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### Announcements for Directly-Operated Programs

The following Consent and Authorization forms are now available on-line in Spanish. Other languages are in the process of being translated and will be available soon!

- MH 500 - Consent for Services
- MH 528 - Consent to Photograph
- MH 625 - Consent for Telemental Health Services
- MH 556 - Outpatient Medication Review
- MH 646 - Caregivers Authorization Affidavit
- MH 635 - Advance Health Care Directive

## REVISIONS TO CHILD/ADOLESCENT INITIAL ASSESSMENT AND ALL CHILD CO-OCCURRING DISORDERS FORMS

REVISED FORMS AVAILABLE ON INTERNET

[\(Co-Occurring Disorders Clinical Forms Online\)](#)

In conjunction with the Office of the Medical Director, the DMH COD Coordinators, and the UCLA Integrated Substance Abuse Program, the forms associated with the 9 Point Module for Co-Occurring Disorders have been revised to assist clinicians in screening for substance use/abuse and identifying the link between a client's mental health diagnosis and his/her substance use/abuse. Additionally, the forms have been revised to assist clinicians in providing brief COD interventions based on this documented link. When used appropriately, the forms assist in lowering the risk of Medi-Cal disallowance. The information that follows outlines the flow, purpose, use, and key revisions of the child/adolescent co-occurring disorders forms and their associated documents.

### Step One: MH 554 Co-Occurring Substance Use Child Screening Instrument (Revised)

**Purpose:** The primary document to screen for substance use/abuse and determine if a full COD Assessment should be completed.

**Use:** Used in conjunction with the Child/Adolescent Initial Assessment (during an initial face-to-face assessment contact). The questions on the form can be integrated into the Child/Adolescent Initial Assessment. Prompts added to the Child/Adolescent Initial Assessment reference this form and direct the clinician on whether the full COD Assessment should be completed.

**Used by:** This form must be completed by a clinician eligible to complete the Child/Adolescent Initial Assessment for ALL children over the age of 11 or, if the child is under the age of 11, when there is a clinical indication in the judgment of the clinician.

#### **Revisions:**

- Must be administered by an AMHD; can no longer be given to the child to complete
- Questions limited to the ones most reliable/valid in screening for substance use based on national, normed screening tools
- Revised wording of questions to be in "plain" language that is easily understood by a child

For **Contract Agencies**, the MH 554 Co-Occurring Substance Use Child Screening Instrument is considered an Optional\* type form.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (DIRECTLY-OPERATED)

- I. If I testify in Court on behalf of a client, must this be documented in the Clinical Record?

Answers on the last page





**Step Two: MH 552 Co-Occurring Substance Use Parent/Caregiver Questionnaire (Revised Form)**

**Purpose:** This form is used to further screen for substance use/abuse risk factors.

**Use:** Used in conjunction with the Child/Adolescent Initial Assessment (during an initial face-to-face assessment contact) and the Child Questionnaire. The questions on the form can be integrated into the Child/Adolescent Initial Assessment. Prompts added to the Child/Adolescent Initial Assessment reference this form and direct the clinician on whether the full COD Assessment should be completed.

**Used By:** This form must be completed by a clinician eligible to complete the Child/Adolescent Initial Assessment for ALL children over the age of 11 or, if the child is under the age of 11, when there is a clinical indication in the judgment of the clinician.

**Revisions:**

- Must be administered by an AMHD; can no longer be given to the parent/caregiver to complete
- Questions limited to those most reliable/valid in screening for substance use based on national screening exams
- Revised wording of questions to be in “plain” language

For **Contract Agencies**, the MH 552 Co-Occurring Substance Use Parent/Caregiver Questionnaire is considered an Optional\* type form.

**Step Three: MH 533 Child/Adolescent Initial Assessment (Revised Forms)**

**Purpose:** This required Assessment form is used to document assessment information and establish Medical Necessity and Clinical Interventions.

**Use:** Used upon intake of a new child client

**Used By:** Licensed or registered and waived PhD/PsyD, licensed or registered/waived LCSW & MFT, Licensed RN, Certified NP or CNS, MD/DO, or students of these disciplines with co-signature (this listing of disciplines is also referred to as “AMHD-Authorized Mental Health Discipline”).

