



## **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

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to the decision-making agenda:

- Better work processes
- Better decisions
- Better outcomes

# 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

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REPORT NUMBER 3.32

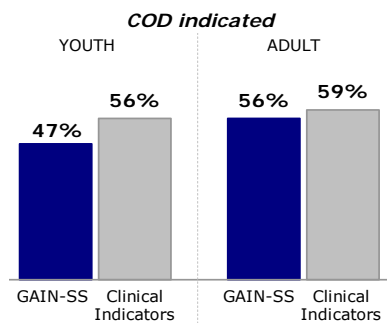
SECTION 601 (2) of *the Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005* directed the Department of Social and Health Services (DSHS) to adopt an integrated and comprehensive screening and assessment process to identify indications of mental illness, substance use disorders, or 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

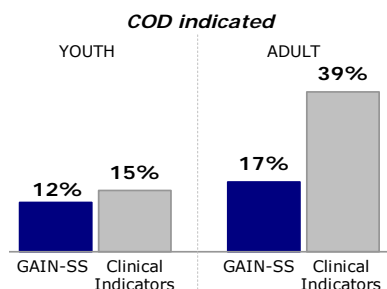
Several DSHS programs with providers meeting the legislative criteria above began administering the Global Appraisal of Individual Needs Shorter Screener (GAIN-SS) to their clients in January 2007 to screen for mental illness, substance use disorders and co-occurring disorders (COD). The Health and Recovery 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



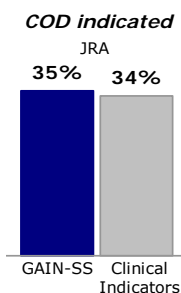
#### Division of Alcohol and Substance Abuse

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.



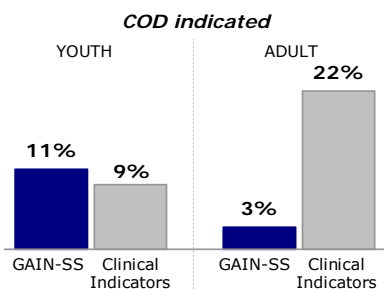
#### Mental Health Division

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.



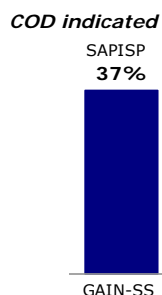
### Juvenile Rehabilitation Administration

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).



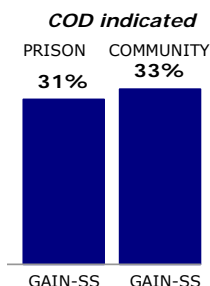
### Children's Administration

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)<sup>1</sup> 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.<sup>1</sup>

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.<sup>2</sup> 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<sup>3, 4</sup>. 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.

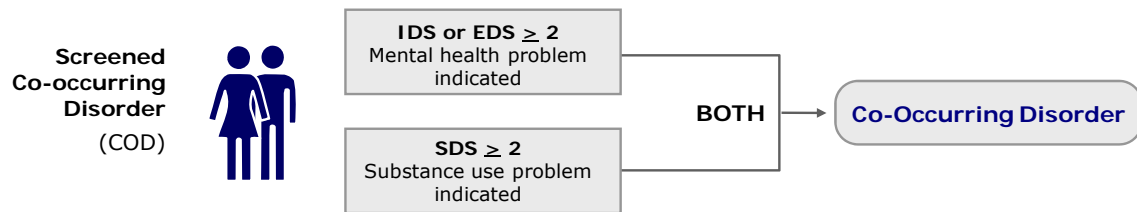
- **Internalizing Disorder Screener (IDS).** Based on the Internal Mental Distress scale (IMDS) of the GAIN-I, high scores on this scale indicate a possible need for mental health treatment for symptoms related to depression, anxiety, trauma, suicide, and more serious mental illness (SMI) such as schizophrenia.
- **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.<sup>1</sup>

TABLE 1  
GAIN-SS scale

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

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.<sup>5</sup> 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.<sup>5</sup>

## 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.

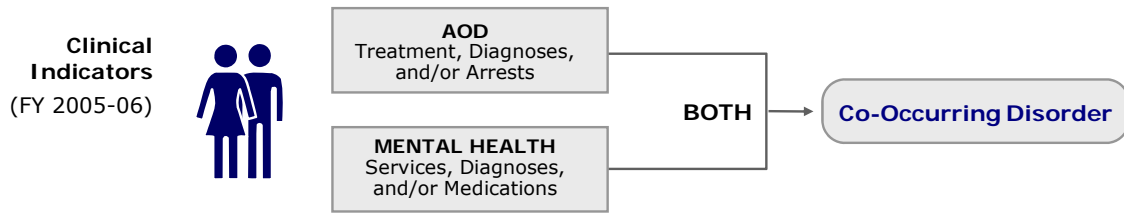
Of the DSHS clients with a potential need for AOD treatment based on administrative and clinical records, the percentage identified as having a possible substance use disorder using the GAIN-SS was 74 percent for DASA clients, 62 percent for JRA clients, and only 37 percent for MHD clients. Thus, the 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.



