPTYLINE W/PERPHENAZINE	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	ETRAFON 2-10	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	ETRAFON 2-25	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	ETRAFON FORTE 4-25	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	TRIAVIL 10-2	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	TRIAVIL 25-2	Antipsychotic
AMITRIPTYLINE HCL/PERPHENAZINE	TRIAVIL 25-4	Antipsychotic
AMMONIUM/SODIUM/POTASSIUM	SERENITAS	Sedatives
AMOBARBITAL SODIUM	AMYTAL SODIUM	Sedatives
AMOBARBITAL SODIUM/SECOBARB NA	TUINAL	Sedatives
AMOXAPINE	AMOXAPINE	Antidepressants
AMPHET ASP/AMPHET/D-AMPHET	ADDERALL	ADHD
AMPHET ASP/AMPHET/D-AMPHET	ADDERALL XR	ADHD
AMPHET ASP/AMPHET/D-AMPHET	AMPHETAMINE SALT COMBO	ADHD
ARIPIPRAZOLE	ABILIFY	Antipsychotic
ARIPIPRAZOLE	ABILIFY DISCMELT	Antipsychotic
ATOMOXETINE HCL	STRATTERA	ADHD
BUPROPION HCL	BUDEPRION SR	Antidepressants
BUPROPION HCL	BUDEPRION XL	Antidepressants
BUPROPION HCL	BUPROPION HCL	Antidepressants
BUPROPION HCL	BUPROPION HCL SR	Antidepressants
BUPROPION HCL	BUPROPION XL	Antidepressants
BUPROPION HCL	WELLBUTRIN	Antidepressants
BUPROPION HCL	WELLBUTRIN SR	Antidepressants
BUPROPION HCL	WELLBUTRIN XL	Antidepressants
BUSPIRONE HCL	BUSPAR	Antianxiety
BUSPIRONE HCL	BUSPIRONE HCL	Antianxiety
BUSPIRONE HCL	VANSPAR	Antianxiety
BUTABARBITAL SODIUM	BUTISOL SODIUM	Sedatives
CARBAMAZEPINE	ATRETOL	Anticonvulsants
CARBAMAZEPINE	CARBAMAZEPINE	Anticonvulsants
CARBAMAZEPINE	CARBATROL	Anticonvulsants
CARBAMAZEPINE	EPITOL	Anticonvulsants
CARBAMAZEPINE	EQUETRO	Anticonvulsants
CARBAMAZEPINE	TEGRETOL	Anticonvulsants
CARBAMAZEPINE	TEGRETOL XR	Anticonvulsants
CHAMOMILE FLOWERS	INSOMNIA NO.40	Sedatives
CHLORAL HYDRATE	AQUACHLORAL	Sedatives
CHLORAL HYDRATE	CHLORAL HYDRATE	Sedatives
CHLORAL HYDRATE	SOMNOTE	Sedatives

Generic Name	Brand Name	*Drug classes
CHLORDIAZEPOXIDE HCL	CHLORDIAZEPOXIDE HCL	Antianxiety
CHLORDIAZEPOXIDE HCL	LIBRIUM	Antianxiety
CHLORDIAZEPOXIDE HCL	POXI	Antianxiety
CHLORPROMAZINE HCL	CHLORPROMAZINE HCL	Antipsychotic
CHLORPROMAZINE HCL	THORAZINE	Antipsychotic
CITALOPRAM HYDROBROMIDE	CELEXA	Antidepressants
CITALOPRAM HYDROBROMIDE	CITALOPRAM	Antidepressants
CITALOPRAM HYDROBROMIDE	CITALOPRAM HBR	Antidepressants
CLOMIPRAMINE HCL	ANAFRANIL	Antidepressants
CLOMIPRAMINE HCL	CLOMIPRAMINE HCL	Antidepressants
