

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> <b>Screening for Co-Occurring Substance Use Disorders</b>		
<b>DMH POLICY NUMBER</b> <b>200.4A</b>	<b>DATE</b> NOV 14 2012	<b>TL#</b> 181

**Purpose.** To establish policy and procedures in integrated screening for co-occurring substance use disorder (SUD) and mental illness for individuals who seek treatment and services at the Department of Mental Health (DMH).

**Applicability.** Applies to DMH Core Services Agencies (CSAs), Assertive Community Treatment (ACT) and Community Based Intervention (CBI) providers, and the Comprehensive Psychiatric Emergency Program (CPEP).

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate MHA offices.

**Implementation Plans.** A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DMH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.


**ACTION**


**REMOVE AND DESTROY**

DMH Policy 200.4 Providing Access and Services to Individuals with Co-Occurring Substance Use Disorders

**INSERT**

DMH Policy 200.4A Screening for Co-Occurring Substance Use Disorders

  
\_\_\_\_\_  
Stephen T. Baron  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  <b>DEPARTMENT OF MENTAL HEALTH</b>	<b>Policy No.</b> <b>200.4A</b>	<b>Date</b> NOV 14 2012	<b>Page 1</b>
	<b>Supersedes</b> DMH Policy 200.4, Providing Access and Services to Individuals with Co-Occurring Substance Use Disorders, dated September 22, 2003.		
<b>Subject: Screening for Co-Occurring Substance Use Disorders</b>			

1. **Purpose.** To establish policy and procedures in integrated screening for co-occurring substance use disorder (SUD) and mental illness for individuals who seek treatment and services at the Department of Mental Health (DMH).

2. **Applicability.** Applies to DMH Core Services Agencies (CSAs), Assertive Community Treatment (ACT) and Community Based Intervention (CBI) providers, and the Comprehensive Psychiatric Emergency Program (CPEP).

3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001 and 22 DCMR A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards.

4. **Background.** Approximately 8.9 million adults have co-occurring disorders. Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all. The National Survey on Drug Use and Health (NSDUH) shows that people with severe mental illness (SMI) are more likely to have a SUD than those with mild mental illness. Among the 11 million adults with SMI in the past year, 25.7 percent also had substance dependence or abuse. To effectively serve individuals with co-occurring mental and substance use disorders, integrated screening and assessment processes are required. DMH has adopted the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) (Exhibit 1), a valid and reliable instrument of twenty (20) questions to quickly and accurately identify individuals having one or more behavioral health disorders. By itself, the screen does not result in a diagnosis. The goal is to identify both youth and adults who will benefit from a full and complete assessment, at which time a determination of co-occurring substance use and mental health disorders can be made and recommendations for intervention and treatment can be developed.

5. **Definitions.**

5a. **Screening.** A brief, formal process used to determine the probability of the presence of a "disease or disorder". The purpose of screening is not to provide a diagnosis but to establish the need for an in-depth assessment.

5b. **Integrated screening.** A process that determines the likelihood that an individual has a co-occurring mental health and substance use disorder. Integrated screening shall be conducted as a part of the intake process when the individual seeks treatment and services from a mental health provider.

5c. **Global Appraisal of Individual Needs Short Screener (GAIN-SS).** A screening tool designed to identify individuals who are likely to have a co-occurring mental health and substance use disorder and who should be referred for further assessment or treatment. The GAIN-SS has 20 questions and takes about 5 minutes to administer. By itself, the screen does not result in a diagnosis.

5d. **Substance Use Disorder (SUD).** A diagnosis from indicators of any substance abuse or any substance dependence, defined according to the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (the current version is the DSM-IV- fourth edition, text revision).

5e. Co-occurring Disorder (COD). Refers to having a co-existing mental health and substance use disorders. Co-occurring disorders may include any combination of two or more substance abuse disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders - IV (DSM-IV). COD can include methamphetamine induced psychosis and a presentation of severe psychiatric symptoms (e.g., suicidal) for whom a psychiatric diagnosis is unclear or has not yet been established, with a substance use disorder.

5f. Core Services Agency (CSA). A DMH-certified community-based MHRS provider that has entered into a Human Care Agreement with DMH to provide specified MHRS. A CSA shall provide at least one core service directly and may provide up to three core services via contract with a sub-provider or subcontractor. A CSA may provide specialty services directly if certified by DMH as a specialty provider. However, a CSA shall also offer specialty services via an affiliation agreement with all specialty providers.

