

# 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.

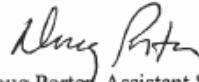
As no due date for the Department of Social and Health Services report was specified in the legislation, we propose submission on December 1, 2008. We will assume that date is acceptable unless you advise otherwise.

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  
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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><b>DASA</b> Division of Alcohol &amp; Substance Abuse</p>	<p>DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)</p> <p><b>DASA Target Data Elements</b></p> <p><b>Gain Short Screening Setup</b></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						
<b>SECTION I CLIENT IDENTIFICATION</b>						
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"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian (Native) <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian		<input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Middle East <input type="checkbox"/> Native American <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Refused to Answer <input type="checkbox"/> Samoan <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> White/European American				
		Tribal Code (No. 1) _____				
		Tribal Code (No. 2) _____				
<p><b>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</b></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>						
<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				
Each yes answer is "1" point		IDS Sub-scale Score (0 to 5) _____				
<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				
Each yes answer is "1" point		EDS Sub-scale Score (0 to 5) _____				
<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				
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**

<b>Section Completed by Clinician</b>	
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 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.

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	
<b>Puntuación de la sub-escala IDS (0 a 5)</b> _____			
¿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	
<b>Puntuación de la sub-escala EDS (0 a 5)</b> _____			
¿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	
<b>Puntuación de la sub-escala SDS (0 a 5)</b> _____			
FIRMA			FECHA

D8H8 14-436 8P (01/2007)

**JUVENILE REHABILITATION ADMINISTRATION**

GAIN - Short Screener (GAIN-SS)	
Internal Disorder Screener	
<p><b>Internal Disorder Screener (IDS)</b></p> <p><b>External Disorder Screener (EDS)</b></p> <p><b>Substance Disorder Screener (SDS)</b></p> <p><b>Crime Violence Screener (CVS)</b></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p> <p>1e. with thinking about ending your life or committing suicide?</p> <p><input type="radio"/> No <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p>

GAIN - Short Screener (GAIN-SS)	
External Disorder Screener	
<p><b>Internal Disorder Screener (IDS)</b></p> <p><b>External Disorder Screener (EDS)</b></p> <p><b>Substance Disorder Screener (SDS)</b></p> <p><b>Crime Violence Screener (CVS)</b></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p> <p>2d. Been a bully or threatened other people?</p> <p><input type="radio"/> No <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p> <p>2e. Start fights with other people?</p> <p><input type="radio"/> No <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p>

**GAIN - Short Screener (GAIN-SS)**

**Substance Disorder Screener**

<p><b>Internal Disorder Screener (IDS)</b></p> <p><b>External Disorder Screener (EDS)</b></p> <p><b>Substance Disorder Screener (SDS)</b></p> <p><b>Crime Violence Screener (CVS)</b></p>	<p>DURING THE PAST TWELVE (12) MONTHS, did...</p> <p>3a. you use alcohol or drugs weekly?</p> <p><input type="radio"/> No <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p>
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**GAIN - Short Screener (GAIN-SS)**

**Crime Violence Screener**

<p><b>Internal Disorder Screener (IDS)</b></p> <p><b>External Disorder Screener (EDS)</b></p> <p><b>Substance Disorder Screener (SDS)</b></p> <p><b>Crime Violence Screener (CVS)</b></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 <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p> <p>4b. taken something from a store without paying for it?</p> <p><input type="radio"/> No <span style="float: right;">1</span></p> <p><input type="radio"/> Yes</p> <p>4c. sold, distributed or helped make illegal drugs?</p> <p><input type="radio"/> No <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></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 <span style="float: right;">1</span></p> <p><input type="radio"/> Yes <span style="float: right;">1</span></p> <p>(If yes, describe)</p>
---	---

**PLEASE SELECT AN ACTION!**

You must select a staff prior to submitting.

SUBMIT TO

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	◆
<b>Total Score</b>	<b>5</b>	●

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)
<b>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</b>				
<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>				
<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>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).</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>If TWO or more "YES" answers, refer to Mental Health</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>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</b>				
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			
<b>Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</b>			
<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>			
<b>Mental Health (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>IDS Sub-scale Score (0 to 5) _____</b>			
<b>Mental Health (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>EDS Sub-scale Score (0 to 5) _____</b>			
<b>Substance Abuse Screen:</b> 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	
<b>SDS Sub-scale Score (0 to 5) _____</b>			

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-EPST YOUTH INDIVIDUAL THERAPY-FULL
2164M	SUBSTANCE ABUSE NON-EPST 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-EPST 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
DESMETHYLPHENIDATE HCL	DESMETHYLPHENIDATE HCL	ADHD
DESMETHYLPHENIDATE HCL	FOCALIN	ADHD
DESMETHYLPHENIDATE 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/>

