

Co-Occurring Disorder Capability

SAPC | Substance Abuse
Prevention and Control



COUNTY OF LOS ANGELES
Public Health



COUNTY OF LOS ANGELES
Public Health

Qualified LPHA Staff Provide Direct Care to Clients with Co-Occurring Disorders (COD)

- ASAM4 Capacity Building Program: **≥ 80% of clients with CODs** provided a direct service from a **qualified LPHA**
 - In chiential LOCs: Use the \$0 **LPHACOD** code, billed using the qualified LPHA's taxonomy code associated with the rendering practitioner
- VBI 26-27: **≥ 25% of clients with CODs** seen by a **qualified LPHA**

Qualified LPHAs: Psychiatrist (MD or DO), Psychiatric Advanced Practice Nurse (APRN), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), Licensed-eligible LPHA working under the supervision of licensed clinicians

Any of the Following Qualify as a **COD Client**



Diagnosis of a Mental Health Condition on the PCNX Diagnosis Form



'Yes' or non-Zero response to items 8.1, 8.2, 8.3, or 8.4 on admission CalOMS form



Any Positive Response to Any Designated Item on The ASAM Dimension 3

The PCNX Diagnosis Form

DIAGNOSIS

Submit

Discard

Add to Favorites

- Diagnosis
- Additional Diagnosis Information
- Online Documentation

Diagnoses: [DMC-ODS requires a primary SUD diagnosis, or ICD-10 codes Z55-Z65 or Z03.89 during the assessment period.](#)

Index	Ranking ↕	Description ↕	Status ↕	Estimated Onset Date ↕	Classification ↕	Re: ↕
1	Secondary (2)	Bipolar affective disorder or r...	Active (1)			
2	Primary (1)	Alcohol dependence, uncom...	Active (1)			
3	Tertiary (3)	Diabetes mellitus	Active (1)			
4	Tertiary (3)	Generalized anxiety disorder	Active (1)			
5			Active (1)			

[PCNX Clinical Documentation Guide](#)

The PCNX Diagnosis Form

DIAGNOSIS

Submit

Discard

Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Time Of Diagnosis *

02:13 PM

Current Time

H

M

AM/PM

Show Active Only

Yes

No

Diagnoses: DMC-ODS requires a primary SUD diagnosis, or ICD-10 codes Z55-Z65 or Z03.89 during the assessment period.

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	IC
1	Secondary (2)	Bipolar affective disorder or ...	Active (1)				2	25
2	Primary (1)	Alcohol dependence, uncom...	Active (1)				1	30
3	Tertiary (3)	Diabetes mellitus	Active (1)				3	25
4	Tertiary (3)	Generalized anxiety disorder	Active (1)				4	30
5			Active (1)				5	

New Row

Delete Row



[PCNX Clinical Documentation Guide](#)

The PCNX Diagnosis Form

Diagnosis Search

Status

Active Working Rule-out Resolved
 Void

Estimated Onset Date

Resolved Date

Ranking: *The Primary diagnosis must be an SUD diagnosis once medical necessity is established.*

Primary Secondary Tertiary

Bill Order


Code Crossmapping

Present On Admission Indicator

Classification

Diagnosing Practitioner

Remarks



[PCNX Clinical Documentation Guide](#)

Mental Illness	
<p>8.1. Have you ever been diagnosed with a mental illness?</p> <ul style="list-style-type: none"> • No • Not Sure/Don't Know • Yes 	<p>8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)</p> <input data-bbox="1274 478 1401 549" type="text"/>
<p>8.2. Mental Health Medication In The Last 30 Days</p> <ul style="list-style-type: none"> • No • Client unable to answer • Yes 	<p>8.4. Days of Psychiatric Facility Use In The Last 30 Days</p> <input data-bbox="1274 628 1401 699" type="text"/>

Refresh ASAM Information

ASAM Type

CONTINUUM Comprehensive Assessment



Assessment

Created On: 02/03/2020 Completed On: 02/03/2020 Interviewer: CSM PROGRAMMING (Final)

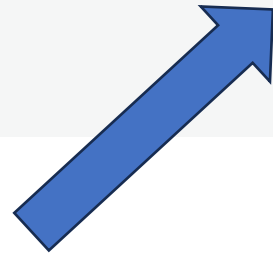


Launch ASAM

Refresh Assessment Information

View ASAM Report

View ASAM Narrative Report



Psychological History

As "How many times have you been treated for any psychological or emotional problems..."

"In a hospital?"	ASp01a
"As an outpatient or private patient?"	ASp01b

"What psychological or emotional problems have you had? Have you had problems with your mood, sleep, energy, nerves, eating, thinking, memory, or getting along with others?"