CLONAZEPAM	CEBERCLON	Anticonvulsants
CLONAZEPAM	CLONAZEPAM	Anticonvulsants
CLONAZEPAM	KLONOPIN	Anticonvulsants
CLORAZEPATE DIPOTASSIUM	CLORAZEPATE DIPOTASSIUM	Antianxiety
CLORAZEPATE DIPOTASSIUM	GEN-XENE	Antianxiety
CLORAZEPATE DIPOTASSIUM	TRANXENE SD	Antianxiety
CLORAZEPATE DIPOTASSIUM	TRANXENE T-TAB	Antianxiety
CLOZAPINE	CLOZAPINE	Antipsychotic
CLOZAPINE	CLOZARIL	Antipsychotic
CLOZAPINE	FAZACLO	Antipsychotic
D-AMPHETAMINE SULFATE	DEXEDRINE	ADHD
D-AMPHETAMINE SULFATE	DEXTROAMPHETAMINE SULFATE	ADHD
D-AMPHETAMINE SULFATE	DEXTROSTAT	ADHD
DESIPRAMINE HCL	DESIPRAMINE HCL	Antidepressants
DESIPRAMINE HCL	NORPRAMIN	Antidepressants
DESVENLAFAXINE SUCCINATE	PRISTIQ	Antidepressants
DEXMEDETOMIDINE HCL	PRECEDEX	Sedatives
DEXMETHYLPHENIDATE HCL	DEXMETHYLPHENIDATE HCL	ADHD
DEXMETHYLPHENIDATE HCL	FOCALIN	ADHD
DEXMETHYLPHENIDATE HCL	FOCALIN XR	ADHD
DIAZEPAM	DIASAT	Anticonvulsants
DIAZEPAM	DIASAT ACUDIAL	Anticonvulsants
DIAZEPAM	DIAZEPAM	Antianxiety
DIAZEPAM	VALIUM	Antianxiety
DIAZEPAM/SOYBEAN OIL	DIZAC	Antianxiety
DIPHENHYDRAMINE HCL	COMPOZ	Sedatives
DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL	Sedatives
DIPHENHYDRAMINE HCL	EASY SLEEP	Sedatives
DIPHENHYDRAMINE HCL	HCA SLEEP-EX	Sedatives
DIPHENHYDRAMINE HCL	HM SLEEPING	Sedatives
DIPHENHYDRAMINE HCL	MEDI-SLEEP	Sedatives
DIPHENHYDRAMINE HCL	MILES NERVINE	Sedatives
DIPHENHYDRAMINE HCL	NIGHT TIME SLEEP AID	Sedatives
DIPHENHYDRAMINE HCL	NIGHT-TIME	Sedatives
DIPHENHYDRAMINE HCL	NIGHTTIME SLEEP	Sedatives
DIPHENHYDRAMINE HCL	NIGHTTIME SLEEP AID	Sedatives
DIPHENHYDRAMINE HCL	NITETIME SLEEP AID	Sedatives
DIPHENHYDRAMINE HCL	NYTOL	Sedatives
DIPHENHYDRAMINE HCL	REST SIMPLY	Sedatives
DIPHENHYDRAMINE HCL	RESTFULLY SLEEP	Sedatives
DIPHENHYDRAMINE HCL	SIMPLY SLEEP	Sedatives
DIPHENHYDRAMINE HCL	SLEEP AID	Sedatives
DIPHENHYDRAMINE HCL	SLEEP CAPS	Sedatives
DIPHENHYDRAMINE HCL	SLEEP FORMULA	Sedatives
DIPHENHYDRAMINE HCL	SLEEP II	Sedatives
DIPHENHYDRAMINE HCL	SLEEP TABLET	Sedatives
DIPHENHYDRAMINE HCL	SLEEP TABS	Sedatives
DIPHENHYDRAMINE HCL	SLEEP-AID	Sedatives
DIPHENHYDRAMINE HCL	SLEEP-ETTES D	Sedatives

Generic Name	Brand Name	*Drug classes
DIPHENHYDRAMINE HCL	SLEEP-EZE 3	Sedatives
DIPHENHYDRAMINE HCL	SLEEPGELS	Sedatives
DIPHENHYDRAMINE HCL	SLEEPING TABLET	Sedatives
DIPHENHYDRAMINE HCL	SLEEPTABS	Sedatives
DIPHENHYDRAMINE HCL	SOMINEX	Sedatives