5g. Assertive Community Treatment (ACT). An intensive, integrated, rehabilitative, crisis, treatment, and mental health rehabilitative community support service provided by an interdisciplinary team to adults with a serious mental illness with dedicated staff time and specific staff to consumer ratios.

5h. Community-Based Intervention (CBI). Time-limited, intensive mental health services delivered to children and youth and their family which are intended to prevent the utilization of an out-of-home therapeutic resource by the consumer.

6. **Policy**. All consumers age ten (10) and above who present at intake for mental health treatment or services at CSAs, ACT and CBI providers, or CPEP shall receive, at a minimum, a GAIN-SS screening for the presence of a co-occurring substance use disorder (SUD) as indicated below:

6a. The CSA is the clinical home of the consumer unless the consumer is enrolled in ACT or CBI; if so, the ACT or CBI provider is the clinical home and therefore responsible for administering the GAIN-SS screening.

6b. The use of the DMH web-based GAIN-SS is mandatory during intake; in treatment planning and when clinically determined to ensure appropriate services. Those who screen positive from the screening shall receive an in-depth, integrated assessment from the same provider.

6c. A printed copy of all GAIN-SS results shall be maintained in the consumer's clinical record.

## 7. **Procedures**.

7a. CSA/ACT and CBI Provider shall:

(1) Administer GAIN-SS as follows:

(a) At intake, for all consumers age ten (10) and above presenting for mental health treatment or service. Individuals who screen positive for co-occurring disorders should receive an in-depth assessment.

(b) As part of the IRP/IPC planning process for consumers who are already receiving treatment or services at a minimum of every 180 days (every 6 months).

(c) When consumers experience significant events which affect their functioning and impact their treatment (e.g., visit to crisis emergency provider or hospitalization).

(2) Provide appropriate interventions or treatment for those who are assessed with COD. This will include treatment within the agency, if the mental health provider has the capacity, or a referral to the Addiction Prevention and Recovery Administration (APRA).

(3) Follow-through and collaborate with the receiving provider (i.e., APRA) to ensure appropriate treatment of the referred consumer.

(4) Follow all requirements in providing services to consumers with co-occurring psychiatric and Substance use disorders, per 22 DCMR A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards.

7b. Comprehensive Psychiatric Emergency Program (CPEP) shall complete GAIN-SS for all individuals admitted to CPEP.

7c. The Mental Health Authority (MHA) shall:

(1) Conduct training on the use of the GAIN-SS through the DMH Training Institute.

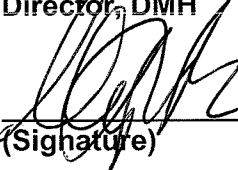
(2) Monitor the implementation of this policy through the Office of Accountability.

8. Exhibits.

Exhibit 1 GAIN – SS

Approved By:

Stephen T. Baron  
Director, DMH

  
(Signature)

11/14/12  
(Date)

**GAIN-Short Screener (GAIN-SS)**  
Version (GVER): GAIN-SS 2.0.3

Today's Date: \_\_\_\_\_

What is your name? a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
First Name M.I. Last Name

Date of Birth: \_\_\_\_\_ Gender: ( ) Male ( ) Female ( ) Other

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.

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering "in the past month," 2-12 Months ago, 1+ years ago, or Never (0).

Past Month	2-12 Months	1+ years ago	Never
3	2	1	0

**IDScr****1. When was the last time you had significant problems?**

a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	3	2	1	0
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	3	2	1	0
d. with becoming very distressed and upset when something reminded you of the past?	3	2	1	0
e. with thinking about ending your life or committing suicide?	3	2	1	0

**EDScr****2. When was the last time that you did the following things two or more times?**

a. lied or conned to get things you wanted or to avoid having to do something?	3	2	1	0
b. had a hard time paying attention at school, work or home?	3	2	1	0
c. had a hard time listening to instructions at school, work or home?	3	2	1	0
d. were a bully or threatened other people?	3	2	1	0
e. started physical fights with other people?	3	2	1	0

**SDscr****3. When was the last time...**

a. you use alcohol or other drugs weekly or more often?	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0

**FOR STAFF USE ONLY**

4. eCura #: \_\_\_\_\_ Staff Name &amp; Title: \_\_\_\_\_

5. Mode: Administered by ( ) Staff ( ) Other ( ) Self-Administered

Number of 2s and 3s: \_\_\_\_\_ IDScr \_\_\_\_\_ EDScr \_\_\_\_\_ SDScr \_\_\_\_\_

Referral Comments: \_\_\_\_\_