Please provide further detail (e.g., specific diagnoses):

Post Traumatic Stress Disorder	ASp01c
Obsessive-Compulsive Disorder	
Eating Disorder	
Depressive Disorder	
Mania or Bipolar Disorder	
Schizophrenia, Psychotic, or Thought Disorder	ASp01CN
Personality Disorder (e.g., Borderline, Paranoid, Antisocial, etc)	
Cognitive delays (developmental delays or borderline mental function)	
Other (please describe in the comment box below)	

"Do you receive a pension for a psychiatric disability?"

ASp02

As "Have you had a significant period in which you experienced:" (For the first two items ensure that it was not a direct result of drug or alcohol use.)

As "Serious depression, the 'blues' or hopelessness?"

"In your lifetime?"	ASp03L
"In the last month?"	ASp03M
"In the last 24 hours?"	ASp03D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp03U

As "A lack of interests, or inability to feel normal pleasure from activities?"

"In your lifetime?"	ASp03aL
"In the last month?"	ASp03aM
"In the last 24 hours?"	ASp03aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp03aU

As "Feelings of suspiciousness or paranoia, that is, that people were against you or out to get you, when they really were not?"

"In your lifetime?"	ASp04xL
"In the last month?"	ASp04xM
"In the last 24 hours?"	ASp04xD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp04xU

As "Recurrent thinking about other things that were not true?"

"In your lifetime?"	ASp04yL
"In the last month?"	ASp04yM
"In the last 24 hours?"	ASp04yD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp04yU

As "Hallucinations, that is, seeing, hearing, smelling or feeling things that were not there?"

"In your lifetime?"	ASp05L
"In the last month?"	ASp05M
"In the last 24 hours?"	ASp05D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp05U

As "Flashbacks?"

"In your lifetime?"	ASp05aL
"In the last month?"	ASp05aM
"In the last 24 hours?"	ASp05aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp05aU



As "Serious thoughts of suicide, i.e., that you would be better off dead, or wanting to hurt yourself?"

"In your lifetime?"	ASp08L
"In the last month?"	ASp08M
"In the last 24 hours?"	ASp08D
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp08U

As "Thoughts of how you might hurt yourself?"

"In your lifetime?"	ASp08aL
"In the last month?"	ASp08aM
"In the last 24 hours?"	ASp08aD
"Was this problem within the last 24 hours related to using drugs or alcohol?"	ASp08aU

As "Have you taken prescribed medication for any psychological or emotional problem..."

"In your lifetime?"	ASp10L
"In the last month?"	ASp10M
"In the last 24 hours?"	ASp10D
"Are you currently receiving the psychiatric care and services that you need?" (Don't include any alcohol or drug service needs with this item.)	ASp10a

	Obyiously depressed/withdrawn?
Extremely (persistent symptoms with evidence of or report of impairment)	8
	7
	6
Considerably (overt or persistent symptoms suggesting risk of impairment)	5
	4
	3
Moderately (observable symptoms, no impairment)	2
	1
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	0
Not at All	

ASp14

	Having trouble with reality testing, thought disorders, paranoid thinking?
	8
	7
	6
	5
	4
	3
	2
	1
	0

ASp17

	Having trouble comprehending, concentrating, remembering?
	8
	7
	6
	5
	4
	3
	2
	1
	0

ASp18

	Having suicidal thoughts?
Extremely (persistent symptoms with evidence of or report of impairment)	8
	7
	6
Considerably (overt or persistent symptoms suggesting risk of impairment)	5
	4
	3
Moderately (observable symptoms, no impairment)	2
	1
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	0
Not at All	

ASp19

	Demonstrating or at imminent risk of uncontrolled violent behavior endangering self or others?
	8
	7
	6
	5
	4
	3
	2
	1
	0

ASp19a

	Indicating any risk of causing harm to others?
	8
	7
	6
	5
	4
	3
	2
	1
	0

ASp19c



	Lethargic or hypersomnolent?
Extremely (persistent symptoms with evidence of or report of impairment)	8
	7
Considerably (overt or persistent symptoms suggesting risk of impairment)	6
	5
Moderately (observable symptoms, no impairment)	4
	3
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	2
	1
Not at All	0
	ASp18a

	Does the patient show fluctuating orientation at the time of interview or during the past 24 hours?
	8
	7
	6
	5
	4
	3
	2
	1
	0
	ASp18b

	Showing retardation in thought/speech, decreased motor activity, stooped or slumped posture?
	8
	7
	6
	5
	4
	3
	2
	1
	0
	ASp18c