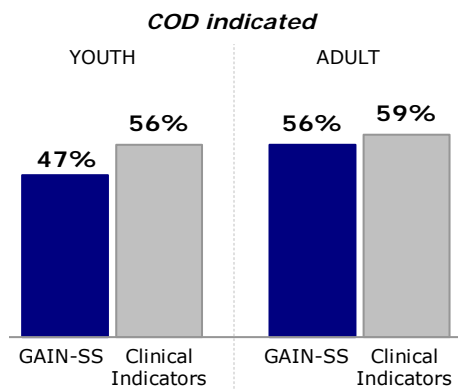
### Program Specific Implementation and Findings

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.

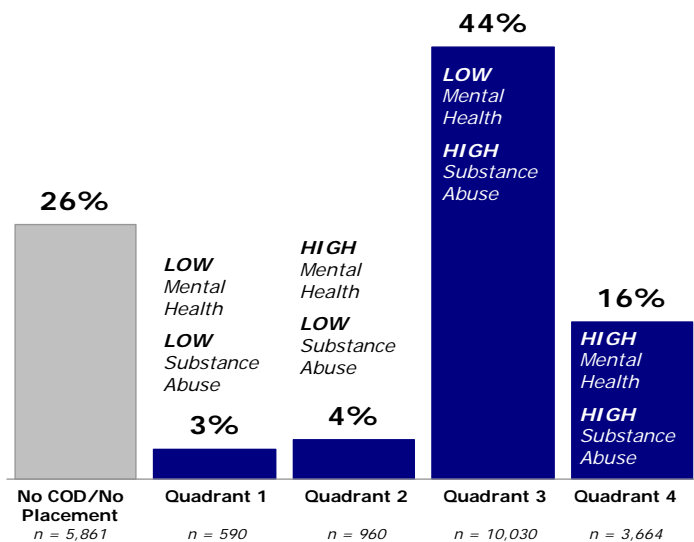
TABLE 3

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
<b>ADULTS</b>	75,208	50,921	<b>68%</b>	75,208	51,691	<b>69%</b>	75,208	42,403	<b>56%</b>
<b>YOUTH</b>	8,213	5,490	<b>67%</b>	8,213	4,646	<b>57%</b>	8,213	3,867	<b>47%</b>

### 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
<b>ALCOHOL &amp; SUBSTANCE ABUSE TOTAL</b>	<b>8,457</b>	<b>5,732</b>	<b>59%</b>	<b>93%</b>	<b>56%</b>
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
<b>ALCOHOL &amp; SUBSTANCE ABUSE TOTAL</b>	<b>55,485</b>	<b>33,728</b>	<b>62%</b>	<b>94%</b>	<b>59%</b>
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

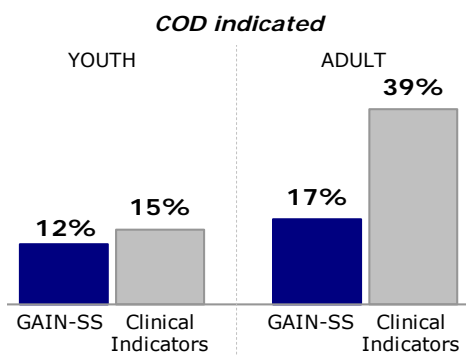
	Mental Health			Substance Use Disorder			COD		
	TOTAL	Number	Percent	TOTAL	Number	Percent	TOTAL	Number	Percent
<b>YOUTH</b>	8,777	7,292	83%	8,764	3,492	40%	8,771	3,261	37%



## 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

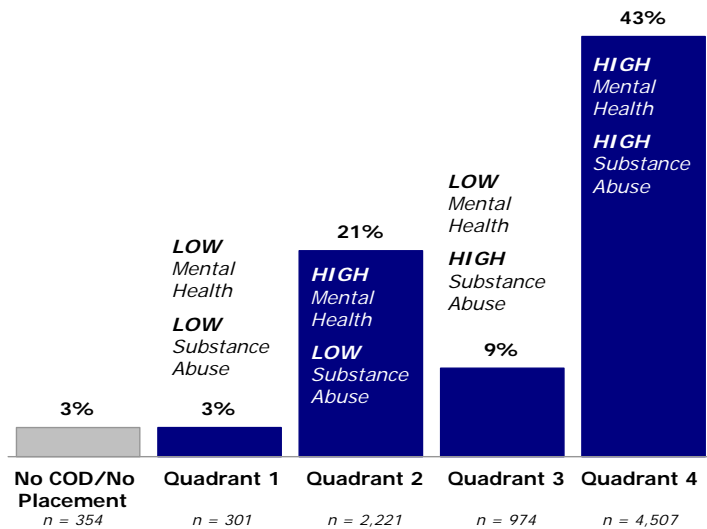
- The numbers and percentages of screened clients who met defined screening criteria for mental health, substance use, and co-occurring disorders are presented below. The low rate of COD and substance use identified is primarily due to the fact that 56 percent of all Mental Health Division screenings 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
<b>ADULTS</b>	55,847	38,804	<b>69%</b>	55,847	9,693	<b>17%</b>	55,847	9,348	<b>17%</b>
<b>YOUTH</b>	10,937	8,202	<b>75%</b>	10,937	1,337	<b>12%</b>	10,937	1,271	<b>12%</b>