DIPHENHYDRAMINE HCL	SOMINEX MAX STRENGTH	Sedatives
DIPHENHYDRAMINE HCL	TWILITE	Sedatives
DIPHENHYDRAMINE HCL	UNISOM	Sedatives
DIPHENHYDRAMINE HCL	WAL-SOM	Sedatives
DIVALPROEX SODIUM	DEPAKOTE	Anticonvulsants
DIVALPROEX SODIUM	DEPAKOTE ER	Anticonvulsants
DIVALPROEX SODIUM	DEPAKOTE SPRINKLE	Anticonvulsants
DIVALPROEX SODIUM	DIVALPROEX SODIUM	Anticonvulsants
DOXEPIN HCL	DOXEPIN HCL	Antidepressants
DOXEPIN HCL	SINEQUAN	Antidepressants
DOXYLAMINE SUCCINATE	FAST SLEEP	Sedatives
DOXYLAMINE SUCCINATE	MEDI-SLEEP	Sedatives
DOXYLAMINE SUCCINATE	NITETIME SLEEP-AID	Sedatives
DOXYLAMINE SUCCINATE	SLEEP AID	Sedatives
DOXYLAMINE SUCCINATE	SOMNISED	Sedatives
DOXYLAMINE SUCCINATE	ULTRA SLEEP	Sedatives
DOXYLAMINE SUCCINATE	UNISOM SLEEP AID	Sedatives
DROPERIDOL	DROPERIDOL	Antipsychotic
DROPERIDOL	INAPSINE	Antipsychotic
DULOXETINE HCL	CYMBALTA	Antidepressants
ESCITALOPRAM OXALATE	LEXAPRO	Antidepressants
ESTAZOLAM	ESTAZOLAM	Sedatives
ESTAZOLAM	PROSOM	Sedatives
ESZOPICLONE	LUNESTA	Sedatives
ETHCHLORVYNOL	PLACIDYL	Sedatives
ETHOSUXIMIDE	ETHOSUXIMIDE	Anticonvulsants
ETHOSUXIMIDE	ZARONTIN	Anticonvulsants
ETHOTOIN	PEGANONE	Anticonvulsants
ETHYL ALCOHOL/HERBAL DRUGS	LYDIA PINKHAM HERBAL	Sedatives
FELBAMATE	FELBATOL	Anticonvulsants
FLUOXETINE HCL	FLUOXETINE HCL	Antidepressants
FLUOXETINE HCL	PROZAC	Antidepressants
FLUOXETINE HCL	PROZAC WEEKLY	Antidepressants
FLUOXETINE HCL	RAPIFLUX	Antidepressants
FLUOXETINE HCL	SARAFEM	Antidepressants
FLUPHENAZINE DECANOATE	FLUPHENAZINE DECANOATE	Antipsychotic
FLUPHENAZINE DECANOATE	PROLIXIN DECANOATE	Antipsychotic
FLUPHENAZINE ENANTHATE	PROLIXIN ENANTHATE	Antipsychotic
FLUPHENAZINE HCL	FLUPHENAZINE HCL	Antipsychotic
FLUPHENAZINE HCL	PERMITIL	Antipsychotic
FLUPHENAZINE HCL	PROLIXIN	Antipsychotic
FLURAZEPAM HCL	DALMANE	Sedatives
FLURAZEPAM HCL	FLURAZEPAM HCL	Sedatives
FLUVOXAMINE MALEATE	FLUVOXAMINE MALEATE	Antidepressants
FLUVOXAMINE MALEATE	LUVOX	Antidepressants
FLUVOXAMINE MALEATE	LUVOX CR	Antidepressants
FOSPHENYTOIN SODIUM	CEREBYX	Anticonvulsants
FOSPHENYTOIN SODIUM	FOSPHENYTOIN SODIUM	Anticonvulsants
GABAPENTIN	GABAPENTIN	Anticonvulsants
GABAPENTIN	GABARONE	Anticonvulsants
GABAPENTIN	NEURONTIN	Anticonvulsants
HALAZEPAM	PAXIPAM	Antianxiety
HALOPERIDOL	HALOPERIDOL	Antipsychotic
HALOPERIDOL DECANOATE	HALDOL DECANOATE 100	Antipsychotic