	Indicating any risk of harm to self or vulnerability to victimization by another?
Extremely (persistent symptoms with evidence of or report of impairment)	7
	6
Considerably (overt or persistent symptoms suggesting risk of impairment)	5
	4
Moderately (observable symptoms, no impairment)	3
	2
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	1
Not at All	0
	ASp19d

	Limited in their ability to contract for safety, should he/she/they become at risk of harm to self or others?
	7
	6
	5
	4
	3
	2
	1
	0
	ASp19b

Does the patient carry a psychiatric diagnosis?	Anxiety Disorder Panic Disorder Agoraphobia	ASp19i
Given the history and any new information, what active psychiatric diagnoses does the patient seem to have (other than substance use disorder)?	Post Traumatic Stress Disorder Social Phobia Obsessive-Compulsive Disorder Eating Disorder	ASp19j
Please provide further detail (e.g., specific diagnoses):	Depressive Disorder Mania or Bipolar Disorder Schizophrenia, Psychotic, or Thought Disorder Borderline, Paranoid, Antisocial or Other Personality Disorder Cognitive delays (developmental delays or borderline intellectual functioning) Other (please describe in the comment box below)	ASp19k

How would you rate the patient's need for psychiatric/psychological treatment?

	8
Severe psychological problems (e.g., acutely suicidal, manic, or psychotic)	7
	6
Considerable problems and risk, especially if uses substances (e.g., history of impulsive suicidality, moderate dementia)	5
	4
Moderate problems require close outpatient follow-up (e.g., suicidal thoughts)	3
	2
Minimal psychological issues (i.e., tolerable grief or depressed mood)	1
No psychological (i.e., non-substance) problems	0



Symptom-Function Scale

Consider the patient's psychological, social, and vocational/educational symptoms and functional issues, if any. Rate the severity of the patient's **most concerning issue(s)** among these. Do not include impairment in function due to physical or environmental limitations. SxFctSc

Severe symptoms such as risk of danger to self or others (e.g., high likelihood of a suicide attempt, frequent violence, manic excitability)
AND/OR

extreme functional impairment in personal hygiene (e.g., extremely unkempt appearance with noticeable body odor), OR basic communication (e.g., mostly incomprehensible)

4

Severe symptoms such as suicidal ideation, severe obsessional rituals, delusions or hallucinations, or illogical communications
AND/OR

seriously impaired function socially (e.g., inability to have friends, neglectful of family members), OR vocationally/educationally (e.g., unable to keep a job, failing/defiant at school, frequent shoplifting).

3

Moderate symptoms such as occasional panic attacks, flat affect, tangential speech
AND/OR

moderate functional difficulty socially (e.g., limited number or closeness of friendships), OR vocationally/educationally (e.g., frequent conflicts with

2

Mild symptoms such as frequent absences, difficulty to sleep, or mild irritability
AND/OR

mild or transient functional impairment socially (e.g., relationship conflicts or occasional stealing from household members), OR vocationally/educationally (e.g., problems with job/school performance, attendance or follow-through).

1

No or minimal symptoms such as mild nervousness before public speaking or only occasional arguments with others
AND/OR

good level of function socially and vocationally/educationally (e.g., participates effectively and comfortably in diverse activities).

0



Psychological History

"How many times have you been treated for any psychological or emotional problems..."

"In a hospital?"

Any client with a history of 1 or more Psychiatric Hospitalizations needs to be seen by an LPHA

ASp01a

"As an outpatient or private patient?"

ASp01b

"What psychological or emotional problems have you had? Have you had problems with your mood, sleep, energy, nerves, eating, thinking, memory, or getting along with others?"

Any client reporting the checked "psychological or emotional problems" needs to be seen by an LPHA

- None
- Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Post Traumatic Stress Disorder
- Social Phobia
- Obsessive-Compulsive Disorder
- Eating Disorder
- Depressive Disorder
- Mania or Bipolar Disorder
- Schizophrenia, Psychotic or Thought Disorder
- Personality Disorder (e.g., Borderline, Paranoid, Antisocial, etc)
- Cognitive delays (developmental delays or borderline mental function)
- Other (please describe in the comment box below)

ASp01c

Please provide further detail (e.g., specific diagnoses):

ASp01CN

"Do you receive a pension for a psychiatric disability?"



Yes No

Any client receiving a Psychiatric disability needs to be seen by an LPHA

ASp02

👤 *"Have you had a significant period in which you experienced:"* (For the first two items ensure that it was not a direct result of drug or alcohol use.)