## 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
<b>ADULTS</b>	422	309	<b>73%</b>	422	217	<b>51%</b>	422	194	<b>46%</b>

**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

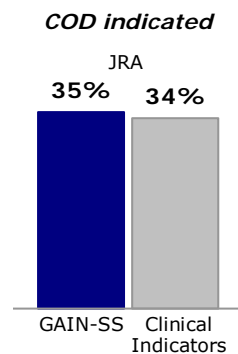
**Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services During FY 2006**

<b>Mental Health Services</b>					
<b>YOUTH (Ages 11 - 17)</b>	<b>CLIENTS</b>		<b>PREVALENCE RATES AMONG MEDICAL ELIGIBLES</b>		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
<b>MENTAL HEALTH SERVICES TOTAL</b>	<b>21,403</b>	<b>18,602</b>	<b>100%</b>	<b>15%</b>	<b>15%</b>
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%
<b>ADULTS (Ages 18 - 64)</b>	<b>CLIENTS</b>		<b>PREVALENCE RATES AMONG MEDICAL ELIGIBLES</b>		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
<b>MENTAL HEALTH SERVICES TOTAL</b>	<b>79,540</b>	<b>46,729</b>	<b>100%</b>	<b>39%</b>	<b>39%</b>
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
<b>ALL AGES</b>	2,024	1,256	62%	2,024	932	46%	2,024	707	35%

### Administrative Data Findings

TABLE 10

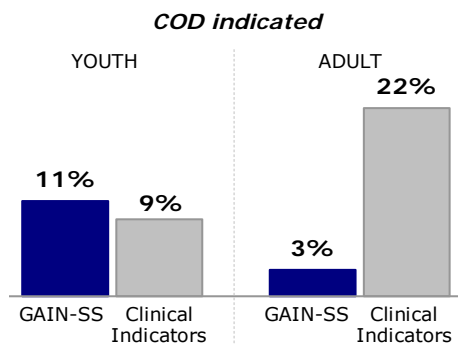
**Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services During FY 2006**

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
<b>JUVENILE REHABILITATION TOTAL</b>	<b>3,806</b>	<b>2,320</b>	<b>59%</b>	<b>55%</b>	<b>34%</b>
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
<b>ADULTS*</b>	1,238	207	<b>17%</b>	1,238	49	<b>4%</b>	1,238	33	<b>3%</b>
<b>YOUTH**</b>	239	144	<b>60%</b>	239	29	<b>12%</b>	239	27	<b>11%</b>

\* 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

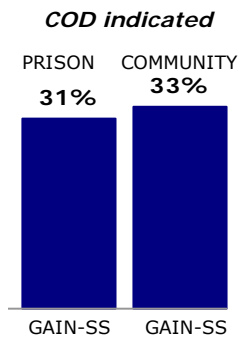
**Mental Illness, AOD, and COD Indicators from Administrative Data for Clients Enrolled in DSHS Services in Fiscal Year 2006**

<b>Children's Services</b>					
<b>YOUTH (Ages 11 - 17)</b>	<b>CLIENTS</b>		<b>PREVALENCE RATES AMONG MEDICAL ELIGIBLES</b>		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
<b>CHILDREN'S SERVICES TOTAL</b>	<b>39,794</b>	<b>27,882</b>	<b>50%</b>	<b>12%</b>	<b>9%</b>
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%
<b>ADULTS (Ages 18 - 64)</b>	<b>CLIENTS</b>		<b>PREVALENCE RATES AMONG MEDICAL ELIGIBLES</b>		
	Number Served	Number Served and Medical Eligible	Percent with MI Flag	Percent with AOD Flag	Percent with COD Flag
<b>CHILDREN'S SERVICES TOTAL</b>	<b>75,111</b>	<b>30,611</b>	<b>53%</b>	<b>35%</b>	<b>22%</b>
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%
<b>ALL</b>	<b>10,604</b>	<b>4,650</b>	<b>44%</b>	<b>10,604</b>	<b>5,445</b>	<b>51%</b>	<b>10,604</b>	<b>3,359</b>	<b>32%</b>

## 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<sup>3, 4</sup>. 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.<sup>6</sup> 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).

## REFERENCES

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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"/> 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	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Non – Federal Tribe	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	Tribal Code (No. 1) _____	
<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	Tribal Code (No. 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)

*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.*

<b>Mental Health Internalizing Behaviors (IDScr 1):</b> 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
<b>Each yes answer is "1" point      IDS Sub-scale Score (0 to 5) _____</b>		
<b>Mental Health Externalizing Behaviors (EDScr 2):</b> 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
<b>Each yes answer is "1" point      EDS Sub-scale Score (0 to 5) _____</b>		
<b>Substance Abuse Screen (SDScr 3):</b> 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
<b>Each yes answer is "1" point      SDS Sub-scale Score (0 to 5) _____</b>		





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



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