Generic Name	Brand Name	*Drug classes
HALOPERIDOL DECANOATE	HALDOL DECANOATE 50	Antipsychotic
HALOPERIDOL DECANOATE	HALOPERIDOL DECANOATE	Antipsychotic
HALOPERIDOL LACTATE	HALDOL	Antipsychotic
HALOPERIDOL LACTATE	HALOPERIDOL LACTATE	Antipsychotic
IMIPRAMINE HCL	IMIPRAMINE HCL	Antidepressants
IMIPRAMINE HCL	TOFRANIL	Antidepressants
IMIPRAMINE PAMOATE	IMIPRAMINE PAMOATE	Antidepressants
IMIPRAMINE PAMOATE	TOFRANIL-PM	Antidepressants
ISOCARBOXAZID	MARPLAN	Antidepressants
K PH,MBDB/YELLOW JASMINE	SIMPLE NERVOUS CONDITIONS	Sedatives
LAMOTRIGINE	LAMICTAL	Anticonvulsants
LAMOTRIGINE	LAMICTAL (BLUE)	Anticonvulsants
LAMOTRIGINE	LAMICTAL (GREEN)	Anticonvulsants
LAMOTRIGINE	LAMICTAL (ORANGE)	Anticonvulsants
LAMOTRIGINE	LAMOTRIGINE	Anticonvulsants
LEVETIRACETAM	KEPPRA	Anticonvulsants
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	ADHD
LITHIUM CARBONATE	ESKALITH	Antimania
LITHIUM CARBONATE	ESKALITH CR	Antimania
LITHIUM CARBONATE	LITHIUM CARBONATE	Antimania
LITHIUM CARBONATE	LITHOBID	Antimania
LITHIUM CITRATE	LITHIUM CITRATE	Antimania
LORAZEPAM	ATIVAN	Antianxiety
LORAZEPAM	LORAZEPAM	Sedatives
LORAZEPAM	LORAZEPAM INTENSOL	Antianxiety
LOXAPINE HCL	LOXITANE C	Antipsychotic
LOXAPINE SUCCINATE	LOXAPINE	Antipsychotic
LOXAPINE SUCCINATE	LOXAPINE SUCCINATE	Antipsychotic
LOXAPINE SUCCINATE	LOXITANE	Antipsychotic
MAPROTILINE HCL	LUDIOMIL	Antidepressants
MAPROTILINE HCL	MAPROTILINE HCL	Antidepressants
MEPHOBARBITAL	MEBARAL	Anticonvulsants
MEPHOBARBITAL	MEPHOBARBITAL	Anticonvulsants
MEPROBAMATE	EQUANIL	Antianxiety
MEPROBAMATE	MB-TAB	Antianxiety
MEPROBAMATE	MEPROBAMATE	Antianxiety
MEPROBAMATE	MILTOWN	Antianxiety
MESORIDAZINE BESYLATE	SERENTIL	Antipsychotic
METHAMPHETAMINE HCL	DESOXYN	ADHD
METHAMPHETAMINE HCL	METHAMPHETAMINE HCL	ADHD
METHSUXIMIDE	CELONTIN	Anticonvulsants
METHYLPHENIDATE	DAYTRANA	ADHD
METHYLPHENIDATE HCL	CONCERTA	ADHD
METHYLPHENIDATE HCL	METADATE CD	ADHD
METHYLPHENIDATE HCL	METADATE ER	ADHD
METHYLPHENIDATE HCL	METHYLIN	ADHD
METHYLPHENIDATE HCL	METHYLIN ER	ADHD
METHYLPHENIDATE HCL	METHYLPHENIDATE ER	ADHD
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	ADHD
METHYLPHENIDATE HCL	METHYLPHENIDATE SR	ADHD
METHYLPHENIDATE HCL	RITALIN	ADHD
METHYLPHENIDATE HCL	RITALIN LA	ADHD
METHYLPHENIDATE HCL	RITALIN-SR	ADHD
MIDAZOLAM HCL	MIDAZOLAM HCL	Sedatives
MIDAZOLAM HCL	VERSED	Sedatives