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

👤 *"Serious depression, the 'blues' or hopelessness?"*

👤 <i>"In your lifetime?"</i>	0	1	2	3	4	ASp03L
	Not at all	Slightly	Moderately	Considerably	Extremely	
👤 <i>"In the last month?"</i>	0	1	2	3	4	ASp03M
	Not at all	Slightly	Moderately	Considerably	Extremely	
👤 <i>"In the last 24 hours?"</i>	0	1	2	3	4	ASp03D
	Not at all	Slightly	Moderately	Considerably	Extremely	

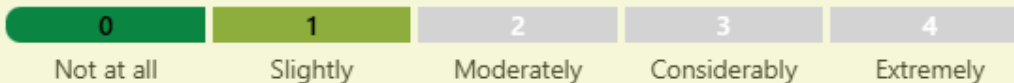
👤 *"A lack of interests, or inability to feel normal pleasure from activities?"*

👤 <i>"In your lifetime?"</i>	0	1	2	3	4	ASp03aL
	Not at all	Slightly	Moderately	Considerably	Extremely	
👤 <i>"In the last month?"</i>	0	1	2	3	4	ASp03aM
	Not at all	Slightly	Moderately	Considerably	Extremely	
👤 <i>"In the last 24 hours?"</i>	0	1	2	3	4	ASp03aD
	Not at all	Slightly	Moderately	Considerably	Extremely	

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

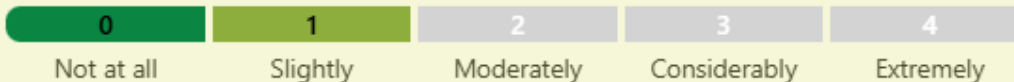
"Feelings of suspiciousness or paranoia, that is, that people were against you or out to get you, when they really were not?"

"In your lifetime?"



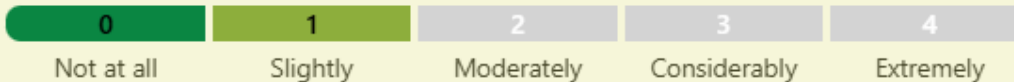
ASp04xL

"In the last month?"



ASp04xM

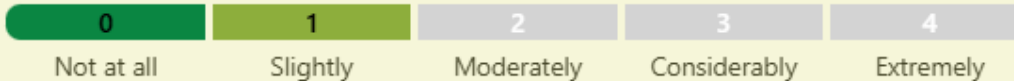
"In the last 24 hours?"



ASp04xD

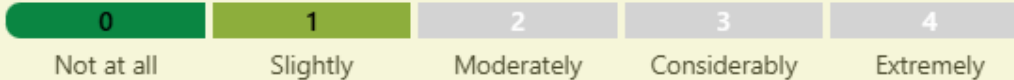
"Recurrent thinking about other things that were not true?"

"In your lifetime?"



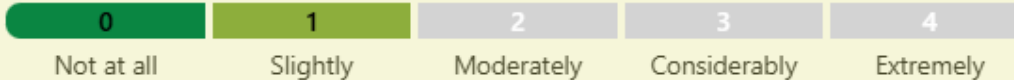
ASp04yL

"In the last month?"



ASp04yM

"In the last 24 hours?"



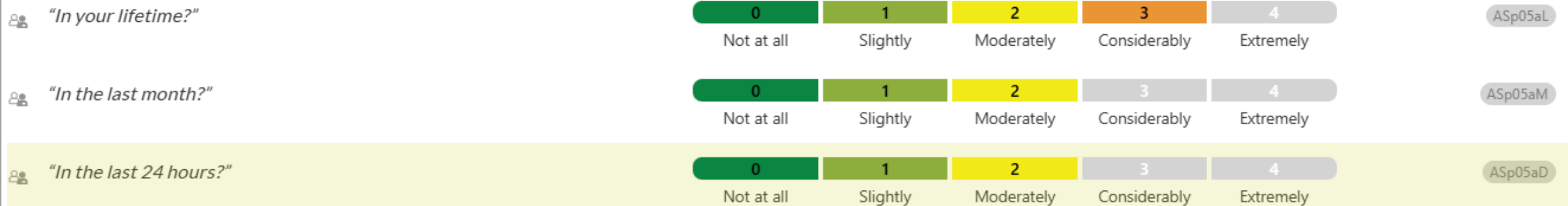
ASp04yD

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Hallucinations, that is, seeing, hearing, smelling or feeling things that were not there?"



"Flashbacks?"



Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Serious thoughts of suicide, i.e., that you would be better off dead, or wanting to hurt yourself?"

"In your lifetime?"

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)

ASp08L

"In the last month?"

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)


ASp08M


"In the last 24 hours?"


