

DDCMHT — Rating Scale Cover Sheet

Program Identification

Date _____ Rater(s) _____ Time Spent (Hours) _____

Agency Name _____

Program Name _____

Address _____ Zip Code _____

Contact Person 1) _____ 2) _____

Telephone _____ FAX _____ Email _____

State _____ Region _____ Program ID _____ Time Period _____

*1= Baseline; 2 = 1st-follow-up;
3= 2nd follow-up; 4= 3rd follow-up; etc*

Program Characteristics

Payments received (program)

- Self-pay
- Private health insurance
- Medicaid
- Medicare
- State 3Medicare
- Military insurance

Level of care

ASAM-PPC-2R (Addiction)

- I. Outpatient
- II. IOP/Partial Hospital
- _____

Other funding sources

- Other public funds
- Other funds

Primary focus of agency

- Addiction treatment services
- Mental health (MH) services
- Mix of addiction & MH services
- General health services
- Hospital

Size of program

- # of admissions/last fiscal year
- Capacity (highest # serviceable)
- Average length of stay (in days)
- Planned length of stay (in days)
- # of unduplicated clients/year

Agency type

- Private
- Public
- Non-Profit
- Government operated
- Veterans Health Administration

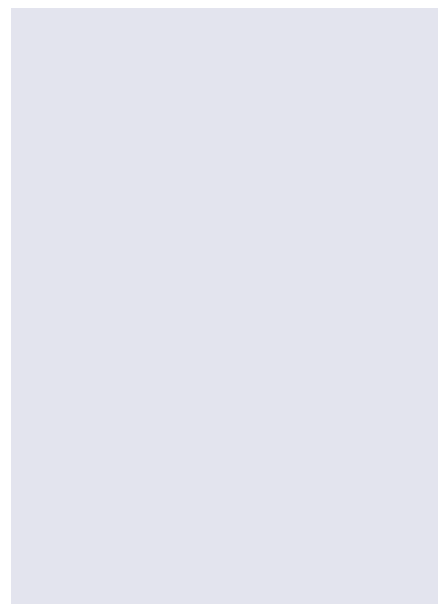


Table Header Key

1-MHOS	



	1 –MHOS	2	3 –DDC	4	5 –DDE
IIIC. Mental health and substance use diagnoses made and documented.	Substance use diagnoses are neither made nor recorded in records	Substance use diagnostic impressions or past treatment records are present in records but the program does not have a routine process for making and documenting substance use diagnoses.	The program has a mechanism for providing diagnostic services in a timely manner. Substance use diagnoses are documented in 50-69% of the records.	The program has a mechanism for providing routine, timely diagnostic services. Substance use diagnoses are documented in 70-89% of the records.	Comprehensive diagnostic services are provided in a timely manner. Substance use diagnoses are documented in at least 90% of the records.
IIID. Mental health and substance use history reflected in medical record.	Collection of mental health disorder history only.	Standard form collects mental health disorder history only. Substance use disorder history collected inconsistently.	Routine documentation of both mental health and substance use disorder history in record in narrative section.	Specific section in record dedicated to history and chronology of both disorders.	Specific section in record devoted to history and chronology of both disorders and the interaction between them is examined temporally.
IIIE. Program acceptance based on substance use disorder					



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IVH. Family education and support.	For mental health disorders only, or no family education at all.	Variably or by clinician judgment.	Substance use disorders routinely but informally incorporated into family education or support sessions. Available as needed.	Generic family group on site on substance use and mental health disorders, variably offered. Structured group with more routine accessibility.	Routine and systematic co-occurring disorder family group integrated into standard program format. Accessed by families of the majority of patients with co-occurring disorders.
IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment.	No interventions made to facilitate use of either addiction or mental health peer support.	Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to mental health peer support groups.	Generic format on site, but no specific or intentional facilitation based on substance use disorders. More routine facilitation to mental health peer support groups (e.g., NAMI, Procovery).	Variable facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR).	Routine facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR).
IVJ. Availability of peer recovery supports for patients with co-occurring disorders.	Not present, or if present not recommended.	Off site, recommended variably.	Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus.	Off site, integrated into plan, and routinely documented with co-occurring focus.	On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus.
V. Continuity of Care					
VA. Co-occurring disorder addressed in discharge planning process.	Not addressed.	Variably addressed by individual clinicians.	Co-occurring disorder systematically addressed as secondary in planning process for off-site referral.	Some capacity (less than 80% of the time) to plan for integrated follow-up, i.e., equivalently address both substance use and mental health disorders as a priority.	Both disorders seen as primary, with confirmed plans for on-site follow-up, or documented arrangements for off site follow-up; at least 80% of the time.



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VI. Staffing					
VIA. Psychiatrist or other physician or prescriber of medications for substance use disorders.	No formal relationship with a prescriber for this program.	Consultant or contractor off site.	Consultant or contractor on site.	Staff member, present on site for clinical matters only.	Staff member, present on site for clinical, supervision, treatment team, and/or administration.
VIB. On-site clinical staff members with substance abuse licensure, certification, competency, or substantive experience.	Program has no staff who are licensed/certified as substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	1-24% of clinical staff are licensed/certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	25-33% of clinical staff are licensed/certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	34-49% of clinical staff are licensed/certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	50% or more of clinical staff are licensed/certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.
VIC. Access to addiction clinical supervision or consultation.	No access.	Consultant or contractor off site, variably provided.	Provided as needed or variably on site by consultant, contractor or staff member.	Routinely provided on site by staff member.	Routinely provided on site by staff member and focuses on in-depth learning.
VID. Case review, staffing or utilization review procedures emphasize and support co-occurring disorder treatment.	Not conducted.	Variable, by off-site consultant, undocumented.	Documented, on site, and as needed coverage of co-occurring issues.	Documented, routine, but not systematic coverage of co-occurring issues.	Documented, routine and systematic coverage of co-occurring issues.
VIE. Peer/Alumni supports are available with co-occurring disorders.	Not available.	Available, with co-occurring disorders, but as part of the community. Variably referred by individual clinicians.	Available, with co-occurring disorders, but as part of the community. Routine referrals made through clinician relationships or more formal connections such as peer support service groups (e.g., AA Hospital and Institutional committees or NAMI).	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Variable referrals made.	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Routine referrals made.

	1-MHOS	2	3-DDC	4	5-DDE
VII. Training					





DDCMHT — Scoring Summary

I. Program Structure

- A. _____
- B. _____
- C. _____
- D. _____

Sum Total = _____

/4 = SCORE _____

II. Program Milieu

- A. _____
- B. _____

Sum Total = _____

/2 = SCORE _____

III. Clinical Process: Assessment

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

Sum Total = _____

/7 = SCORE _____

IV. Clinical Process: Treatment

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

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