MIRTAZAPINE	MIRTAZAPINE	Antidepressants
MIRTAZAPINE	REMERON	Antidepressants
MODAFINIL	PROVIGIL	ADHD
MOLINDONE HCL	MOBAN	Antipsychotic

Generic Name	Brand Name	*Drug classes
NEFAZODONE HCL	NEFAZODONE HCL	Sedatives
NEFAZODONE HCL	SERZONE	Sedatives
NORTRIPTYLINE HCL	AVENTYL HCL	Antidepressants
NORTRIPTYLINE HCL	NORTRIPTYLINE HCL	Antidepressants
NORTRIPTYLINE HCL	PAMELOR	Antidepressants
OLANZAPINE	ZYPREXA	Antipsychotic
OLANZAPINE	ZYPREXA ZYDIS	Antipsychotic
OXAZEPAM	OXAZEPAM	Antianxiety
OXAZEPAM	SERAX	Antianxiety
OXCARBAZEPINE	OXCARBAZEPINE	Anticonvulsants
OXCARBAZEPINE	TRILEPTAL	Anticonvulsants
PALIPERIDONE	INVEGA	Antipsychotic
PAROXETINE HCL	PAROXETINE HCL	Antidepressants
PAROXETINE HCL	PAXIL	Antidepressants
PAROXETINE HCL	PAXIL CR	Antidepressants
PAROXETINE MESYLATE	PEXEVA	Antidepressants
PENTOBARBITAL SODIUM	NEMBUTAL SODIUM	Sedatives
PERPHENAZINE	PERPHENAZINE	Antipsychotic
PERPHENAZINE	TRILAFON	Antipsychotic
PERPHENAZINE/AMITRIPTYLINE HCL	AMITRIPTYLINE-PERPHENAZINE	Antipsychotic
PERPHENAZINE/AMITRIPTYLINE HCL	PERPHENAZINE-AMITRIPTYLINE	Antipsychotic
PHENELZINE SULFATE	NARDIL	Antidepressants
PHENOBARBITAL	PHENOBARBITAL	Sedatives
PHENOBARBITAL SODIUM	LUMINAL SODIUM	Sedatives
PHENOBARBITAL SODIUM	PHENOBARBITAL SODIUM	Sedatives
PHENYTOIN	DILANTIN	Anticonvulsants
PHENYTOIN	DILANTIN-125	Anticonvulsants
PHENYTOIN	PHENYTOIN	Anticonvulsants
PHENYTOIN SODIUM	PHENYTOIN SODIUM	Anticonvulsants
PHENYTOIN SODIUM EXTENDED	DILANTIN	Anticonvulsants
PHENYTOIN SODIUM EXTENDED	PHENYTEK	Anticonvulsants
PHENYTOIN SODIUM EXTENDED	PHENYTOIN SODIUM EXTENDED	Anticonvulsants
PHENYTOIN SODIUM EXTENDED	PHENYTOIN SODIUM, EXTENDED	Anticonvulsants
PHENYTOIN SODIUM EXTENDED	PHENYTOIN SODIUM,EXTENDED	Anticonvulsants
PIMOZIDE	ORAP	Antipsychotic
PREGABALIN	LYRICA	Anticonvulsants
PRIMIDONE	MYSOLINE	Anticonvulsants
PRIMIDONE	PRIMIDONE	Anticonvulsants
PROTRIPTYLINE HCL	VIVACTIL	Antidepressants
QUAZEPAM	DORAL	Sedatives
QUETIAPINE FUMARATE	SEROQUEL	Antipsychotic
QUETIAPINE FUMARATE	SEROQUEL XR	Antipsychotic
RISPERIDONE	RISPERDAL	Antipsychotic
RISPERIDONE MICROSPHERES	RISPERDAL CONSTA	Antipsychotic
SECOBARBITAL SODIUM	SECONAL SODIUM	Sedatives
SELEGILINE	EMSAM	Antidepressants
SERTRALINE HCL	SERTRALINE HCL	Antidepressants
SERTRALINE HCL	ZOLOFT	Antidepressants
ST. JOHN'S WORT	ALTERRA	Antidepressants