0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., taking non-lethal dose of pills)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Taking action with high likelihood of completion & death)


ASp08D

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

 "Thoughts of how you might hurt yourself?"

 "In your lifetime?"	0	1	2	3	4	ASp08aL
	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)	

 "In the last month?"	0	1	2	3	4	ASp08aM
	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)	

 "In the last 24 hours?"	0	1	2	3	4	ASp08aD
	Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)	

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

"Attempted suicide?"

"In your lifetime?"



0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)

ASp09L

"In the last month?"



0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)

ASp09M

"In the last 24 hours?"

0	1	2	3	4
Not at all	Slightly (Low risk of death & low need for discovery / rescue e.g., non-lethal dose of pills swallowed)	Moderately (Some risk with probable recovery or discovery / rescue)	Considerably (Risk of death but also likely discovery / rescue)	Extremely (Action taken with high likelihood of completion & death)

ASp09D

"Have you taken prescribed medication for any psychological or emotional problem..."

"In your lifetime?"

Yes No

Any client reporting a history of taking prescribed medication for any psychological or emotional problem needs to be seen by an LPHA

ASp10L

Psychological Interviewer Rating

At the time of the interview, is the patient:

Obviously depressed/withdrawn? ⓘ

Extremely (persistent symptoms with evidence of or report of impairment)	8
	7
	6
Considerably (overt or persistent symptoms suggesting risk of impairment)	5
	4
Moderately (observable symptoms, no impairment)	3
	2
Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)	1
Not at All	0

ASp14

Any client reporting scores equal or greater than that to the right needs to be seen by an LPHA

At the time of the interview, is the patient:

Obviously anxious/nervous?



Extremely (persistent symptoms with evidence of or report of impairment)

Considerably (overt or persistent symptoms suggesting risk of impairment)

Moderately (observable symptoms, no impairment)

Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)

Not at All

8

7

6

3

2

1

0

ASp16

Having trouble with reality testing, thought disorders, paranoid thinking?



8

7

6

5

4

3

2

1

0

ASp17

Having trouble comprehending, concentrating, remembering?



8

7

6

5

4

3

2

1

0

ASp18

Any client reporting scores equal or greater than those indicated on the right needs to be seen by an LPHA

At the time of the interview, is the patient:

Lethargic or hypersomnolent?



Extremely (persistent symptoms with evidence of or report of impairment)

Considerably (overt or persistent symptoms suggesting risk of impairment)

Moderately (observable symptoms, no impairment)

Slightly symptomatic (patient reports symptoms, no impairment of behavior or function)

Not at All

8

7

6

3

2

1

0

ASp18a

Does the patient show fluctuating orientation at the time of interview or during the past 24 hours?



8

7

6

5

4

3

2

1

0

ASp18b

Showing retardation in thought/speech, decreased motor activity, stooped or slumped posture?