**Revisions:**

- Added checkbox to indicate screening tools were not completed due to client’s age and lack of clinical indication
- Added a question on the impact of substance use on mental health which is vital to support Medi-Cal reimbursement; the answer to this question can be pulled from the COD Assessment sections regarding benefits and costs.

For **Contract Agencies**, the MH 533 Child/Adolescent Initial Assessment is considered a Required\* type form.

**Step Four: MH 553 Child/Adolescent Supplemental COD Assessment (Revised Form)**

**Purpose:** To assess substance use/abuse, family history of use, previous treatment, benefits of use, costs of use and readiness for change. By completing this form, clinicians will be able to determine the impact of substance use/abuse on the mental health of a client and to evaluate what treatment goals are most appropriate (based on mental health behaviors and items identified in the benefits/costs section of the form).

**OVERALL PURPOSE OF THE COD FORMS PROCESS**

While substance use/abuse is not an included mental health diagnosis and cannot be the principle mental health diagnosis of a DMH Medi-Cal client, many DMH clients are severely impacted by their substance use/abuse which increases or compounds mental health symptoms/behaviors. Because of this, it is important to recognize the impact of substance use/abuse on a client’s included mental health diagnosis when treating that client. The Child COD forms are designed to assist clinicians in gathering important information regarding a client’s substance use/abuse in such a way as to better screen for substance use in children and to allow the clinician to determine how substance use/abuse is impacting the client’s mental health symptoms. The information gathered should assist the clinician to develop appropriate interventions or referrals based on this impact and the client’s readiness for change.



**(Continued) Step Four: MH 553 Child/Adolescent Supplemental COD Assessment (Revised Form)**

**Use:** Whenever “yes” is checked for either question on Section **Substance Risks, Use & Attitudes/Exposure** of the Child/Adolescent Initial Assessment

**Used by:** Any staff operating within scope of practice

**Revisions:**

- Added in the Audit C screening tool for alcohol and revised the names/categories of drugs listed
- Added benefits/costs questions to allow for ease in making the link between Mental Health and Substance Use and treatment planning/goal setting

For **Contract Agencies**, the MH 553 Child/Adolescent Supplemental COD Assessment is considered an Optional\* type form.

**Step Five: Complete COD interventions on the CCCP (Use MH 636)**

**Purpose:** Goals and interventions are required on the CCCP in order for reimbursement by Medi-Cal for any service provided. There must be substance use/abuse interventions listed on the CCCP in order to support any of these types of interventions.

**Use:** Can pull information from the Supplemental COD Assessment regarding benefits/costs and readiness for change regarding appropriate interventions to assist the client in meeting their mental health goals. This can be done as long as a link has been made on the Initial Assessment between mental health and substance use.

**Used by:** Goals/Objectives and Interventions may be written by any staff but must be signed by an AMHD.

**Implementation of the New/Revised Forms**

The revised Child/Adolescent Initial Assessment and revised COD forms are to be effective as of the date of this Bulletin. However, forms are not expected to be implemented until training has been received. Training will be provided to Directly-Operated Child Providers on the use of the revised forms during the UCLA ISAP “Effective Use of Revised Child COD Supplemental Forms” in May and June 2013. Any questions regarding the use of these forms should be addressed at the COD training. After the training, further questions may be directed to your Service Area QIC Liaison.

For additional information regarding the 9 Point Module and COD, please refer to the Practice Parameters under “Integrated Treatment” at [http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_practice](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_practice).

The Clinical Forms Inventory has been updated and placed on-line ([http://file.lacounty.gov/dmh/cms1\\_188062.pdf](http://file.lacounty.gov/dmh/cms1_188062.pdf)) in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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|---------------------------------|----------------------------|----------------------------|
| c: Executive Leadership Team    | District Chiefs            | Program Heads              |
| TJ Hill - ACHSA                 | Nancy Butram - RMD         | Judith Weigand- Compliance |
| Pansy Washington - Managed Care | Department QA Staff        | QA Service Area Liaisons   |
| Keepers of Records              | Regional Medical Directors | Joy Chud - ISAP            |

\* See the Clinical Forms Inventory, Clinical Records Bulletin Edition 2011-03 and DMH Policy 104.08 for the definition of these types of forms.

**I KNOW THE ANSWERS TO THOSE QUESTIONS!**

- I. Yes, after testifying in Court, there should be a brief note in the Clinical Record.