ST. JOHN'S WORT	CENTRUM ST. JOHN'S WORT	Antidepressants
ST. JOHN'S WORT	HM ST. JOHNS WORT	Antidepressants
ST. JOHN'S WORT	KIRA ST. JOHN'S WORT	Antidepressants
ST. JOHN'S WORT	MOVANA	Antidepressants
ST. JOHN'S WORT	QUANTERRA EMOTIONAL	Antidepressants
ST. JOHN'S WORT	ST. JOHN'S WORT	Antidepressants
TEMAZEPAM	RESTORIL	Sedatives
TEMAZEPAM	TEMAZEPAM	Sedatives
THIORIDAZINE HCL	MELLARIL	Antipsychotic
THIORIDAZINE HCL	THIORIDAZINE HCL	Antipsychotic

Generic Name	Brand Name	*Drug classes
THIOTHIXENE	NAVANE	Antipsychotic
THIOTHIXENE	THIOTHIXENE	Antipsychotic
THIOTHIXENE HCL	THIOTHIXENE HCL	Antipsychotic
TIAGABINE HCL	GABITRIL	Anticonvulsants
TOPIRAMATE	TOPAMAX	Anticonvulsants
TRANLYCYPROMINE SULFATE	PARNATE	Antidepressants
TRANLYCYPROMINE SULFATE	TRANLYCYPROMINE SULFATE	Antidepressants
TRAZODONE HCL	DESYREL	Sedatives
TRAZODONE HCL	TRAZODONE HCL	Sedatives
TRIAZOLAM	HALCION	Sedatives
TRIAZOLAM	TRIAZOLAM	Sedatives
TRIFLUOPERAZINE HCL	STELAZINE	Antipsychotic
TRIFLUOPERAZINE HCL	TRIFLUOPERAZINE HCL	Antipsychotic
TRIFLUPROMAZINE HCL	VESPRIN	Antipsychotic
TRIMIPRAMINE MALEATE	SURMONTIL	Antidepressants
TRIMIPRAMINE MALEATE	TRIMIPRAMINE MALEATE	Antidepressants
TRYPTOPHAN	L-TRYPTOPHAN	Sedatives
TRYPTOPHAN	TRYPTOPHAN	Sedatives
VALINE/CA CARBONATE/MAG/VAL	TRANQUIL-EZE	Sedatives
VALPROATE SODIUM	DEPACON	Anticonvulsants
VALPROATE SODIUM	DEPAKENE	Anticonvulsants
VALPROATE SODIUM	VALPROATE SODIUM	Anticonvulsants
VALPROATE SODIUM	VALPROIC ACID	Anticonvulsants
VALPROIC ACID	DEPAKENE	Anticonvulsants
VALPROIC ACID	VALPROIC ACID	Anticonvulsants
VENLAFAXINE HCL	EFFEXOR	Antidepressants
VENLAFAXINE HCL	EFFEXOR XR	Antidepressants
VENLAFAXINE HCL	VENLAFAXINE HCL	Antidepressants
ZALEPLON	SONATA	Sedatives
ZALEPLON	ZALEPLON	Sedatives
ZIPRASIDONE HCL	GEODON	Antipsychotic
ZIPRASIDONE MESYLATE	GEODON	Antipsychotic
ZOLPIDEM TARTRATE	AMBIEN	Sedatives
ZOLPIDEM TARTRATE	AMBIEN CR	Sedatives
ZOLPIDEM TARTRATE	AMBIEN PAK	Sedatives
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	Sedatives
ZONISAMIDE	ZONEGRAN	Anticonvulsants
ZONISAMIDE	ZONISAMIDE	Anticonvulsants

*For this report the following classes were counted as mental illness indicators: Antianxiety, Antidepressant, Antipsychotic, Antimania, and ADHD.

Electronic versions of both the FULL REPORT and the APPENDIX are available at:

<http://www1.dshs.wa.gov/RDA/>