8

7

6

5

4

3

2

1

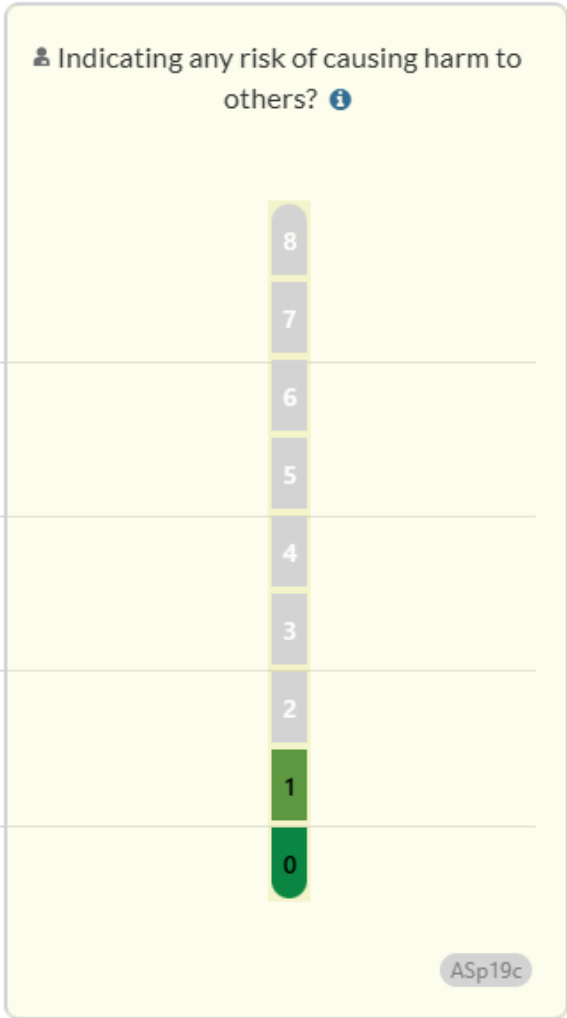
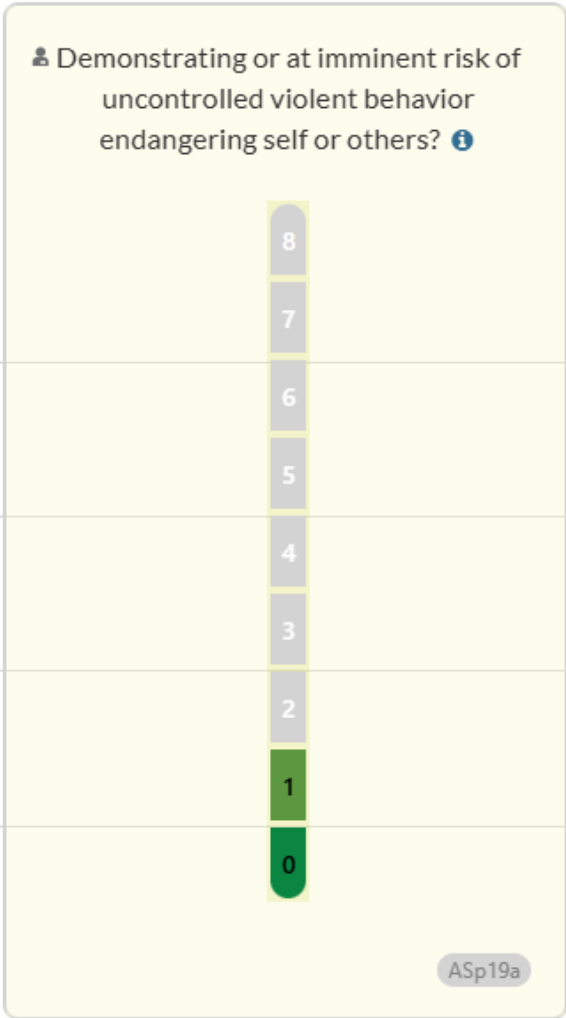
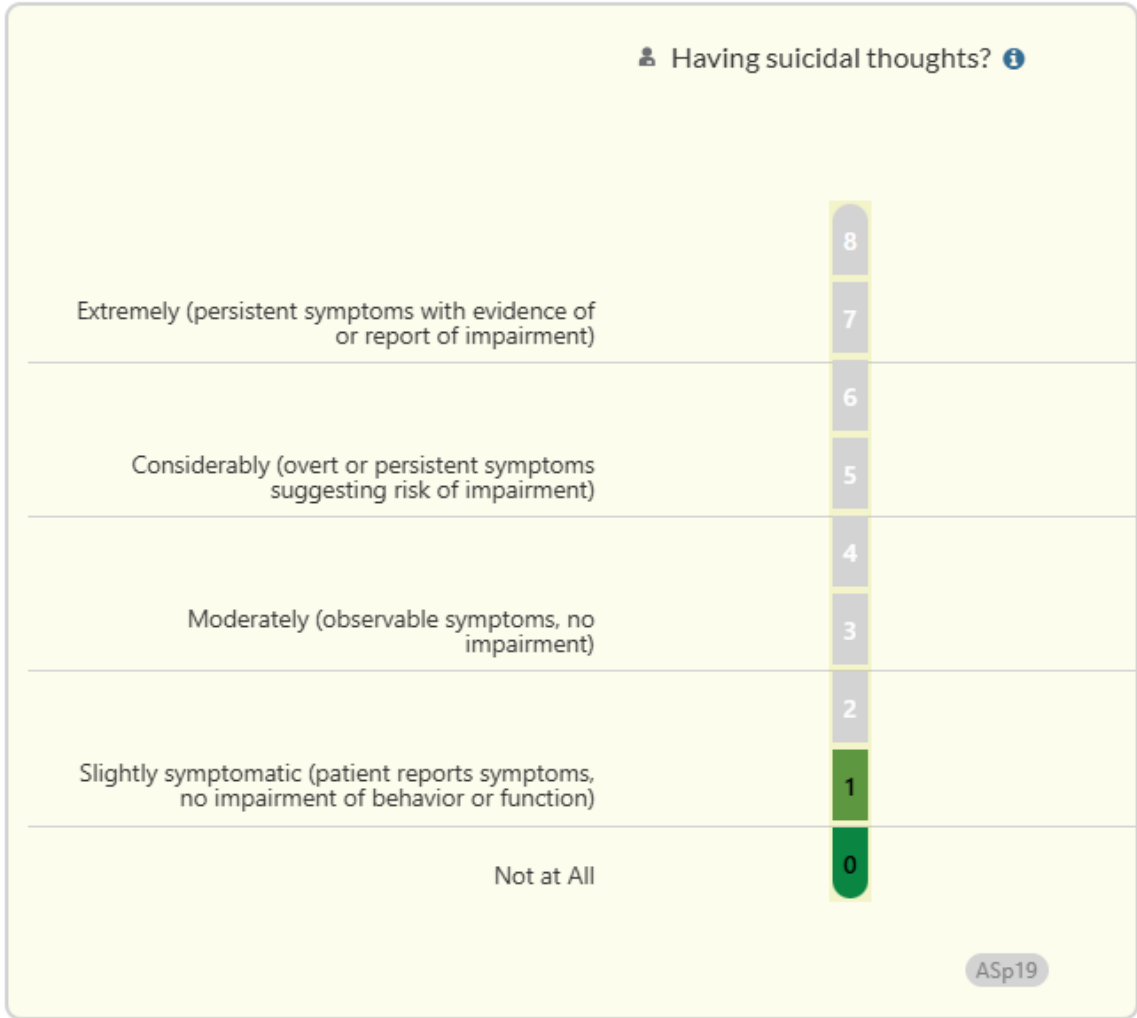
0

ASp18c

Any client reporting scores equal or greater than those indicated on the right needs to be seen by an LPHA

Any client reporting scores equal or greater than those indicated below needs to be seen by an LPHA

At the time of the interview, is the patient:



Given the history and any new information, what active psychiatric diagnoses does the patient seem to have (other than substance use disorder)?



Any client whose history and presentation suggests they may have any of the checked “psychological or emotional problems” needs to be seen by an LPHA

- None
- Anxiety disorder
- Panic disorder
- Agoraphobia
- Post Traumatic Stress Disorder
- Social Phobia
- Obsessive-Compulsive Disorder
- Eating disorder
- Depressive disorder
- Mania or Bipolar Disorder
- Schizophrenia, Psychotic or Thought Disorder
- Borderline, Paranoid, Antisocial, or Other Personality Disorder
- Cognitive delays (developmental delays or borderline intellectual functioning)
- Other (please describe in the comment box below)

How would you rate the patient's need for psychiatric/psychological treatment? ⓘ

ASp20

Severe psychological problems (e.g., acutely suicidal, manic, or psychotic)	8
	7
	6
Considerable problems and risk, especially if uses substances (e.g., history of impulsive suicidality, moderate dementia)	5
	4
Moderate problems require close outpatient follow-up (e.g., suicidal thoughts)	3
	2
Minimal psychological issues (i.e., tolerable grief or depressed mood)	1
No psychological (i.e., non-substance) problems	0

Any client reporting scores equal or greater than that indicated on the left needs to be seen by an LPHA

Symptom-Function Scale

SxFctSc

Consider the patient's psychological, social, and vocational/educational symptoms and functional issues, if any.

Rate the severity of the patient's **most concerning issue(s)** among these.

Do not include impairment in function due to physical or environmental limitations.

<p>Severe symptoms such as risk of danger to self or others (e.g., high likelihood of a suicide attempt, frequent violence, manic excitability) AND/OR extreme functional impairment in personal hygiene (e.g., extremely unkempt appearance with noticeable body odor), OR basic communication (e.g., mostly incoherent or nonverbal).</p>	4
<p>Serious symptoms such as suicidal ideation, severe obsessional rituals, delusions or hallucinations, or illogical communications AND/OR seriously impaired function socially (e.g., inability to have friends, neglectful of family members), OR vocationally/educationally (e.g., unable to keep a job, failing/defiant at school, frequent shoplifting).</p>	3
<p>Moderate symptoms such as occasional panic attacks, flat affect, tangential speech AND/OR moderate functional difficulty socially (e.g., limited number or closeness of friendships), OR vocationally/educationally (e.g., frequent conflicts with co-workers/supervisors or fellow students/teachers).</p>	2
<p>Mild symptoms such as low mood, difficulty getting to sleep, or mild irritability AND/OR mild or transient functional impairment socially (e.g., relationship conflicts or occasional stealing from household members), OR vocationally/educationally (e.g., problems with job/school performance, attendance or follow-through).</p>	1
<p>No or minimal symptoms such as mild nervousness before public speaking or only occasional arguments with others AND/OR good level of function socially and vocationally/educationally (e.g., participates effectively and comfortably in diverse activities).</p>	0

Any client reporting scores equal or greater than that indicated on the left needs to be seen by an LPHA

Dimension 3: Emotional, Behavioral, or Cognitive Conditions or Complications

16. Have you ever seen or talked to a counselor or therapist for emotional or behavioral issues? Yes No

Please describe: _____

When	Where	Treatment Setting	Diagnosis	Length of Treatment

17. Do you consider any of the following behaviors or symptoms to be problematic for you (e.g., use of substances to cope with emotional, behavioral, or mental health issues as checked below)?

Mood			
<input type="checkbox"/> Feeling sad or depressed	<input type="checkbox"/> Loss of pleasure or interest in things	<input type="checkbox"/> Feelings of hopelessness or inferiority (e.g., lower than others)	<input type="checkbox"/> Significant changes in appetite or sleep
<input type="checkbox"/> Racing thoughts (e.g., fast, repetitive thought patterns about a particular topic)	<input type="checkbox"/> Rapid or pressured speech (e.g., fast and virtually nonstop talking that is usually cluttered and hard to interrupt)	<input type="checkbox"/> Feeling overly ambitious, grandiose, or narcissistic (e.g., self-absorbed)	

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR Part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Client Name: _____
Medi-Cal or My Health LA ID: _____
Treatment Provider: _____

Stress & Anxiety		
<input type="checkbox"/> Feeling anxious/nervous	<input type="checkbox"/> Restlessness <i>(e.g., persistent feeling of being unable to sit still or relax)</i>	<input type="checkbox"/> Having bad dreams/nightmares
<input type="checkbox"/> Compulsive behaviors <i>(e.g., trapped in a pattern of repetitive behaviors that are difficult to overcome)</i>	<input type="checkbox"/> Obsessive thoughts <i>(e.g., excessive worry that is difficult to control)</i>	<input type="checkbox"/> Experiencing flashbacks <i>(e.g., a sudden and disturbing vivid memory of a traumatic event in the past)</i>

Additional Comments:

Psychosis		
<input type="checkbox"/> Paranoia <i>(e.g., fearful feelings and thoughts related to threat, persecution, or conspiracy from others)</i>	<input type="checkbox"/> Hallucinations <i>(e.g., having perceptions of something not present. Could include audio, visual, smell)</i>	<input type="checkbox"/> Delusions <i>(e.g. a false belief that is maintained despite contrary evidence)</i>

Additional Comments:

Attention/Learning		
<input type="checkbox"/> Becoming easily distracted	<input type="checkbox"/> Impulsive <i>(e.g., doing things suddenly and without thinking)</i>	<input type="checkbox"/> Difficulty with paying attention
<input type="checkbox"/> Hyperactivity <i>(e.g., being overactive and having problems with sitting still)</i>	<input type="checkbox"/> Frequently interrupting others	<input type="checkbox"/> Problems with reading/writing/math

Behavioral			
<input type="checkbox"/> Hostile or violent acts <i>(e.g., physical fights, forcing sexual activity)</i>	<input type="checkbox"/> Uncontrollable anger issues/ outbursts	<input type="checkbox"/> Bullying or threatening others	<input type="checkbox"/> Destroying property
<input type="checkbox"/> Manipulative or deceitful <i>(e.g., excessive lying)</i>	<input type="checkbox"/> Breaking rules/laws often <i>(e.g., carrying/using dangerous weapons, not going to school/truancy)</i>	<input type="checkbox"/> Stealing/theft	<input type="checkbox"/> Self-harm <i>(e.g., cutting, picking, burning, etc.)</i>

Additional Comments:

Other			
<input type="checkbox"/> Engaging in risky sexual activity <i>(e.g., unprotected intercourse, sexual victimization, sex in exchange for alcohol/drugs, pornography)</i>	<input type="checkbox"/> Severe food restrictions / anorexia	<input type="checkbox"/> Binging or purging	<input type="checkbox"/> Preoccupation with gambling

18. In the past year, do you continue using substances despite it negatively impacting your emotional, behavioral, and/or mental health? Yes No

Please describe: _____

19. Have you ever experienced any kind abuse (physical, emotional, sexual)? Yes No

Please describe: _____

20. Have you experienced or witnessed any traumatic or scary event(s) that has stuck with you? Yes No

Please describe: _____

21. In the past year, have you felt like hurting or killing yourself? Yes No

Please describe: _____

22. In the past year, have you felt like hurting or killing someone else? Yes No

Please describe: _____

** If YES to Q#21 or #22, further assess for current suicide/homicide ideation, intent, plan, target(s), access to lethal means and provide appropriate interventions. Consider Duty to Protect (Tarasoff Law).*

Please rate the client's severity for this dimension by circling one of the following levels of severity:

Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications) Severity Rating				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

Additional Comments:
